

**SPDES General Permit for Stormwater Discharges from
Municipal Separate Storm Sewer Systems (MS4s)
Permit No. GP-0-08-002**

JOINT ANNUAL REPORT

Stormwater Coalition of Albany County

**Reporting Period:
March 10, 2009 to March 9, 2010
(Year 7)**

This is a Joint Annual Report from members of the Stormwater Coalition of Albany County, a Coalition formed in October 15, 2008 via an intermunicipal agreement. This intermunicipal agreement includes 13 co-signatories, all of which are regulated municipal or non-traditional "MS4s".

While each regulated "MS4" has its own SPDES Permit and is required to file an Annual Report by June 1, it is possible for those regulated entities with legally binding agreements to submit a Joint Annual Report (Part V. C. 2 of SPDES Permit No. GP-0-08-002).

The entities listed below chose to file a Joint Annual Report. The reporting document itself was developed by New York State Department of Environmental Conservation (NYSDEC) and is structured so that municipalities can isolate and summarize activities implementing as a Coalition, and describe program activities implemented as an individual "MS4" municipality.

For this particular Annual Report, Coalition-wide activities are summarized and recorded for the first two required minimum control measures (Public Education and Outreach-MCM1 and Public Participation-MCM2), while individual activities are recorded for the remaining measures (Illicit Discharge Detection and Elimination-MCM3; During and Post Construction Stormwater Management-MCM4 & MCM5; and Municipal Operations/Good Housekeeping-MCM6).

The following regulated entities participated in this Joint Annual Report and their individual SPDES Permit ID numbers are in parenthesis.

Albany County (NYR20A359)
City of Albany (NYR20A464)
Town of Bethlehem (NYR20A208)
City of Cohoes (NYR20A243)
Town of Colonie (NYR20A190)
Village of Colonie (NYR20A076)

Village of Green Island (NYR20A377)
Town of Guilderland (NYR20A211)
Village of Menands (NYR20A144)
Town of New Scotland (NYR20A463)
Village of Voorheesville (NYR20A210)
City of Watervliet (NYR20A087)
University at Albany-SUNY Uptown Campus
(NYR20A234)

Individuals interested in learning more about the content of the Joint Annual Report should contact either the Coalition Stormwater Program Coordinator (447-5645) or those individuals designated as the Stormwater Management Program Coordinator on the MS4 Municipal Compliance Certification (MCC) Form. These MCC Forms are at the beginning of the Joint Annual Report.

MS4 Annual Report Cover Page

MCC form for period ending March 9,

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

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

SPDES ID

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

Name of MS4

Albany County

SPDES ID

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

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

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

M	a	r	g	a	r	e	t							
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

 MI

M

 Last Name

D	e	l	l	a	R	o	c	c	o								
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Title

S	e	n	i	o	r		E	n	g	i	n	e	e	r	i	n	g		T	e	c	h	n	i	c	i	a	n						
---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Address

4	4	9		N	e	w		S	a	l	e	m		R	o	a	d																		
---	---	---	--	---	---	---	--	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

V	o	o	r	h	e	e	s	v	i	l	l	e																						
---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State

N	Y
---	---

 Zip

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

eMail

m	d	e	l	l	a	r	o	c	c	o	@	a	l	b	a	n	y	c	o	u	n	t	y	.	c	o	m							
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

Phone

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

 County

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

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

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	u	s	t	i	n														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI

W

 Last Name

S	c	h	i	e	v	e	l	b	e	i	n									
---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

Title

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

Address

3	5		E	r	i	e		B	o	u	l	e	v	a	r	d																							
---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

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

 State

N	Y
---	---

 Zip

1	2	2	0	4	-						
---	---	---	---	---	---	--	--	--	--	--	--

eMail

s	c	h	i	e	v	e	l	b	e	i	n	j	@	c	i	.	a	l	b	a	n	y	.	n	y	.	u	s									
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

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 1 0

Name of MS4

SPDES ID

Section 4 - Certification Statement

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

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

First Name

MI

Last Name

Title (Clearly print title of individual signing report)

Signature



Date

/ /

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

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																								

Duly Authorized Representative Signatory Authorization

MS4 Name: Town of Bethlehem MS4 County: Albany SPDES No.: NYR20A208

As the permittee for the Town of Bethlehem under the NYSDEC SPDES General Permit for Stormwater Discharges from Municipal Separate Storm Sewer Systems (MS4) Permit No. GP-0-08-002 and as the principal executive officer or ranking elected official, I hereby authorize the designated Stormwater Management Officer (SMO) to be my duly authorized representative and provide signature on the MS4 Municipal Compliance Certification (MCC) Form for the MS4 Annual Report and on the "MS4 Stormwater Pollution Prevention Plan (SWPPP) Acceptance Form" as required by the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activity Permit No. GP-0-08-001. Furthermore, I understand this initial signatory authorization will be submitted to NYSDEC Central Office and a new signatory authorization will need to be submitted if the information in this written authorization is no longer accurate.

Gregg Sagendorph 5/25/10 Gregg Sagendorph Superintendent of Highways
Signature Date Name Title

As per Part VI.J.2 of GP-0-08-002, the duly authorized representative shall make the following certification:

"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, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information."

Paul Penman 5/26/10 Paul Penman, PE Stormwater Management Officer
Signature Date Name Title

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

SPDES ID

Name of MS4 TOWN OF BETHLEHEM

NYR 20A 208

Section 4 - Certification Statement

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

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

First Name

P A U L

MI

M

Last Name

P E N M A N

Title (Clearly print title of individual signing report)

T O W N E N G I N E E R

Signature

Date

05 / 25 / 2010

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

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 1 0

Name of MS4

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 MI Last Name

Title

Address

City State Zip

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

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 MI Last Name

Title

Address

City State Zip

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

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 MI Last Name

Title

Address

City State Zip -

eMail

Phone County

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

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

Name of MS4

City of Cohoes

SPDES ID

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

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S	t	o	r	m	w	a	t	e	r	C	o	a	l	i	t	i	o	n	o	f	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	1	2	S	t	a	t	e	S	t	r	e	e	t	,	R	o	o	m	7	2	0								
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

City

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

State

N	Y
---	---

Zip

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

eMail

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

E	d	u	c	a	t	i	o	n	M	a	t	e	r	i	a	l	s	M	u	l	t	i	T	a	s	k
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
- MM2

C	o	o	r	d	i	n	a	t	i	o	n	a	n	d	E	v	e	n	t	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
- MM3

T	e	c	h	n	i	c	a	l	S	u	p	p	o	r	t	&	M	a	t	e	r	i	a	l	s
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
- MM4

T	r	a	i	n	i	n	g	a	n	d	M	g	m	t	A	s	s	i	s	t	a	n	c	e
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
- MM5

M	a	i	n	t	e	n	a	n	c	e	G	u	i	d	a	n	c	e
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
- MM6

I	n	f	o	r	m	a	t	i	o	n
---	---	---	---	---	---	---	---	---	---	---

Additional tasks/responsibilities

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

--

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

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

J o h n

MI

T

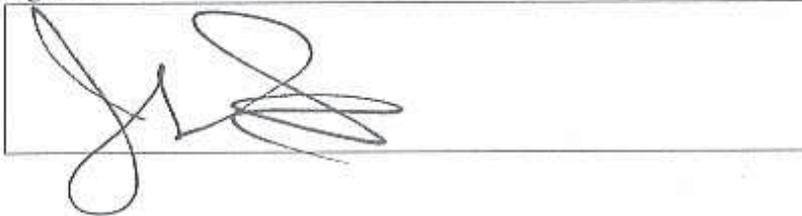
Last Name

M c D o n a l d

Title (Clearly print title of individual signing report)

M a y o r

Signature



Date

0 5 / 1 3 / 2 0 1 0

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

Name of MS4

Town of Colonie

SPDES ID

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

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

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

MS4 Municipal Compliance Certification(MCC) Form

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

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 a u l a

MI

A

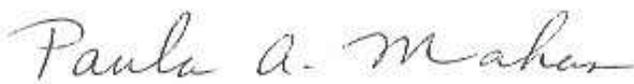
Last Name

M a h a n

Title (Clearly print title of individual signing report)

S u p e r v i s o r

Signature



Date

0 5 / 2 5 / 2 0 1 0

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

Name of MS4

Village of Colonie

SPDES ID

N	Y	R	2	0	A	0	7	6
---	---	---	---	---	---	---	---	---

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

A

 Last Name

L	e	a	k																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title

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

Address

2		T	h	u	n	d	e	r		R	o	a	d						
---	--	---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--

City

V	i	l	l	a	g	e		o	f		C	o	l	o	n	i	e		
---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	--	--

 State

N	Y
---	---

 Zip

1	2	2	0	5	-				
---	---	---	---	---	---	--	--	--	--

eMail

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

Phone

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

 County

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

SPDES ID

Name of MS4

Village of Colonie

N Y R 2 0 A 0 7 6

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

F r a n k

MI

A

Last Name

L e a k

Title (Clearly print title of individual signing report)

M a y o r

Signature

Frank A Leak

Date

05 / 21 / 2010

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

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

Name of MS4

V	I	L	L	A	G	E	O	F	G	R	E	E	N	I	S	L	A	N	D
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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

S	E	A	N																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI

E

 Last Name

W	A	R	D																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

S	E	A	N	W	@	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,

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

Name of MS4

VILLAGE OF GREEN ISLAND

SPDES ID

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

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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

Partner/Coalition Name (con't.)

C	O	U	N	T	Y																											
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES Partner ID - If applicable

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

Address

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

City

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

State

N	Y
---	---

Zip

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

eMail

N	H	E	I	N	Z	E	N	@	A	L	B	A	N	Y	C	O	U	N	T	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

E	D	U		M	A	T	E	R	I	A	L		M	U	L	T	I		T	A	S	K	S								
---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--
- MM2

C	O	O	R	D	I	N	A	T	I	O	N		O	F		A	C	T	I	V	I	T	I	E	S						
---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--
- MM3

T	E	C	H	N	I	C	A	L		A	S	S	I	S	T	A	N	C	E												
---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--
- MM4

T	R	A	I	N	I	N	G		M	G	N	T		A	S	S	I	S	T	A	N	C	E								
---	---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--
- MM5

G	E	N	E	R	A	L		M	A	I	N	T	E	N	A	N	C	E		C	A	R	D	S							
---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--
- MM6

T	R	A	I	N	I	N	G		M	G	N	T		A	S	S	I	S	T	A	N	C	E								
---	---	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Additional tasks/responsibilities

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

N/A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

SPDES ID

N Y R 2 0 A 3 7 7

Name of MS4

Section 4 - Certification Statement

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

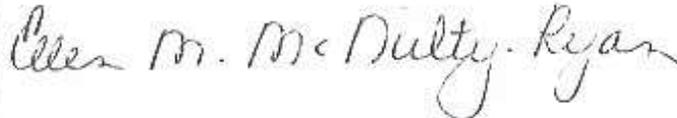
This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name										MI	Last Name														
E	L	L	E	N							M	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



Date

0	5	1	2	5	1	2	0	1	0
---	---	---	---	---	---	---	---	---	---

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

Name of MS4

Town of Guilderland

SPDES ID

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

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

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, 2010

SPDES ID

Name of MS4 TOWN OF GUILDFORD

N Y R 2 0 A 2 1 1

Section 4 - Certification Statement

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

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

First Name

K E N N E T H

MI

D

Last Name

R U N I O N

Title (Clearly print title of individual signing report)

S U P E R V I S O R

Signature

Date

0 5 / 2 4 / 2 0 1 0

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

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) Form

MCC form for period ending March 9,

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

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

T	h	o	m	a	s														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI

G

 Last Name

C	o	a	t	e	s														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title

