

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

ANNUAL REPORT
Reporting Period:
March 10, 2008 to March 9, 2009
(Year 6)

PUBLIC COMMENTS: Minimum Control Measure 2. Public Involvement/Participation

From Annual Report Form:

4. Were comments received during the reporting period? If Yes, attach comments, responses, and changes made to SWMP in response to comments to this report.

JOINT ANNUAL REPORT INFORMATION
Stormwater Coalition of Albany County
Comments from Individual "MS4s"

Name of "MS4": Town of Bethlehem

SPDES ID for "MS4": NYR20A208

Method for Sharing Annual Report with Public: Town Board Meeting and website

Date: May 13, 2009

Comments/Responses:

No public comments received

Changes to Annual Report:

These changes were made to the draft annual report to correct some errors noted by Town Staff:

MM 2 page 1 of 6 – question 1:

"Other" was unchecked and "Water Quality Monitoring" was removed from the text box

MM 2 page 1 of 6 – question 2:

"List-Serve" was unchecked and quantity removed from "# in List" box

Description in "Other" type of public notice was changed to 'Listed on the Town Calendar'

MM 4/5 page 1 of 1 – question 6:

These following enforcement actions taken were unchecked – "Criminal Actions", "Termination of Contracts", "Administrative Fines", and "Civil Penalties"

MM 4 page 1 of 3 – question 3:

The percent of inspected construction sites was changed to "100%"

MM 6 page 2 of 3 – question 4:

The date of the last training was changed to "03/09/2009"

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2009

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

SPDES ID
N Y R 2 0 A

MS4 Annual Report Cover PageMCC form for period ending March 9,

2	0	0	9
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Required Forms

- > Municipal Compliance Certification
- > Water Quality Trends
- > Minimum Measure 1
- > Minimum Measure 2
- > Minimum Measure 3
- > Minimum Measure 4
- > Minimum Measure 4 and 5
- > Minimum Measure 5
- > Minimum Measure 6
- > MS4s in impaired watersheds included in GP-0-08-002 Part IX must also complete the form *Additional Watershed Improvement Strategy Best Management Practices*.

Reporting Requirements

- * **Permittees submitting an annual report for an individual MS4 must complete and submit all required forms.**
- * **Joint reports may be submitted by permittees with legally binding agreements as follows:**
 - > *Each* MS4 contributing to a joint report must submit a Municipal Compliance Certification (MCC) form with an original signature. The MCC forms must be attached to the report.
 - > A coalition may submit information on behalf of its members as follows:
 1. Submit one form for each of the Minimum Measures (and if required, *Additional Watershed Improvement Strategy Best Management Practices*) on behalf of all the MS4s in the coalition, or
 2. Complete some of the required forms on behalf of all the MS4's in the coalition and for other Minimum Measures, attach completed forms from each of the MS4s.

For example, a joint report for a coalition including four permitted MS4s may contain one form for *each* of the Minimum Measures 1-5, representing the combined work of all four participating MS4s, and *in addition*, include four separate Minimum Measure 6 forms and four separate *Additional Watershed Improvement Strategy Best Management Practices* forms provided by each of the participating permittees.

The Department will *not* accept a report form from a participating MS4 *in addition to* a combined report form submitted for the same Minimum Measure.

Instructions for completing forms

These forms may be completed on a computer or by hand. If completing the forms by hand, fill in circles completely and print clearly.

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

SPDES ID

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 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, 2009

Name of MS4 TOWN OF BETHLEHEM

SPDES ID

N Y R 2 0 A 2 0 8

Section 2 - Contact InformationProvide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

Submit a separate sheet for each contact.

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
 - Executive Officer or Ranking Elected Official
 - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name

G r e g g

MI

Last Name

S a g e n d o r p h

Title

S u p e r i n t e n d e n t o f H i g h w a y s

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

State

N Y

Zip

1 2 0 5 4 -

eMail

g s a g e n d o r p h @ t o w n o f b e t h l e h e m . o r g

Phone

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

County

A L B A N Y

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2009

SPDES ID

NYR20A208

Name of MS4 TOWN OF BETHLEHEM

Section 2 - Contact Information

Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

Submit a separate sheet for each contact.

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
 - Executive Officer or Ranking Elected Official
 - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name MI Last Name

J O S H U A W C A R V A J A L

Title

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

Address

4 4 5 D E L A W A R E A V E N U E

City State Zip

D E L M A R N Y 1 2 0 5 4 -

eMail

j c a r v a j a l @ t o w n o f b e t h l e h e m . o r g

Phone County

(5 1 8) 4 3 9 - 4 9 5 5 A L B A N Y

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2009

Name of MS4 TOWN OF BETHLEHEM

SPDES ID
N Y R 2 0 A 2 0 8

Section 2 - Contact Information

Provide contact information for *all* of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

Submit a separate sheet for each contact.