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

Address

2	5	0		B	r	o	a	d	w	a	y								
---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

City

M	e	n	a	n	d	s													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

 State

N	Y
---	---

 Zip

1	2	2	0	4	-				
---	---	---	---	---	---	--	--	--	--

eMail

v	i	l	l	a	g	e	o	f	m	e	n	a	n	d	s	@	h	o	t	m	a	i	l	.	c	o	m										
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Phone

(5	1	8)	4	3	4	-	2	9	2	2
---	---	---	---	---	---	---	---	---	---	---	---	---

 County

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

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

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

THOMAS

MI

G

Last Name

COATES

Title (Clearly print title of individual signing report)

MAYOR

Signature



Date

05 / 27 / 2010

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

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

P	a	u	l																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI

--

 Last Name

C	a	n	t	l	i	n													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

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	e	r										
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Address

2	0	2	9		N	e	w		S	c	o	t	l	a	n	d		R	o	a	d																		
---	---	---	---	--	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

S	l	i	n	g	e	r	l	a	n	d	s																											
---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State

N	Y
---	---

 Zip

1	2	1	5	9	-				
---	---	---	---	---	---	--	--	--	--

eMail

p	c	a	n	t	l	i	n	@	t	o	w	n	o	f	n	e	w	s	c	o	t	l	a	n	d	.	c	o	m										
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Phone

(5	1	8)	4	3	9	-	9	1	5	3
---	---	---	---	---	---	---	---	---	---	---	---	---

 County

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

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

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	1	2	S	t	a	t	e	S	t	r	e	e	t	,	R	o	o	m	7	2	0							
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--

City

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

State

N	Y
---	---

Zip

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

eMail

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

E	d	u	c	a	t	i	o	n	M	a	t	e	r	i	a	l	s	M	u	l	t	i	T	a	s	k
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
- MM2

C	o	o	r	d	i	n	a	t	i	o	n	a	n	d	E	v	e	n	t	s									
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--
- MM3

T	e	c	h	n	i	c	a	l	S	u	p	p	o	r	t	&	M	a	t	e	r	i	a	l	s				
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--
- MM4

T	r	a	i	n	i	n	g	a	n	d	M	g	m	t	A	s	s	i	s	t	a	n	c	e					
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--
- MM5

M	a	i	n	t	e	n	a	n	c	e	G	u	i	d	a	n	c	e											
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--
- MM6

I	n	f	o	r	m	a	t	i	o	n																			
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

SPDES ID

N Y R 2 0 A 4 6 3

Section 4 - Certification Statement

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

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

First Name

T h o m a s

MI

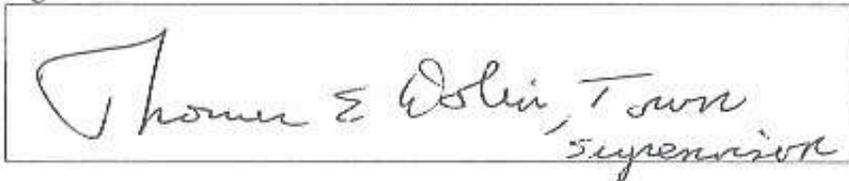
Last Name

D o l i n

Title (Clearly print title of individual signing report)

S u p e r v i s o r

Signature



Date

05/24/2010

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

Name of MS4

Village of Voorheesville

SPDES ID

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

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

SPDES ID

N Y R 2 0 A 2 1 0

Name of MS4 Village of Voorheesville

Section 4 - Certification Statement

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

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

First Name MI Last Name
R o b e r t C o n w a y

Title (Clearly print title of individual signing report)
M a y o r

Signature


Date
0 5 / 2 4 / 2 0 1 0

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

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

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

M	i	c	h	a	e	l													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI

P

 Last Name

M	a	n	n	i	n	g													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Title

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

Address

C	i	t	y		H	a	l	l		2		1	5	t	h		S	t	r	e	e	t																
---	---	---	---	--	---	---	---	---	--	---	--	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

W	a	t	e	r	v	l	i	e	t																												
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State

N	Y
---	---

 Zip

1	2	1	8	9	-				
---	---	---	---	---	---	--	--	--	--

eMail

m	m	a	n	n	i	n	g	@	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 1 0

Name of MS4

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

M i c h a e l

MI

P

Last Name

M a n n i n g

Title (Clearly print title of individual signing report)

M a y o r

Signature



Date

0 5 / 2 4 / 2 0 1 0

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

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

Name of MS4

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

SPDES ID

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

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Joint Report, enter coalition name:

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

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

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

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

L	i	s	a																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

--

Last Name

D	o	n	o	h	u	e													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Title

D	i	r	e	c	t	o	r		E	n	v	t	.		H	e	a	l	t	h		a	n	d		S	a	f	e	t	y
---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	--	---	---	---	---	---	---

Address

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

City

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

State

N	Y
---	---

Zip

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

eMail

l	d	o	n	o	h	u	e	@	u	a	m	a	i	l	.	a	l	b	a	n	y	.	e	d	u												
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

Phone

(5	1	8)	4	4	2	-	3	4	9	5
---	---	---	---	---	---	---	---	---	---	---	---	---

County

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

Signature Authorization Form

Permittee Name University at Albany SPDES NO. NYR20A234
 Facility Name " " Date: 07/09/09

Name of person described in paragraph (1): <div style="font-size: 1.2em; font-family: cursive;">George M. Philip</div>	Title: <div style="font-size: 1.2em; font-family: cursive;">President</div>
Signature of person described in paragraph (1): <div style="font-size: 1.2em; font-family: cursive;">George M. Philip</div>	Date: <div style="font-size: 1.2em; font-family: cursive;">7/9/09</div>

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: <div style="font-size: 1.2em; font-family: cursive;">Director of Environmental Health & Safety</div>	Phone: <u>(518) 442-3495</u>		
Signature (if individual named above):			
Mailing Address: <div style="font-size: 1.2em; font-family: cursive;">1400 Washington Ave. Chemistry B 73</div>	City: <div style="font-size: 1.2em; font-family: cursive;">Albany</div>	State: <div style="font-size: 1.2em; font-family: cursive;">NY</div>	Zip: <div style="font-size: 1.2em; font-family: cursive;">12222</div>

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

Name of MS4

University at Albany (SUNY Uptown Campus)

SPDES ID

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

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

B	i	l	l																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI

--

 Last Name

D	o	s	c	h															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title

D	i	r	e	c	t	o	r		o	f		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	n	u	e																		
---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

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

 State

N	Y
---	---

 Zip

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

eMail

w	d	o	s	c	h	@	u	a	m	a	i	l	.	a	l	b	a	n	y	.	e	d	u																
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

(5	1	8)	4	4	2	-	3	4	3	6
---	---	---	---	---	---	---	---	---	---	---	---	---

 County

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

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

SPDES ID
N Y R 2 0 A 2 3 4

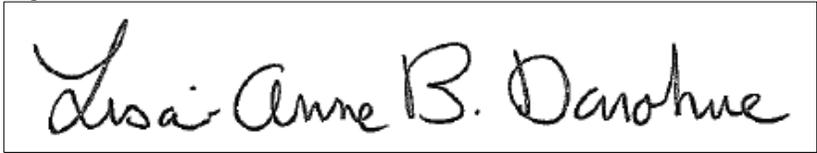
Section 4 - Certification Statement

"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 MI Last Name

Title (Clearly print title of individual signing report)

Signature


Date / /

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

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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:

- 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

S	w	i	m	m	i	n	g		P	o	o	l	s	-	S	e	p	t	i	c		S	y	s	t	e	m	s				
---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--

Other

2. Specific audiences targeted during this reporting period:

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

C	h	i	l	d	r	e	n	-	S	t	u	d	e	n	t	s	-	F	a	c	u	l	t	y						
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Other

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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

SPDES ID

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

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

			5	5	3
--	--	--	---	---	---
- Direct Mailings # Mailings

			4	7
--	--	--	---	---
- Kiosks or Other Displays # Locations

			5	2
--	--	--	---	---
- List-Serves # In List

2	0	5	4	6
---	---	---	---	---
- Mailing List # In List

7	0	7	0	0
---	---	---	---	---
- Newspaper Ads or Articles # Days Run

			1	7
--	--	--	---	---
- Public Events/Presentations # Attendees

	1	4	0	6
--	---	---	---	---
- School Program # Attendees

		2	5	2
--	--	---	---	---
- TV Spot/Program # Days Run

			1	2
--	--	--	---	---
- Printed Materials: Total # Distributed

	3	7	9	4
--	---	---	---	---

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

L	i	b	r	a	r	i	e	s	-	S	e	n	i	o	r	C	t	r
D	o	o	r	k	n	o	b	s	-	M	u	n	i	c	i	p	a	l
a	n	d		D	e	p	t		O	f	f	i	c	e	s	-		
S	h	a	k	e	r		M	u	s	e	u	m						

Other:

P	a	r	k	s		S	u	m	m	e	r		P	r	o	g	r	a	m
---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---

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

URL

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

URL

a	l	b	a	n	y	n	y	.	g	o	v	/	G	o	v	e	r	n	m	e	n	t	/	D	e	p	a	r	t	m	e
n	t	/	W	a	t	e	r	a	n	d	W	a	t	e	r	S	u	p	p	l	y	/	S	t	o	r	m	w	a	t	e
r	/	N	e	w	s																										

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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

SPDES ID

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

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.

Goal 2 of 2. BMP: Brochures/Pamphlets/Guidance Documents
For YR 7 ('09 to '10) SW Coalition will print and distribute info brochures and publications covering multiple topics to Coalition members. Coalition members will distribute relevant brochures and publications via brochure racks, display tables at public events, and mailings. Brochures/publications selected based on distribution venue; likely recipients of material; and needs of target audience.

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

1) Brochures racks in all MS4s. Rack content variable. Verified during site visits and word of mouth (13 members/13 obs); 2) Food and Restaurant Brochure mailed to 500 restaurant owners in Alb. County-mailing is insert into routine Dept of Health certification mailing (1 obs); 3) Misc brochures & publications distributed at 3 public events (Coalition event: WQ Report Cards-2/18/10; 2/26/10; V/Col 1 Fam Fun Days-6/11/10) 3 obs

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

		1	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).

Coalition members have a procedure for tracking printed material received and amounts distributed. Info is available for some of YR7. For YR 8, paper system needs to be monitored, and converted to electronic, web-based format accessible to all Coalition members. YR8 will involve 1) incorporating paper info into electronic data base; 2) training in data entry and report generation specific to printed material amounts; 3) generation of total distribution tally for YR8 report, all by 3/9/2011.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

2. URL(s) con't.:

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

URL

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

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

If submitting this form as part of a joint report on 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 o f A l b a n y C n t y

Address

1 1 2 S t a t e S t r e e t , R o o m 7 2 0

City

A l b a n y

Zip

N Y

1 2 2 0 7 -

Phone

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

Library Annual Report SWMP Plan Comments

Address

City

Zip

-

Phone

() -

Other Annual Report SWMP Plan Comments

Address

City

Zip

-

Phone

() -

Web Page URL: Annual Report SWMP Plan Comments

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

eMail Comments

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

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

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	/	C	o	l	o	n	i	e	S	t	o	r	m	w	a	t	e	r	M	g	m	n	t	O	f	f	i	c	e
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Address

3	4	7	O	l	d	N	i	s	k	a	y	u	n	a	R	o	a	d												
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

City

L	a	t	h	a	m																									
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

N	Y
---	---

 Zip

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

Phone
(

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

)

7	8	3
---	---	---

 -

6	2	9	2
---	---	---	---

Library Annual Report SWMP Plan Comments

Address

6	2	9	A	l	b	a	n	y	S	h	a	k	e	r	R	o	a	d												
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

City

L	o	u	d	o	n	v	i	l	l	e																				
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

N	Y
---	---

 Zip

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

Phone
(

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

)

4	5	8
---	---	---

 -

9	2	7	4
---	---	---	---

Other Annual Report SWMP Plan Comments

Address

T	o	w	n	C	l	e	r	k	5	3	4	L	o	u	d	o	n	R	o	a	d										
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

City

N	e	w	t	o	n	v	i	l	l	e																				
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

N	Y
---	---

 Zip

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

Phone
(

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

)

7	8	3
---	---	---

 -

2	7	3	4
---	---	---	---

Web Page URL: Annual Report SWMP Plan Comments

h	t	t	p	:	/	/	c	o	l	o	n	i	e	.	o	r	g	/	D	P	W	/										
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

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, 2010

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: NYR20

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 G R E E N I S L A N D

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 Zip: N Y 1 2 1 8 3 -

Phone: (5 1 8) 2 7 3 - 2 2 0 1

Library Annual Report SWMP Plan Comments

Address: [Empty]

City: [Empty] Zip: [Empty] - [Empty]

Phone: ([Empty]) [Empty] - [Empty]

Other Annual Report SWMP Plan Comments

Address: [Empty]

City: [Empty] Zip: [Empty] - [Empty]

Phone: ([Empty]) [Empty] - [Empty]

Web Page URL: Annual Report SWMP Plan Comments

[Empty URL input fields]

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

eMail Comments

S E A N W @ V I L L A G E O F G R E E N I S 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	1	0
---	---	---	---

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

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 Zip

S	l	i	n	g	e	r	l	a	n	d	s			N	Y	1	2	1	5	9	-				
---	---	---	---	---	---	---	---	---	---	---	---	--	--	---	---	---	---	---	---	---	---	--	--	--	--

Phone
(

--	--	--

)

--	--	--	--

 -

--	--	--	--

- Library Annual Report SWMP Plan Comments

Address

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

City Zip

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

Phone
(

--	--	--

)

--	--	--	--

 -

--	--	--	--

- Other Annual Report SWMP Plan Comments

Address

T	o	w	n	H	a	l	l	-	2	0	2	9	N	e	w	S	c	o	t	l	a	n	d	R	d
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

City Zip

S	l	i	n	g	e	r	l	a	n	d	s			N	Y	1	2	1	5	9	-				
---	---	---	---	---	---	---	---	---	---	---	---	--	--	---	---	---	---	---	---	---	---	--	--	--	--

Phone
(

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

)

4	3	9
---	---	---

 -

4	8	6	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

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

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 o f V o o r h e e s v i l l e - B l d g D e p t

Address

2 9 V o o r h e e s v i l l e A v e n u e

City

V o o r h e e s v i l l e

Zip

N Y

1 2 1 8 6 -

Phone

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

Library Annual Report SWMP Plan Comments

Address

City

Zip

-

Phone

() -

Other Annual Report SWMP Plan Comments

Address

City

Zip

-

Phone

() -

Web Page URL: Annual Report SWMP Plan Comments

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

eMail Comments

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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

SPDES ID

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

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

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

0	5
---	---

 /

0	6
---	---

 /

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

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

	1	9
--	---	---

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

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

Yes No

If Yes, what was the date of the meeting?

--	--

 /

--	--

 /

--	--	--	--

If No, is one planned?

Yes No

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

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

Yes No

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Stormwater Coalition of Albany County

SPDES ID

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

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.

Goal 1 of 2. BMP: Plantings-Riparian Buffers. The Coalition will participate in Hudson River Estuary Program "Trees for Tribs" opportunities as they become available. Participation will include site selection with assistance from Trees for Tribs; coordination with local MS4 municipality and/or property owner for access and approvals; assistance as needed with finding volunteers; and follow-up work as needed with Trees for Tribs coordinator.

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

Trees were planted on Vly Creek in the Village of Voorheesville with site selection critiqued by Trees for Tribs staff, two Coalition members (V/Voorheesville and Albany County staff); and local business owner of site. Volunteer support from the local high school and follow-up by Coalition member (Albany County). Planting date: 5/18/2009. (1 obs--trees were planted, photos of 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).

There is no set schedule for this activity. The Coalition relies on the Hudson River Estuary Program to provide staff support and trees for this activity and responds to opportunities as they become available. If an option, will pursue.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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

SPDES ID

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

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.

Goal 2 of 2. BMP: Rain Garden
Coalition members with partners (Albany County Soil and Water Conservation District and Albany County Cornell Cooperative Extension-Master Gardeners) will construct 6 demo rain gardens by 12/31/10. The rain gardens will be located within the jurisdictional boundaries of SW Coalition members (traditional and non-traditional MS4s). Sign and info brochures at all rain garden sites.

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

Four rain gardens were constructed in Annual Report YR 6 (2009) and one rain garden was constructed 8/21/2009 (Coalition member-Town of Guilderland) (1 obs)

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

There is sufficient time to complete the 6th and final rain garden by 12/31/2010. Planning has been initiated; however unexpected delays may occur due to the integration of the scheduled rain garden with the construction schedule of a complex cluster sub-division. (Coalition member: Village of Voorheesville). Outdoor brochure racks with Rain Garden brochures need to be monitored to make sure racks contain brochures and to gage interest in rain gardens.

MS4 Annual Report Form

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

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

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.

BMP: Outfall Reconnaissance Inventory (ORI)
Inventory 100% of Outfalls within MS4 using, to the extent possible, dry weather outfall protocol developed by the center for Watershed Protection, as described in the IDDE manual.

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

22% of the required dry weather testing of outfalls was achieved in this reporting year, 4 outfalls from this survey were revisited that had previous concerns and 1 corrected.

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

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

(ex.: samples/participants/events)

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

The Coalition provided kits for the inventory in summer, 2009, with the bulk of ORI work scheduled to begin in 2010. In addition to ORI kits, an internet based software package has been purchased to record outfall data. This software package will be used in conjunction with a web-based GIS application to help track outfall data and analyze relevant land feature data.

MS4 Annual Report Form

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

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

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.

BMP: Outfall Reconnaissance Inventory (ORI) Kit. As Coalition member will participate in purchase/assembly of materials to conduct an outfall inventory as described in the SPDES General Permit GP-0-08-002, such that materials can be shared among Coalition members and used as needed, with oversight of lab tests provided by Albany County Sewer District staff. Goal: Assemble 6 ORI kits by 12/31/09 and signed contract between Albany County Sewer District and Coalition.

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

6 kits assembled by 7/1/2009 (1 obs). Contract signed between the Stormwater Coalition and Albany County Sewer District detailing kit oversight and re-supply procedures (7/21/2009) (1 obs)

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).

Kits were assembled in July, 2009 with MS4s beginning to execute ORI field work, Fall 2009. No changes to ORI Kit procedures, however as the kit use increases, adjustments in procedures may be necessary. No new goals for YR8 (2011).

MS4 Annual Report Form

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

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

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?

--	--	--

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" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | <input checked="" type="radio"/> No Authority |
| | | | | | | | | | |
| <input checked="" type="radio"/> Stop Work Orders | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | 0 | | <input type="radio"/> No Authority |
| | | | | 0 | | | | | |
| <input type="radio"/> Criminal Actions | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | <input checked="" type="radio"/> No Authority |
| | | | | | | | | | |
| <input checked="" type="radio"/> Termination of Contracts | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | 0 | | <input type="radio"/> No Authority |
| | | | | 0 | | | | | |
| <input type="radio"/> Administrative Fines | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | <input checked="" type="radio"/> No Authority |
| | | | | | | | | | |
| <input type="radio"/> Civil Penalties | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | <input checked="" type="radio"/> No Authority |
| | | | | | | | | | |
| <input type="radio"/> Administrative Orders | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | <input checked="" type="radio"/> No Authority |
| | | | | | | | | | |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | |
| | | | | | | | | | |
| <input type="radio"/> Other | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | <input checked="" type="radio"/> No Authority |
| | | | | | | | | | |

MS4 Annual Report Form

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

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

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

		6
--	--	---

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

		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, 2010

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. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

A l b a n y C o u n t y D P W

Address

4 4 9 N e w S a l e m R o a d

City

V o o r h e e s v i l l e

N Y

Zip

1 2 1 8 6 -

Phone

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

Library

Address

City

Zip

-

Phone

() -

Other

Address

City

Zip

-

Phone

() -

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

URL

URL

MS4 Annual Report Form

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

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

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.

BMP: Construction Site Inspection
Provide Construction Site Inspection training to County employees

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

1 County DGS employee received Inspector certification training for inspection of construction projects developed by DGS.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes 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 training and employee awareness of Construction Site Stormwater runoff control.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Albany County

SPDES ID

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

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

Yes No

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

Yes No

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

Yes No

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

		0
--	--	---

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

	5	0
--	---	---

 %

MS4 Annual Report Form

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

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

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.

Goal 1 of 2 BMP: Maintenance of Post Construction practices
3 additional Post construction practices installed as part of County Road work and operations. New and existing practices have been inventoried and inspected,, 1 practice required maintenance

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

Post construction practices have been placed on a maintenance schedule. All practices are functioning properly, no complaints or flooding occurred at these locations in 2009.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Follow up on maintenance procedures of newly installed practices and maintenance records of post construction practices

MS4 Annual Report Form

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

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

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.

Goal 2 of 2 BMP: Post construction maintenance training
Municipal training was held in 2009 in the Town of Bethlehem concerning Maintenance of CDS units by a CDS company.

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

2 County employees attended training

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes 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 maintenance training for all employees in relevant positions.

MS4 Annual Report Form

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

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

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

MS4 Annual Report Form

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

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

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

			1	4
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

		4	6	8
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		4	3	8
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			1	3
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

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

				0
--	--	--	--	---
- Pesticide/Herbicide Applied # Acres

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

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

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

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

4. What was the date of the last training?

1	0
---	---

 /

1	4
---	---

 /

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

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

	2	4
--	---	---

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

	2	0
--	---	---

 %

MS4 Annual Report Form

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

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

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.

BMP: Pollution Prevention

Pollution prevention improvements installed at the Main DPW facility and Colonie Subdivision

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

Drainage improvements separated roof water and runoff from the employee parking lot at the DPW main facility water from entering the highway operation area. Operational improvements conducted at the Colonie subdivision to improve good housekeeping activities included covered storage area for waste, compartments for storage of road materials to reduce sediment isolating operation activities from stream corridor, planting Streamco Willow vegetation next to stream corridor.

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

			1
--	--	--	---

*(ex.: samples/participants/events)***D. Has your MS4 made progress toward this measurable goal during this reporting period?**
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes 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 improve pollution prevention and good housekeeping measures by training relevant employees and site improvements at the DPW facilities. Provide a spill prevention and control training to all employees in relevant positions and departments.

MS4 Annual Report Form

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

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

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.

BMP: Outfall Reconnaissance Inventory (ORI)

By April, 2013 complete an outfall reconnaissance inventory, as described in EPA publication entitled Illicit Discharge Detection and Elimination: A Guidance Manual for Program Development and Technical Assistance, of 100% of the outfalls within urbanized area. For the regulated MS4 listed in this Annual Report Form (MCM 3), all of the outfalls will be surveyed.

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

Since the effective date of SPDES General Permit GP-0-08-002 (May 1, 2008), 0 outfalls of a total of about 60 outfalls have been inventoried within the urbanized area of the City of Albany.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Outfalls will be inventoried on a watershed basis, using the following schedule:

2010 - Patroon Creek watershed

2011 - Krumkill watershed

2012 - Normans Kill/Hudson River watersheds

By following this schedule, all stormwater outfalls will be inventoried on time by April, 2013.

MS4 Annual Report Form

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

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

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:

- Notices of Violation #

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

 No Authority
- Stop Work Orders #

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

 No Authority
- Criminal Actions #

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

 No Authority
- Termination of Contracts #

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

 No Authority
- Administrative Fines #

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

 No Authority
- Civil Penalties #

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

 No Authority
- Administrative Orders #

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

 No Authority
- Enforcement Actions or Sanctions #

--	--	--	--	--	--
- Other #

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

 No Authority

MS4 Annual Report Form

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

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

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?

		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

	5	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, 2010

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

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

Address

City

Zip

-

Phone

() -

○ Library

Address

City

Zip

-

Phone

() -

○ Other

Address

City

Zip

-

Phone

() -

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

URL

URL

MS4 Annual Report Form

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

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

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.

BMP: Local Ordinances for Construction Site Runoff Control
Erosion and sedimentation from construction sites can lead to reduced water quality and other environmental problems. Phase II municipalities must implement a stormwater management program that includes a component for controlling erosion and sediment on construction sites disturbing at least one acre.

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

The City of Albany established a local ordinance in 2008 to enforce erosion and sedimentation problems on active construction sites. During this reporting year, one construction was graded unsatisfactory during an inspection. Enforcement action was taken using the local law and the site was brought into compliance.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Enforcement actions will continue to be used in instances where erosion and sedimentation from active sites cause water quality problems.

MS4 Annual Report Form

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

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

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.

BMP: Municipal Construction Inspection Program
Construction sites lacking adequate stormwater controls can contribute significant amounts of sediment to streams and lakes. The City of Albany has a construction inspection program to ensure all active sites have the proper controls in place.

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

There were 2 active construction sites with active Construction Activity permits within the City of Albany urbanized area during this reporting period. Both sites were inspected by city personnel to ensure Erosion and Sediment Control Practices were in place and functioning as described in the "Blue Book."

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).

Active construction sites will continue to be inspected to ensure all regulations are being properly followed.

MS4 Annual Report Form

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

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

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.

BMP: Construction Phase Plan Review
Stormwater site plans must be reviewed by municipal staff to ensure they address local requirements and protect water quality.

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

During this reporting period, there were two projects in the City of Albany which submitted plans for review in regards to MS4 requirements. All projects were reviewed and comments were returned to the applicant. Any required changes were made to the design and reviewed again to ensure all SPDES requirements were addressed.

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).

All design plans will continue to be reviewed to ensure all stormwater requirements are met.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

City of Albany

SPDES ID

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

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

Yes No

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

Yes No

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

Yes No

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

--	--	--

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

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.

BMP: SMP Inspection and Maintenance

The effectiveness of post-construction stormwater management practices (SMPs) depends upon regular inspections of the control measures. The City of Albany has an inspection and maintenance program in place for SMPs within the urbanized area.

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

During this reporting period, two city owned management practices were inspected to ensure proper operation.

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).

SMPs, both city and privately owned, will be inspected based on the following schedule:
 2010 - Patroon Creek watershed SMPs
 2011 - Krumkill watershed SMPs
 2012 - Normans Kill/Hudson River watershed SMPs
 Any SMPs which require maintenance will be properly addressed.

MS4 Annual Report Form

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

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

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 type="radio"/> Yes	<input checked="" type="radio"/> No
Bridge Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input 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 checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Other.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

MS4 Annual Report Form

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

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

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

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

2	3	3	7	4
---	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		2	1	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 (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?

	2	/		1	6	/		2	0	1	0
--	---	---	--	---	---	---	--	---	---	---	---

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

	1	2
--	---	---

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

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

MS4 Annual Report Form

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

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

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.

BMP: Street Sweeping and Catch Basin Cleaning
By sweeping the streets and cleaning catch basins throughout the city, less floatables will reach SMPs and pollute the waters.

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

During the inspections of the city owned SMPs, there were no floatables found.

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).

Streets will continue to be swept and catch basins will continue to be cleaned to eliminate floatables before they reach SMPs.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

T	O	W	N	O	F	B	E	T	H	L	E	H	E	M
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

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

3.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

I	L	L	E	G	A	L	D	I	S	P	O	S	A	L	O	F	P	E	T	W	A	S	T	E		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

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

		3
--	--	---

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

		3
--	--	---

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

		3
--	--	---

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?

	4	3	%
--	---	---	---

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

w	w	w	.	a	i	m	s	g	i	s	.	o	r	g	/	w	e	b	m	a	p	/								
*	*	R	e	s	t	r	i	c	t	e	d		a	c	c	e	s	s	-	c	o	n	t	a	c	t		M	S	4
f	o	r		U	s	e	r		N	a	m	e		a	n	d		P	a	s	s	w	o	r	d	*	*			

URL

MS4 Annual Report Form

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

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

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.

Increase public awareness regarding illicit discharges through an active role by the Town in identifying / eliminating the prohibited non-stormwater discharges

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

Complaints from citizens are investigated shortly after being reported to the Town and property or business owners are contacted regarding the IDDE local law and provided informational brochures.

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).

Continue to investigate illicit discharges as public complaints are received (on going) and actively investigate stormwater outfalls of proposed developments for signs of illicit discharges (on going).

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

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

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

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

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

How many MS4s contributed to this report?

--	--	--

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

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

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

09/2004 03/2006 NT

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

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

	1	9
--	---	---

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:

- Notices of Violation #

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

 No Authority
- Stop Work Orders #

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

 No Authority
- Criminal Actions #

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

 No Authority
- Termination of Contracts #

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

 No Authority
- Administrative Fines #

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

 No Authority
- Civil Penalties #

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

 No Authority
- Administrative Orders #

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

 No Authority
- Enforcement Actions or Sanctions #

--	--	--	--	--	--
- Other #

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

 No Authority

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N Y R 2 0 A 2 0 8

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

--	--	--

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

		5
--	--	---

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

		8
--	--	---

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

	6	7
--	---	---

 %

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, 2010

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 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 N U E

City

D E L M A R

Zip

N Y

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

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.

Maintain a consistent and repetitive inspection schedule at all the active construction sites.

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

All active construction sites with coverage under GP-0-08-001 were inspected by Town staff. Problem sites were reinspected to ensure continued compliance with Town code for E&SC.

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

		1	5
--	--	---	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue with inspection of all active construction sites and reinspect or enforce as needed.

MS4 Annual Report Form

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

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

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 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

--	--	--

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

	# Inventoried	# Inspections	# Times Maintained									
<input checked="" type="radio"/> Alternative Practices	<table border="1" style="display: inline-table;"><tr><td> </td><td>1</td><td>0</td></tr></table>		1	0	<table border="1" style="display: inline-table;"><tr><td> </td><td>1</td><td>0</td></tr></table>		1	0	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>1</td></tr></table>			1
	1	0										
	1	0										
		1										
<input checked="" type="radio"/> Filter Systems	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>4</td></tr></table>			4	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			
		4										
<input type="radio"/> Infiltration Basins	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Open Channels	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			
<input checked="" type="radio"/> Ponds	<table border="1" style="display: inline-table;"><tr><td> </td><td>1</td><td>7</td></tr></table>		1	7	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>1</td></tr></table>			1
	1	7										
		1										
<input checked="" type="radio"/> Wetlands	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>1</td></tr></table>			1	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			
		1										
<input checked="" type="radio"/> Other	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>1</td></tr></table>			1	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			
		1										

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

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

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

Other:

C	A	C	C	-	O	P	E	N	S	P	A	C	E	P	L	A	N	N	I	N	G				
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

MS4 Annual Report Form

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

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

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?

		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?

	2	6
--	---	---

 %

MS4 Annual Report Form

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

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

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.

Perform a detailed compliance review for all SWPPPs presented to Town for proposed projects.

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

100% of SWPPPs were reviewed for compliance with the Town Standards and SWM local law.
100% of these SWPPPs were returned with comments on compliance with technical standards.

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

		1	9
--	--	---	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue with SWPPP reviews (on going) and train Town Designated Engineers on the level detail expected for SWPPPs they review (mid 2010).

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

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

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

--	--	--

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

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

MS4 Annual Report Form

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

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

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

			1	8
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

		7	0	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

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

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

			5	3
--	--	--	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

		4	8	7
--	--	---	---	---
- Pesticide/Herbicide Applied # Acres

1	3	7	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?

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

4. What was the date of the last training?

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

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

	1	6
--	---	---

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

	2	1	%
--	---	---	---

MS4 Annual Report Form

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

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

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.

Increase number of hours of training provided to municipal employees on stormwater management.

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

The Town has been actively providing comprehensive training on stormwater management issues to municipal employees in relevant Departments since 2006. During this reporting period, Highway, Public Works, and Parks staff attended the DEC 4 hour training. Engineering and Planning staff attended training workshops on Green Infrastructure and implementation of Better Site Design.

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

			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).

Continue with comprehensive training on SWM (on going) and focus education efforts on field and routine activities for all Town Departments effected by stormwater management (mid to late 2010).

MS4 Annual Report Form

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

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

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.

More effective tracking of IDDEs, new CBI software will expedite this goal.

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

Existing efforts City discovered two illegal connections.

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).

New CBI software will make it easier to track down Illegal connections.

MS4 Annual Report Form

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

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

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.

BMP: Outfall Reconnaissance Inventory (ORI) Kit. As Coalition member will participate in purchase/assembly of materials to conduct an outfall inventory as described in the SPDES General Permit GP-0-08-002, such that materials can be shared among Coalition members and used as needed, with oversight of lab tests provided by Albany County Sewer District staff. Goal: Assemble 6 ORI kits by 12/31/09 and signed contract between Albany County Sewer District and Coalition.

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

6 kits assembled by 7/1/2009 (1 obs). Contract signed between the Stormwater Coalition and Albany County Sewer District detailing kit oversight and re-supply procedures (7/21/2009) (1 obs)

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).

Kits were assembled in July, 2009 with MS4s beginning to execute ORI field work, Fall 2009. No changes to ORI Kit procedures, however as the kit use increases, adjustments in procedures may be necessary. No new goals for YR8 (2011).

MS4 Annual Report Form

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

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

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.

BMP: Outfall Reconnaissance Inventory (ORI). By April, 2013, to the extent possible complete a dry weather ORI inventory, as described in EPA publication IDDE: A Guidance Manual for Program Development and Technical Assistance, of 100% of outfalls within urbanized area.

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

Since effective date of SPDES General Permit GP-0-08-002 (May 1, 2008), 31 of 51 outfalls have been inventoried. (1 obs)

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

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes 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 Coalition provided kits for the ORI inventory in July, 2009, with ORI work initiated once the kits were released. In addition to ORI kits, an internet based software package was purchased to electronically record and update outfall data and analyze relevant land feature data for all Coalition members. Use of software by Coalition members to begin June, 2010; ORI inventory will proceed for each Coalition member, as needed depending on inventory completed to date.

MS4 Annual Report Form

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

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

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?

--	--	--

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

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

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

09/2004 03/2006 NT

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

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

		4
--	--	---

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

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

--	--	--

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

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

- | | | | | | | | | |
|--|---|---|--|---|--|--|---|------------------------------------|
| <input checked="" type="radio"/> Notices of Violation | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>7</td></tr></table> | | | | | 7 | <input type="radio"/> No Authority |
| | | | | 7 | | | | |
| <input checked="" type="radio"/> Stop Work Orders | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table> | | | | | 0 | <input type="radio"/> No Authority |
| | | | | 0 | | | | |
| <input type="radio"/> Criminal Actions | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <input 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 checked="" type="radio"/> Civil Penalties | # | <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 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	1	0
---	---	---	---

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

		4
--	--	---

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

		8
--	--	---

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, 2010

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

Name of MS4/Coalition

SPDES ID
N Y R 2 0 A 2 4 3

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

P l a n n i n g

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 0

○ Library

Address

City

Zip

-

Phone

() -

● Other

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 1 9

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

URL

URL

MS4 Annual Report Form

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

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

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.

Review 100% of the SWPPPs (four were submitted, all reviewed).

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

As all SWPPPs were reviewed and approved, City was effective in meeting this goal.

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 has internal meetings scheduled with City Engineer, Planning Board Chairman, Planning Board Engineer, and Stormwater Management Officer.

MS4 Annual Report Form

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

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

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?

--	--	--

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?

--	--	--	--

 %

MS4 Annual Report Form

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

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

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.

Inventory and inspect all City (responsible) storm water management facilities. Obtain copies of inspection reports for non City owned stormwater management facilities.

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

All City owned facilities were inspected; notifying non City owned facilities to forward copies of inspections.

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).

Ensure through meetings that all City Departments are enforcing the City's MS4 laws and guidance; more effectively track catch basin repairs; start using CBI software to track inspections of stormwater management facilities.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

SPDES ID

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

MS4 Annual Report Form

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

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

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	8	0
--	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		8	4	5
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

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

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

--	--	--	--	--
- Pesticide/Herbicide Applied # 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?

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

4. What was the date of the last training?

0	3
---	---

 /

2	6
---	---

 /

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

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

		4
--	--	---

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

	4	4
--	---	---

 %

MS4 Annual Report Form

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

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

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.

Have inventoried all municipal buildings and have conducted three audits; City has also established a schedule for remaining building audits; cleaning all basins and repairing more than last year. Let contract for needed tank inspection at water tank.

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

More basins are repaired and receiving more flow, less flooding in certain areas; 3 buildings audits done.

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).

9 more building audits tentatively scheduled; more catch basin repairs ongoing.

MS4 Annual Report Form

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

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

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.

Number of illicit discharges detected and eliminated.

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

With catch basin stenciling and door hangers distributed it is anticipated that more illicit discharges will be prevented. 2 cross connections and 1 sanitary sewer overflow were eliminated.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes 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 staff will focus on outfall dry weather inventory in the next reporting cycle. It is anticipated that this will lead to an increase in illicit discharges detected and eliminated.

MS4 Annual Report Form

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

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

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.

BMP: Outfall Reconnaissance Inventory (ORI) Kit. As Coalition member will participate in purchase/assembly of materials to conduct an outfall inventory as described in the SPDES General Permit GP-0-08-002, such that materials can be shared among Coalition members and used as needed, with oversight of lab tests provided by Albany County Sewer District staff. Goal: Assemble 6 ORI kits by 12/31/09 and signed contract between Albany County Sewer District and Coalition.

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

6 kits assembled by 7/1/2009 (1 obs). Contract signed between the Stormwater Coalition and Albany County Sewer District detailing kit oversight and re-supply procedures (7/21/2009) (1 obs)

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).

Kits were assembled in July, 2009 with MS4s beginning to execute ORI field work, Fall 2009. No changes to ORI Kit procedures, however as the kit use increases, adjustments in procedures may be necessary. No new goals for YR8 (2011).

MS4 Annual Report Form

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

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

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.

BMP: Outfall Reconnaissance Inventory (ORI). By April, 2013, to the extent possible complete a dry weather ORI inventory, as described in EPA publication IDDE: A Guidance Manual for Program Development and Technical Assistance, of 100% of outfalls within urbanized area.

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

Since effective date of SPDES General Permit GP-0-08-002 (May 1, 2008), 3 of 1000 outfalls have been inventoried. (1 obs)

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes 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 Coalition provided kits for the ORI inventory in July, 2009, with ORI work initiated once the kits were released. In addition to ORI kits, an internet based software package was purchased to electronically record and update outfall data and analyze relevant land feature data for all Coalition members. Use of software by Coalition members to begin June, 2010; ORI inventory will proceed for each Coalition member, as needed depending on inventory completed to date.

MS4 Annual Report Form

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

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

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?**

	8	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?

	1	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:

- Notices of Violation #

			2	8
--	--	--	---	---

 No Authority
- Stop Work Orders #

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

 No Authority
- Criminal Actions #

--	--	--	--	--

 No Authority
- Termination of Contracts #

--	--	--	--	--

 No Authority
- Administrative Fines #

--	--	--	--	--

 No Authority
- Civil Penalties #

--	--	--	--	--

 No Authority
- Administrative Orders #

--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions #

--	--	--	--	--
- Other #

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

 No Authority

MS4 Annual Report Form

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

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

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?

	2	9
--	---	---
 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

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

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.

Number of water quality violations observed through construction site inspections will decrease with continued inspections.

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

With the purchase of a turbidity meter and constant sampling it is anticipated that water quality violations will decrease. Further evaluation is required to determine the effectiveness of this approach.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes 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 conduct inspections and share sampling results with developers to evaluate the effectiveness of erosion and sediment control measures.

MS4 Annual Report Form

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

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

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?

		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?

	7	5
--	---	---

 %

MS4 Annual Report Form

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

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

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 install, inspect and maintain post construction practices and quantify sediment removed. It is anticipated that sediment removal will increase with the installation of additional practices.

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

Approximately 89 cubic yards of sediment were removed from post construction practices

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Train municipal staff on how to properly maintain post construction practices. Remove sediment as needed/required

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Town of Colonie

SPDES ID

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

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
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 type="radio"/> Yes	<input checked="" 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 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	1	0
---	---	---	---

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

			1	7
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

		3	2	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		5	0	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

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

		7	2	0
--	--	---	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

	6	7	2	0
--	---	---	---	---
- Pesticide/Herbicide Applied # Acres

3	6	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?

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

4. What was the date of the last training?

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

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

		5
--	--	---

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

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

MS4 Annual Report Form

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

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

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.

Continue to remove and quantify sediment removed from our conveyance system.

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

Approximately 835 cubic yards of sediment was cleaned out of catch basins and swept from roadways keeping sediment from entering waters of the US.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes 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 staff will continue to clean the MS4 conveyance system and sediment removed will be quantified

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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 Colonie

SPDES ID
N Y R 2 0 A 0 7 6

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

Empty grid for other discharge types

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

3

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

3

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

3

7. Has the storm sewershed mapping been completed in this reporting period? Yes No
If No, approximately what percent was completed in this reporting period?

100%

8. Is the above information available in GIS? Yes No
Is this information available on the web? Yes No

If Yes, provide URL(s):

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

URL

www.waimsgis.org/webmap/

* * Restricted access * *

URL

Empty grid for URL

Empty grid for URL

Empty grid for URL

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of Colonie

SPDES ID

N	Y	R	2	0	A	0	7	6
---	---	---	---	---	---	---	---	---

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.

Increase public awareness of illicit discharges. storm sewer map already completed. Dry weather screening on all outfalls (yearly) is completed. Each year a portion of the storm sewer will have video inspection.

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

The number of phone calls received from the public has increased by 400%, resulting in corrective measures within less than 1 week.

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).

Continue to increase public awareness, continue video inspection of storm sewer, insert literature in utility bills as well as the hotline number. Include the hotline number in the village quarterly news letter. Continue to inspect all outfalls on a yearly basis. Start testing during the 2010-2011 reporting year. Start computer software program for tracking SWMPP and compare progress over a year period.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of Colonie

SPDES ID

N	Y	R	2	0	A	0	7	6
---	---	---	---	---	---	---	---	---

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.

BMP: Outfall Reconnaissance Inventory (ORI) Kit. As Coalition member will participate in purchase/assembly of materials to conduct an outfall inventory as described in the SPDES General Permit GP-0-08-002, such that materials can be shared among Coalition members and used as needed, with oversight of lab tests provided by Albany County Sewer District staff. Goal: Assemble 6 ORI kits by 12/31/09 and signed contract between Albany County Sewer District and Coalition.

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

6 kits assembled by 7/1/2009 (1 obs). Contract signed between the Stormwater Coalition and Albany County Sewer District detailing kit oversight and re-supply procedures (7/21/2009) (1 obs)

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).

Kits were assembled in July, 2009 with MS4s beginning to execute ORI field work, Fall 2009. No changes to ORI Kit procedures, however as the kit use increases, adjustments in procedures may be necessary. No new goals for YR8 (2011).

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of Colonie

SPDES ID

N	Y	R	2	0	A	0	7	6
---	---	---	---	---	---	---	---	---

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

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

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

How many MS4s contributed to this report?

--	--	--

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

Yes No

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

Yes No NT

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

09/2004 03/2006 NT

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

Yes No

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

		0
--	--	---

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

Yes No NT

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

--	--	--

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

Yes No

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

- Notices of Violation #

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

 No Authority
- Stop Work Orders #

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

 No Authority
- Criminal Actions #

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

 No Authority
- Termination of Contracts #

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

 No Authority
- Administrative Fines #

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

 No Authority
- Civil Penalties #

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

 No Authority
- Administrative Orders #

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

 No Authority
- Enforcement Actions or Sanctions #

--	--	--	--	--	--
- Other #

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

 No Authority

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of Colonie

SPDES ID

N	Y	R	2	0	A	0	7	6
---	---	---	---	---	---	---	---	---

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, 2010

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 Colonie

SPDES ID
N Y R 2 0 A 0 7 6

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

[Empty grid for Department]

Address

[Empty grid for Address]

City

[Empty grid for City]

Zip

[Empty grid for Zip]

Phone

([] [] []) [] [] [] - [] [] [] []

Library

Address

[Empty grid for Address]

City

[Empty grid for City]

Zip

[Empty grid for Zip]

Phone

([] [] []) [] [] [] - [] [] [] []

Other

Address

2 T h u n d e r R o a d

City

V . o f C o l o n i e

N Y

Zip

1 2 2 0 5 -

Phone

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

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

URL

[Empty grid for URL]

[Empty grid for URL]

[Empty grid for URL]

URL

[Empty grid for URL]

[Empty grid for URL]

[Empty grid for URL]

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of Colonie

SPDES ID

N	Y	R	2	0	A	0	7	6
---	---	---	---	---	---	---	---	---

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 have the TDE to review SWPPPs in accordance with the New York State Design Manual and the Erosion and Sediment Control Manual.

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

All SWPPPS are reviewed by the TDE in accordance with the New York State Design Manual and the Erosion and Sediment Control Manual.

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).

All SWPPPS are required to be reviewed by the TDE. This has been completed and will continue during the next reporting years.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of Colonie

SPDES ID

N	Y	R	2	0	A	0	7	6
---	---	---	---	---	---	---	---	---

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

Yes No

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

Yes No

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

Yes No

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

		0
--	--	---

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

		0
--	--	---

 %

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of Colonie

SPDES ID

N	Y	R	2	0	A	0	7	6
---	---	---	---	---	---	---	---	---

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 inspections for post construction stormwater management areas installed since 2003 to ensure the O&M Manual is being followed. Unsatisfactory inspections get sent to the owner to fix issues within 2 weeks.

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

Increase awareness to perform post construction maintenance on stormwater management areas/structures.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Post constructions inspections have been completed. The goal for 2010-2011 is to inspect all post construction stormwater management areas installed since 2003. Add any new stormwater management facilities to the inspection list. Use computer software program to track progress starting in 2010-2011 reporting period.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of Colonie

SPDES ID

N	Y	R	2	0	A	0	7	6
---	---	---	---	---	---	---	---	---

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of Colonie

SPDES ID

N	Y	R	2	0	A	0	7	6
---	---	---	---	---	---	---	---	---

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

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

			4	6
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

		3	2	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

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

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

			1	9
--	--	--	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

		8	7	0
--	--	---	---	---
- Pesticide/Herbicide Applied # Acres

			3	.	3
--	--	--	---	---	---

(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
--	--	--	--	---

4. What was the date of the last training?

0	9	/	2	8	/	2	0	1	0
---	---	---	---	---	---	---	---	---	---

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

	2	7
--	---	---

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

	9	3	%
--	---	---	---

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of Colonie

SPDES ID

N	Y	R	2	0	A	0	7	6
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

The streets are swept 5 times a year and catch basins are cleaned yearly on a rotation basis. Any structure and pipes needing repairs will be repaired during that time. Village of Colonie has reduced the amount of road salt by the use of less toxic alternative such as liquid calcium magnesium acetate.

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

The streets were swept 5 times during this reporting period and 224 catch basins were cleaned. The amount of silt removed from catch basins and roadway has decreased which will reduce the number of emergency maintenance calls during storm events.

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

	2	2	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).

Continue to swept streets, parking lots and video storm sewers. Continue to use a less toxic alternative for road salt. Continue to clean out catch basins.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of Green Island

SPDES ID

N	Y	R	2	0	A	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.

BMP: Outfall Reconnaissance Inventory (ORI) Kit. As Coalition member will participate in purchase/assembly of materials to conduct an outfall inventory as described in the SPDES General Permit GP-0-08-002, such that materials can be shared among Coalition members and used as needed, with oversight of lab tests provided by Albany County Sewer District staff. Goal: Assemble 6 ORI kits by 12/31/09 and signed contract between Albany County Sewer District and Coalition.

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

6 kits assembled by 7/1/2009 (1 obs). Contract signed between the Stormwater Coalition and Albany County Sewer District detailing kit oversight and re-supply procedures (7/21/2009) (1 obs)

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).

Kits were assembled in July, 2009 with MS4s beginning to execute ORI field work, Fall 2009. No changes to ORI Kit procedures, however as the kit use increases, adjustments in procedures may be necessary. No new goals for YR8 (2011).

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of Green Island

SPDES ID

N	Y	R	2	0	A	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.

BMP: Outfall Reconnaissance Inventory (ORI). By April, 2013, to the extent possible complete a dry weather ORI inventory, as described in EPA publication IDDE: A Guidance Manual for Program Development and Technical Assistance, of 100% of outfalls within urbanized area.

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

Since effective date of SPDES General Permit GP-0-08-002 (May 1, 2008), 7 of 7 outfalls have been inventoried. (1 obs)

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

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes 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 Coalition provided kits for the ORI inventory in July, 2009, with ORI work initiated once the kits were released. In addition to ORI kits, an internet based software package was purchased to electronically record and update outfall data and analyze relevant land feature data for all Coalition members. Use of software by Coalition members to begin June, 2010; ORI inventory will proceed for each Coalition member, as needed depending on inventory completed to date.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

VILLAGE OF GREEN ISLAND

SPDES ID

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

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:

- Notices of Violation #

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

 ○ No Authority
- Stop Work Orders #

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

 ○ No Authority
- Criminal Actions #

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

 ○ No Authority
- Termination of Contracts #

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

 ○ No Authority
- Administrative Fines #

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

 ○ No Authority
- Civil Penalties #

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

 ○ No Authority
- Administrative Orders #

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

 ○ No Authority
- Enforcement Actions or Sanctions #

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

 ○ No Authority
- Other #

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

 ○ No Authority

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

VILLAGE OF GREEN ISLAND

SPDES ID

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

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

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

Name of MS4/Coalition

VILLAGE OF GREEN ISLAND

SPDES ID

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

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 TRAIN STAFF ON CHANGES TO CONSTRUCTION ACTIVITY PERMITS AND GREEN INFRASTRUCTURE

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?**

			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).

TRAINING ON GREEN INFRASTRUCUTURE PRACTICES

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

VILLAGE OF GREEN ISLAND

SPDES ID

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

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?

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

 %

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

VILLAGE OF GREEN ISLAND

SPDES ID

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

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 ASSESSMENT OF FACILITIES AUDIT COMPLETED BY O'BRIEN & GERE

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

CHANGES HAVE BEEN MADE AS A RESULT OF THE AUDIT. COMPILED EXISTING AUDIT FINDINGS IN REFERENCE TO EPA REGULATIONS AND FOUND TO BE SAME.

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

			5
--	--	--	---

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

--

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

VILLAGE OF GREEN ISLAND

SPDES ID

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

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>years?</u>			
	<u>Addressed in SWMP?</u>			
	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input type="radio"/> Yes	<input checked="" 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 type="radio"/> Yes	<input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Salt Storage.....	<input type="radio"/> Yes	<input checked="" 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 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 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 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 type="radio"/> Yes	<input checked="" 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	1	0
---	---	---	---

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

Name of MS4/Coalition

VILLAGE OF GREEN ISLAND

SPDES ID

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

2. 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

				9
--	--	--	--	---
- 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 # 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	1	0
---	---	---	---

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

Name of MS4/Coalition

VILLAGE OF GREEN ISLAND

SPDES ID

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

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.

CATCH BASINS INSPECTED AND CLEANED

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

MAINTENANCE AND INSPECTIONS WERE INCREASED BY 100% RESULTING IN NO BACKFLOW ISSUES DURING THE YEAR.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

WILL CONTINUE TO CLEAN AND MAINTAIN ON AN ANNUAL BASIS.

MS4 Annual Report Form

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

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

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	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.

BMP: Outfall Reconnaissance Inventory (ORI) Kit. As Coalition member will participate in purchase/assembly of materials to conduct an outfall inventory as described in the SPDES General Permit GP-0-08-002, such that materials can be shared among Coalition members and used as needed, with oversight of lab tests provided by Albany County Sewer District staff. Goal: Assemble 6 ORI kits by 12/31/09 and signed contract between Albany County Sewer District and Coalition.

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

6 kits assembled by 7/1/2009 (1 obs). Contract signed between the Stormwater Coalition and Albany County Sewer District detailing kit oversight and re-supply procedures (7/21/2009) (1 obs)

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).

Kits were assembled in July, 2009 with MS4s beginning to execute ORI field work, Fall 2009. No changes to ORI Kit procedures, however as the kit use increases, adjustments in procedures may be necessary. No new goals for YR8 (2011).

MS4 Annual Report Form

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

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

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	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.

BMP: Outfall Reconnaissance Inventory (ORI). By April, 2013, to the extent possible complete a dry weather ORI inventory, as described in EPA publication IDDE: A Guidance Manual for Program Development and Technical Assistance, of 100% of outfalls within urbanized area.

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

Since effective date of SPDES General Permit GP-0-08-002 (May 1, 2008), 0 of 184 outfalls have been inventoried. (1 obs)

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

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes 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 Coalition provided kits for the ORI inventory in July, 2009, with ORI work initiated once the kits were released. In addition to ORI kits, an internet based software package was purchased to electronically record and update outfall data and analyze relevant land feature data for all Coalition members. Use of software by Coalition members to begin June, 2010; ORI inventory will proceed for each Coalition member, as needed depending on inventory completed to date.

MS4 Annual Report Form

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

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

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?

	1	8
--	---	---

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:

- Notices of Violation #

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

 No Authority
- Stop Work Orders #

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

 No Authority
- Criminal Actions #

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

 No Authority
- Termination of Contracts #

--	--	--	--	--

 No Authority
- Administrative Fines #

--	--	--	--	--

 No Authority
- Civil Penalties #

--	--	--	--	--

 No Authority
- Administrative Orders #

--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions #

				1
--	--	--	--	---
- Other #

--	--	--	--	--

 No Authority

MS4 Annual Report Form

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

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

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?

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

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.

Some of the contractors doing business in the Town are trained. Some of the Town Hall staff is trained. None of the Town Board, Zoning Board of Appeals or the Planning Board are trained

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

We are finally receiving SWPPP's & Erosion & Sediment Control plans for review & approval. Our staff is now somewhat in tune with the requirements.

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).

Attempt to fully train all board members and staff.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Town of Guilderland

SPDES ID

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

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

Yes No

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

Yes No

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

Yes No

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

		0
--	--	---

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

		5
--	--	---

 %

MS4 Annual Report Form

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

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

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.

To get all Town facilities in compliance and fully institute all BMP's.

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

Several of the Town facilities have made a fair amount of instituting BMP's.
--

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).

Work with home owners associations & all Town facilities to implement 100% of BMP's. We are also in the process of forming our first Drainage District.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

SPDES ID

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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
NYR20

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 18
- Catch Basins Inspected and Cleaned Where Necessary # 282
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 10
- Phosphorus Applied In Chemical Fertilizer # Lbs. 500
- Nitrogen Applied In Chemical Fertilizer # Lbs. 8000
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 8000.0

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? 03 / 05 / 2010

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? 100 %

MS4 Annual Report Form

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

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

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.

Training of municipal employees is finally showing progress in all Town departments.

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

More care is being used in maintenance & applications of products.

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 training on an annual basis. Additionally we will be doing annual departmental self audits to stay on top of our continued progress.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of 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.

The Village will develop a written procedure for conducting the IDDE program. This will be done with the assistance of the Albany County Stormwater Coalition.
--

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

Observations will be made and recorded as the program is implemented.

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).

The Village will have an IDDE program in place by December 31, 2010.
--

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of 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.

BMP: Outfall Reconnaissance Inventory (ORI) Kit. As Coalition member will participate in purchase/assembly of materials to conduct an outfall inventory as described in the SPDES General Permit GP-0-08-002, such that materials can be shared among Coalition members and used as needed, with oversight of lab tests provided by Albany County Sewer District staff. Goal: Assemble 6 ORI kits by 12/31/09 and signed contract between Albany County Sewer District and Coalition.

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

6 kits assembled by 7/1/2009 (1 obs). Contract signed between the Stormwater Coalition and Albany County Sewer District detailing kit oversight and re-supply procedures (7/21/2009) (1 obs)

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).

Kits were assembled in July, 2009 with MS4s beginning to execute ORI field work, Fall 2009. No changes to ORI Kit procedures, however as the kit use increases, adjustments in procedures may be necessary. No new goals for YR8 (2011).

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of 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.

BMP: Outfall Reconnaissance Inventory (ORI). By April, 2013, to the extent possible complete a dry weather ORI inventory, as described in EPA publication IDDE: A Guidance Manual for Program Development and Technical Assistance, of 100% of outfalls within urbanized area.

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

Since effective date of SPDES General Permit GP-0-08-002 (May 1, 2008), 0 of 33 outfalls have been inventoried. (1 obs)

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes 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 Coalition provided kits for the ORI inventory in July, 2009, with ORI work initiated once the kits were released. In addition to ORI kits, an internet based software package was purchased to electronically record and update outfall data and analyze relevant land feature data for all Coalition members. Use of software by Coalition members to begin June, 2010; ORI inventory will proceed for each Coalition member, as needed depending on inventory completed to date.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of 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?

--	--	--

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:

- Notices of Violation #

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

 ○ No Authority
- Stop Work Orders #

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

 ○ No Authority
- Criminal Actions #

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

 ○ No Authority
- Termination of Contracts #

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

 ○ No Authority
- Administrative Fines #

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

 ○ No Authority
- Civil Penalties #

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

 ○ No Authority
- Administrative Orders #

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

 ○ No Authority
- Enforcement Actions or Sanctions #

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

 ○ No Authority
- Other #

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

 ○ No Authority

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of 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. 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, 2010

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

Name of MS4/Coalition

SPDES ID
N Y R 2 0 A 1 4 4

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

Address

City

Zip

Phone

() -

Library

Address

City

Zip

Phone

() -

Other

Address

V i l l a g e o f M e n a n d s

City

M e n a n d s

N Y

Zip

1 2 2 0 4 -

Phone

(5 1 8) 4 3 4 - 2 9 2 2

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

URL

URL

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of 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.

The Village will develop a written procedure for SWPPP review by December 31, 2010.

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

The Village has not had a SWPPP submission since 2008 and that project did not go forward. Once the Village develops a written SWPPP review procedure, observations will be made and recorded as SWPPPs are received.

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).

The Village will implement a SWPPP review procedure that will incorporate NYS technical standards. The Village will utilize the services of its consulting engineer to develop the procedure.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of 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?

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

 %

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of 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.

The Village will develop an effective procedure for inspecting and maintaining post-construction control practices.

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

Observations will be made and recorded once the procedure is developed and implemented.

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).

The post-construction procedure will be developed and implemented by December 31, 2010.

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of 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

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

			2	4
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

			1	5
--	--	--	---	---
- 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?

0	4	/	2	9	/	0	8		
---	---	---	---	---	---	---	---	--	--

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

	1	2
--	---	---

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

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

MS4 Annual Report Form

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

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

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

Name of MS4/Coalition

Village of 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.

The Village intends to clean and inspect at least 15 catch basins each year.
--

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

The catch basin inspection program in the Village helped reduce the deployment of DPW personnel by 25% during the reporting period.

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

			2
--	--	--	---

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

The Village will increase the number of catch basin inspections and clean outs during the next reporting cycle. The inspections will be scheduled for the Fall and Spring.
--

MS4 Annual Report Form

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

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

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.

BMP: Outfall Reconnaissance Inventory (ORI)

By April, 2013 complete an outfall inventory as described in EPA publication entitled Illicit Discharge Detection and Elimination: A Guidance Manual for Program Development and Technical Assistance, of 100% of the outfalls within urbanized area. For the regulated MS4 listed in the Annual Report Form (MCM3), a total of 5 outfalls will be surveyed.

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

Since the effective date of SPDES General Permit GP-08-002 (May 1, 2008), 5 outfalls of a total of 5 outfalls have been inventoried within the urbanized area of the Town of New Scotland. (1 obs.)

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes 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 coalition provided kits for the ORI inventory in July, 2009, with the ORI work initiated once the kits were released at the discretion of the individual coalition members. In addition to ORI kits, an internet based software package was purchased to record and update the outfall data. The software package will be used with a web based GIS application to help track outfall data and analyze land feature data. Use of the software will begin, June, 2010.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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.

BMP: Outfall Reconnaissance Inventory (ORI) Kit. As Coalition member will participate in purchase/assembly of materials to conduct an outfall inventory as described in the SPDES General Permit GP-0-08-002, such that materials can be shared among Coalition members and used as needed, with oversight of lab tests provided by Albany County Sewer District staff. Goal: Assemble 6 ORI kits by 12/31/09 and signed contract between Albany County Sewer District and Coalition.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

6 kits assembled by 7/1/2009 (1 obs). Contract signed between the Stormwater Coalition and Albany County Sewer District detailing kit oversight and re-supply procedures (7/21/2009) (1 obs)

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).

Kits were assembled in July, 2009 with MS4s beginning to execute ORI field work, Fall 2009. No changes to ORI Kit procedures, however as the kit use increases, adjustments in procedures may be necessary. No new goals for YR8 (2011).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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?

--	--	--

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
--	--	---

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>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><td>0</td></tr></table> | | | | | | 0 | <input type="radio"/> No Authority |
| | | | | | 0 | | | | |
| <input type="radio"/> Criminal Actions | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><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> </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> </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> </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> </td><td>0</td></tr></table> | | | | | | 0 | <input type="radio"/> No Authority |
| | | | | | 0 | | | | |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><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><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	1	0
---	---	---	---

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. 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?

		3
--	--	---

3. What percent of active construction sites were inspected during this reporting period? NT

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once? NT

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? Yes No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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.

Maintain documentation for the number of SWPPP's reviewed, number of complaints received with related inspection records and the disposition of the complaints. Maintain documentation for MS4 inspections and construction duration inspections by the contractor. Maintain documentation of relevant staff training.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

There have been 3 active SWPPP's during this reporting period and no complaints or civil actions taken against any of these active sites construction sites. Documentation of employee training is maintained in the stormwater management program file.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

*(ex.: samples/participants/events)***D. Has your MS4 made progress toward this measurable goal during this reporting period?**
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Although the Town is currently meeting its goals it is expected that construction activity will increase in the future resulting in the need for a more functional means of tracking MCM4 items. The Town is expecting that the use of recently purchased software through the coalition, CBI System, LTD, will fully accommodate this need. The use of this software will begin in June, 2010.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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?

		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?

	2	5
--	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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.

Track training of staff, correspondence related to MCM5, complaints received and disposition of those complaints. Increase staff training and awareness of the program.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

No complaints related to MCM5 have been received by the Town. Training of Planning Board and Zoning Board staff has been effective and is documented in the SMPP. Efforts to train municipal staff were not as effective as had been planned, formal training was not completed as intended

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

*(ex.: samples/participants/events)***D. Has your MS4 made progress toward this measurable goal during this reporting period?**
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes 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 emphasis will be placed on training of municipal staff that can help make the stormwater program more effective and responsive to the requirements of the General Permit. The major emphasis will be placed on building inspectors and highway department employees.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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. 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>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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

				1
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles

		1	0	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

				0
--	--	--	--	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				0
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

			0	.	
--	--	--	---	---	--

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				5
--	--	--	--	---

4. What was the date of the last training?

0	1	/	2	7	/	2	0	0	9
---	---	---	---	---	---	---	---	---	---

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?

	3	3	%
--	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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.

The SWMPP addresses pollution prevention priorities, staff training, defining long and short term goals for BMP's and maintenance of records.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Record maintenance for the SWMPP with respect to MCM6 revealed that the municipal staff training needs to be reassessed to be more effective. The town is currently in the process of designing a new DPW facility and taking into account BMP's that will promote the Town's stormwater program.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

*(ex.: samples/participants/events)***D. Has your MS4 made progress toward this measurable goal during this reporting period?**
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

A review of the design of the proposed DPW will address the requirements of MCM6. An effective training program will be maintained with the resources that the Coalition is able to provide and a schedule for educating and training of DPW staff
--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of 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.

BMP: Outfall Reconnaissance Inventory (ORI) Kit. As Coalition member will participate in purchase/assembly of materials to conduct an outfall inventory as described in the SPDES General Permit GP-0-08-002, such that materials can be shared among Coalition members and used as needed, with oversight of lab tests provided by Albany County Sewer District staff. Goal: Assemble 6 ORI kits by 12/31/09 and signed contract between Albany County Sewer District and Coalition.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

6 kits assembled by 7/1/2009 (1 obs). Contract signed between the Stormwater Coalition and Albany County Sewer District detailing kit oversight and re-supply procedures (7/21/2009) (1 obs)

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).

Kits were assembled in July, 2009 with MS4s beginning to execute ORI field work, Fall 2009. No changes to ORI Kit procedures, however as the kit use increases, adjustments in procedures may be necessary. No new goals for YR8 (2011).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of 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.

BMP: Outfall Reconnaissance Inventory (ORI). By April, 2013, to the extent possible complete a dry weather ORI inventory, as described in EPA publication IDDE: A Guidance Manual for Program Development and Technical Assistance, of 100% of outfalls within urbanized area.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Since effective date of SPDES General Permit GP-0-08-002 (May 1, 2008), 9 of 9 outfalls have been inventoried. (1 obs)

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes 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 Coalition provided kits for the ORI inventory in July, 2009, with ORI work initiated once the kits were released. In addition to ORI kits, an internet based software package was purchased to electronically record and update outfall data and analyze relevant land feature data for all Coalition members. Use of software by Coalition members to begin June, 2010; ORI inventory will proceed for each Coalition member, as needed depending on inventory completed to date.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of 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?

		1
--	--	---

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? Yes No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? Yes No NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

09/2004 03/2006 NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? Yes No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

		2
--	--	---

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? Yes No NT

If Yes, how many public comments were received during this reporting period?

		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:

- Notices of Violation #

--	--	--	--	--	--

 ○ No Authority
- Stop Work Orders #

--	--	--	--	--	--

 ○ No Authority
- Criminal Actions #

--	--	--	--	--	--

 ○ No Authority
- Termination of Contracts #

--	--	--	--	--	--

 ○ No Authority
- Administrative Fines #

--	--	--	--	--	--

 ○ No Authority
- Civil Penalties #

--	--	--	--	--	--

 ○ No Authority
- Administrative Orders #

--	--	--	--	--	--

 ○ No Authority
- Enforcement Actions or Sanctions #

--	--	--	--	--	--

 ○ No Authority
- Other #

--	--	--	--	--	--

 ○ No Authority

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of 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
--	--	---

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

		2
--	--	---
 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		2
--	--	---
 3. What percent of active construction sites were inspected during this reporting period? NT

1	0	0
---	---	---

 %
 4. What percent of active construction sites were inspected more than once? NT

1	0	0
---	---	---

 %
 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT
 6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? Yes No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

Address

City

Zip

Phone

() -

Library

Address

City

Zip

-

Phone

() -

Other

Address

City

Zip

-

Phone

() -

Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of 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.

Researched NYS Municipal Law regarding cluster sub-divisions; adopted cluster law which allowed the Planning Commission to review and approve it's first cluster sub-division project. Measurable Goal: Encourage use of green infrastructure by adopting local law which allows municipality to incorporate green infrastructure practices at the local level and train municipal staff and officials in green infrastructure purpose and practices, such that officials can make informed recommendations.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

As evidence of meeting the goal of encouraging and approving green infrastructure practices, local cluster law was adopted (1 obs) and the approved cluster sub-division included a 1 rain garden (1 obs), and 65 % protection of open space, designated as forever wild (1 obs).

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 encourage projects which use green infrastructure practices and train staff and Planning Commission in the full range of green infrastructure options.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of 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?

	2	5
--	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of 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.

Measurable Goal: Train appropriate municipal staff and officials (Planning Commission, Elected Officials) in green infrastructure concepts
--

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Municipal staff and other officials (14 participants) having adopted the cluster sub-division law and reviewed and approved a cluster sub-division are familiar with some green infrastructure concepts (clustering, rain gardens, and open space set aside).

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

*(ex.: samples/participants/events)***D. Has your MS4 made progress toward this measurable goal during this reporting period?**
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

An assessment, based on conversation with municipal officials and staff, will be made of training needs of 14 participants in cluster subdivision process. Training opportunities will be shared with others as they become available and appropriate staff and municipal officials encouraged to attend.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of 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
--	--	---

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>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of 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

			2	4
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		4	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?

				1
--	--	--	--	---

4. What was the date of the last training?

0	1
---	---

 /

0	6
---	---

 /

2	0	1	0
---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		7
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0
---	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of 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.

Continue to train building and DPW staff as stormwater permit requirements change.
--

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Training conducted within municipality for relevant staff of 7 (1 obs)
--

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

*(ex.: samples/participants/events)***D. Has your MS4 made progress toward this measurable goal during this reporting period?**
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
 Yes No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Participate in future on-site training regarding self assessment of municipal facility.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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.

BMP: Outfall Reconnaissance Inventory (ORI)
Coalition purchased materials to conduct ORIs. As described in the IDDE manual the dry weather outfall protocol developed by the Center for Watershed Protection was used in conjunction with the ORI Field Kits to test the outfalls.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

24 outfalls were inventoried and 5 were dry weather tested using the ORI field kits.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes 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 Coalition provided kits for the inventory in summer of 2009, with the bulk of ORI work scheduled to begin in 2010. In addition to ORI kits, an internet based software package has been purchased to record outfall data. This software package will be used in conjunction with a web-based GIS application to help track outfall data and analyze relevant land feature data.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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.

BMP: Outfall Reconnaissance Inventory (ORI) Kit. As Coalition member will participate in purchase/assembly of materials to conduct an outfall inventory as described in the SPDES General Permit GP-0-08-002, such that materials can be shared among Coalition members and used as needed, with oversight of lab tests provided by Albany County Sewer District staff. Goal: Assemble 6 ORI kits by 12/31/09 and signed contract between Albany County Sewer District and Coalition.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

6 kits assembled by 7/1/2009 (1 obs). Contract signed between the Stormwater Coalition and Albany County Sewer District detailing kit oversight and re-supply procedures (7/21/2009) (1 obs)

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).

Kits were assembled in July, 2009 with MS4s beginning to execute ORI field work, Fall 2009. No changes to ORI Kit procedures, however as the kit use increases, adjustments in procedures may be necessary. No new goals for YR8 (2011).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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?**

		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:

- Notices of Violation #

--	--	--	--	--	--

 ○ No Authority
- Stop Work Orders #

--	--	--	--	--	--

 ○ No Authority
- Criminal Actions #

--	--	--	--	--	--

 ○ No Authority
- Termination of Contracts #

--	--	--	--	--	--

 ○ No Authority
- Administrative Fines #

--	--	--	--	--	--

 ○ No Authority
- Civil Penalties #

--	--	--	--	--	--

 ○ No Authority
- Administrative Orders #

--	--	--	--	--	--

 ○ No Authority
- Enforcement Actions or Sanctions #

--	--	--	--	--	--

 ○ No Authority
- Other #

--	--	--	--	--	--

 ○ No Authority

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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?

		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, 2010

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. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

[Empty grid for Department]

Address

[Empty grid for Address]

City

[Empty grid for City]

Zip

[Empty grid for Zip]

Phone

([] [] []) [] [] [] - [] [] [] []

Library

Address

[Empty grid for Address]

City

[Empty grid for City]

Zip

[Empty grid for Zip]

Phone

([] [] []) [] [] [] - [] [] [] []

Other

Address

1 0 0 3 1 1 t h A v e

City

W a t e r v l i e t

N Y

Zip

1 2 1 8 9 -

Phone

([] [] []) [] [] [] - [] [] [] []

Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

[Empty grid for URL]

[Empty grid for URL]

[Empty grid for URL]

URL

[Empty grid for URL]

[Empty grid for URL]

[Empty grid for URL]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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.

Even though the city is essentially built out we do have one project (19th Street reconstruction) that is working under a SWPPP. The engineers have been inspecting the sites on a weekly basis.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Due to the nature of the construction most of the work being done are in smaller designated areas less than one acre. So the effect from the construction has had a minimal result on the stormwater system in the city.

C. How many times was this observation measured or evaluated in this reporting period?

		1	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).

Continue to inspect the construction site on a weekly manor.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Watervliet

SPDES ID

N	Y	R	2	0	A	0	8	7
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
--	--	---

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

	9	0
--	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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.

Before the winter shutdown the site was mulched to prevent erosion.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The mulched site was inspected and did not have any issues with erosion.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes 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 sites once construction is complete.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID

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>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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

--	--	--	--	--
- Streets Swept (Number of miles X Number of times swept) # Miles

	1	2	6	7
--	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

			8	6
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				1
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs.

			3	8
--	--	--	---	---
- Pesticide/Herbicide Applied # Acres

			8	.	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?

				4
--	--	--	--	---

4. What was the date of the last training?

0	2
---	---

 /

1	9
---	---

 /

2	0	1	0
---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	3	8
--	---	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	9	0
--	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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.

There were 88 catch basin cleaned throughout the city. The City's recycling program has continued to improve and it also has picked up loose garbage in it's park area's to help keep it out of the stormwater system. The City also used a trial sample of "Magic Salt" during winter storms.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The catch basin program is on schedule with the city getting at least 33% of them done annually. In 2007 when the city started their own garbage and recycle pick up, the recyclables were coming in at 4.5 tons a week. Currently the city is averaging 11.5 tons of recyclables a week from its residents. It had also picked up 60 33gallon bags of trash from various parks throughout the city. The City's used a 40 ton trial of "Magic Salt" this year and saw a reduction of salt needed.

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).

Continue to try and improve the recycling program with having tire and electronic recycling days, give out recycle bins to those who need them. Continue to pick up the loose litter from the parks and streets. Keep up with the catch basin cleaning schedule. Also the city plans on using more of the "Magic Salt" to continue to reduce the amount of salt needed during winter storms.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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.

Goal 1 of 3 - Incorporate GIS information of known campus outfalls into the web-based Albany Interactive Mapping (AIM) system. The 2008 Capacity Assessment Report identified 14 stormwater collection subsystems. Each subsystem consists of subbasins, catch basins, manholes, conduits, and outlets unique to each subsystem, and is defined by its outlet, or ultimate discharge point. Over the next 5 years, flow quantity estimates will be developed for each of the 14 subsystems.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Data from the University's GIS database have been compared favorably with adjoining MS4 data leading to corrections or discovered errors in neighboring systems.
--

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).

The 14 stormwater collection subsystems identified within the MS4 will be prioritized and evaluated for quantity and quality measurements. Quantity measurements will be incorporated into the AIM system for 50% of the subsystems and a quality indicator will be determined for future measurements.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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.

Goal 2 of 3 - Coordinate construction and maintenance efforts on campus to minimize or eliminate illicit discharges for new and existing systems.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

As owner of all connections and appurtenances to the stormwater collection system, the University has been able to effectively manage this program. All projects and programs receive third party review of stormwater control plans, review by the Office of Environmental Health and Safety (EHS) minimizing the potential for illicit discharge on new construction projects. All maintenance is coordinated by the Physical Plant Department so the addition of new illicit discharges is unlikely.

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).

The primary focus of the University at Albany IDDE program is prevention of illegal dumping into stormwater catch basins. The Facilities Maintenance Department will continue to perform an annual inspection and cleaning program for campus catch basins, which serves as a means to evaluate the effectiveness of campus communications about illegal dumping and to mitigate any potential discharges.
--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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.

Goal 3 of 3 - Communication of policies and procedures in existing preparedness and prevention programs such as the Chemical Hygiene Plan, the Hazard Communication Plan, the Oil SPCC Plan, and the use of Stormwater Pollution Prevention Plans for construction activities.
--

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Specific training was provided to educate University faculty, staff, and students about the potential hazards and liability of improper disposal. The stormwater program and prohibition of illegal dumping was highlighted during the annual new student orientation attended by 2,100 students. Job-specific training addressing pollution prevention was also provided to 282 University faculty and staff who work with oil and hazardous chemicals.
--

C. How many times was this observation measured or evaluated in this reporting period?

2	3	8	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 new student orientation and job-specific training programs are conducted annually and augmented with procedures, notices, and regulations managed by the University Police Department and the University Office of Parking Management.
--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

University at Albany (SUNY Uptown Campus)

SPDES ID

N	Y	R	2	0	A	2	3	4
---	---	---	---	---	---	---	---	---

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
 On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? Yes No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? Yes No NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

09/2004 03/2006 NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? Yes No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

		0
--	--	---

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? Yes No NT

If Yes, how many public comments were received during this reporting period?

--	--	--

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? Yes No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

<input type="radio"/> Notices of Violation	#	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						<input type="radio"/> No Authority
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Criminal Actions	#	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
<input type="radio"/> Other	#	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						<input type="radio"/> No Authority

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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?**

		0
--	--	---

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, 2010

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. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

E H S Office

Address

Chemistry Building, Room B-73

City

Albany

N Y

Zip

12222 -

Phone

(518) 442-3495

○ Library

Address

City

Zip

-

Phone

() -

○ Other

Address

City

Zip

-

Phone

() -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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.

All construction projects on campus are reviewed by EHS and any project that disturbs greater than one acre of land must prepare and implement a SWPPP. Implementation of the SWPPP includes training, weekly visual inspections, and correction of any deficiencies identified.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

No new SWPPPs were reviewed during this reporting period. Two ongoing construction projects with active SWPPPs were completed, stabilized and terminated during this reporting period. The required weekly inspections were performed by third party specialists and deficiencies identified in weekly reports were investigated by EHS until corrections were completed. Inspections were performed until final stabilization and a Notices of Termination were filed.

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 project review process and implementation of SWPPPs is ongoing and will continue during the next reporting cycle. Stormwater control requirements and administrative procedures are currently being incorporated into the standard contract language for several upcoming construction projects that will be managed by the University.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

University at Albany (SUNY Uptown Campus)

SPDES ID

N	Y	R	2	0	A	2	3	4
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
--	--	---

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

	5	0
--	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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.

Completion of the SWPPP review, stormwater inspection program, and follow-up on post-construction control measures are all required conditions for issuance of Construction Permits, Compliance Certificates, and the final payment of construction contracts.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

As a non-traditional MS4 the University has the ability to leverage Construction Permits, Compliance Certificates, and ultimately final payment to ensure that the requirements of the stormwater program are met. Two major construction projects were completed during this reporting period and stormwater control requirements were a priority requirement for issuance of a certificate of construction completion and final payment.

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 University plans to incorporate the requirements of the SPDES General Permit for Construction Activities into the general conditions of future construction contracts. Additionally, coordination of the MS4 program is being managed by the Department of Code Administration within EHS and the requirement to submit a Notice of Intent and prepare a SWPPP are both conditions for the issuance of all new Construction Permits.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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

		1	3	5
--	--	---	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

			1	7
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		3	4	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				2
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

		6	0	0
--	--	---	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

	2	5	2	0
--	---	---	---	---
- Pesticide/Herbicide Applied # Acres

		9	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?

				5
--	--	--	--	---

4. What was the date of the last training?

0	3	/	0	4	/	2	0	1	0
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

2	8	2
---	---	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0
---	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

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.

Annually sweep all parking lots and roadways. Inspect and maintain all catch basins over a five year period. Inspect retention ponds annually, maintain design storage volume. Inspect all subsurface infiltration systems annually, ensure proper function.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All campus parking lots and roadways were swept and maintained. An inspection contract was established for identifying priority catch basins that require repairs and replacements. 550 catch basins were identified for contract cleaning. During this reporting period 340 catch basins have been cleaned. The dredging of Indian Pond, which is a man-made detention basin, and shoreline restoration were completed during this reporting period.

C. How many times was this observation measured or evaluated in this reporting period?

	3	4	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).

The street sweeping and catch basin cleaning programs are ongoing and will continue during the next reporting cycle. The University also plans to dredge the Freedom Quad detention pond to restore its original capacity and to inspect the function of three subsurface infiltration systems on campus. The results of the inspections will be used to prepare an operations and maintenance plan for these stormwater controls.
--

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 0

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Stormwater Coalition of Albany County

SPDES ID
N Y R 2 0

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	1	0
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? Yes No N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?

--	--	--	--

 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? Yes No N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? Yes No N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? Yes No N/A

7b. How many projects have been sited in this reporting period?

--	--	--	--

7c. What percent of the projects included in 7b have been completed in this reporting period?

--	--	--	--

 %

7d. What percent of projects planned in previous years have been completed?

--	--	--	--

 %
 No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands? Yes No N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands? Yes No N/A

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	0
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Stormwater Coalition of Albany County																			
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID

N	Y	R	2	0															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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