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
 - Executive Officer or Ranking Elected Official
 - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name MI Last Name

E R I K T D E Y O E

Title

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

Address

4 4 5 D E L A W A R E A V E N U E

City State Zip

D E L M A R N Y 1 2 0 5 4 -

eMail

e d e y o e @ t o w n o f b e t h l e h e m . o r g

Phone County

(5 1 8) 4 3 9 - 4 9 5 5 A L B A N Y

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2009

Name of MS4

SPDES ID
N Y R 2 0 A 2 0 8

Section 3 - Partner Information - Submit a separate sheet for each partner.

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.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name
S t o r m w a t e r C o a l i t i o n o f

Partner/Coalition Name (con't.)
A l b a n y C o u n t y

SPDES Partner ID - If applicable

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 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 m t A s s i s t a n c e
- MM5 T r a i n i n g & M g m t A s s i s t a n c e
- MM6 T r a i n i n g

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, 2009

Name of MS4

SPDES ID

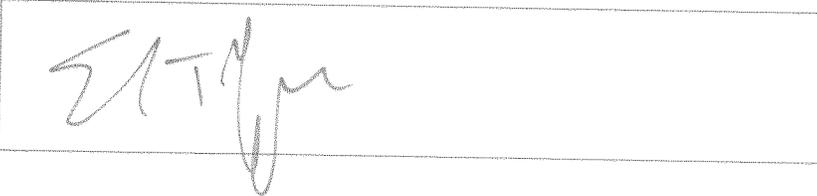
Section 4 - Certification Statement

"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

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, 2009

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 NYR20A208

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report? [][][]

1. Targeted Public Education and Outreach Best Management Practices

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

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

C A C C - M O N T H L Y M E E T I N G S

2. Specific audiences targeted during this reporting period:

- Agricultural Contractors
- Residential Developers
- Businesses General Public
- Restaurants Industries

Other: R e s i d e n t s a p p l y i n g f o r p e r m i t s

MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
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4. Evaluating/Measuring Progress MCM 1

What indicators do you use to evaluate the overall effectiveness of your Education and Outreach Program, how long have you been tracking them and at what frequency?

Example:*

Indicator:

Public phone survey

Began Tracking:

2005

Frequency:

Annual

(year) *(ex.: annual, monthly, biweekly)*

1000

(ex.: samples/participants/events)

Results:

Increased awareness of issues related to use of fertilizers

** This indicator is provided as an example only.*

Indicator:

Hit on the Town Stormwater Management Webpage

Began Tracking:

2006

(year)

Frequency:

Monthly

(ex.: annual, monthly, biweekly)

#

1600

(ex.: samples/participants/events)

Results:

From reporting year 5 (3/10/07 to 3/9/08) to reporting year 6 (3/10/08 to 3/9/09) there was a fifteen percent increase in the number of visitors to the Town SWM webpage.

Submit additional pages as needed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

SPDES ID

N Y R 2 0 A 2 0 8

Name of MS4/Coalition TOWN OF BETHLEHEM

2. URL(s) con't.:

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

URL

w w w . t o w n o f b e t h l e h e m . o r g / p a g e s / s t
r m w a t e r / d p w s w A b o u t U s . a s p

URL

URL

URL

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

2. URL(s) con't.:

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

URL	
URL	
URL	
URL	
URL	
URL	
URL	
URL	

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

SPDES ID

NYR20A208

Name of MS4/Coalition TOWN OF BETHLEHEM

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

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

MS4/Coalition Office Annual Report SWMP Plan Comments

Department

D 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

NY

Zip

1 2 0 5 4 -

Phone

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

w w w . t o w n o f b e t h l e h e m . o r g / p a g e s / S
t o r m w a t e r / d p w S W A b o u t U s . a s p

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

eMail Comments

S t o r m w a t e r M a n a g e m e n t @ t o w n o f b e t h
l e h e m . o r g

MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
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4. 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.

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

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

Yes No

If Yes, what was the date of the meeting?

0	5	/	1	3	/	2	0	0	9
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If No, is one planned?

Yes No

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

Yes No

If No, is one planned for each?

Yes No

MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
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6. Evaluating/Measuring Progress MCM 2

What indicators do you use to evaluate the overall effectiveness of your Public Involvement/Participation Program, how long have you been tracking them and at what frequency?

Example:*

Indicator:

Number of attendees at public events

Began Tracking:

2005

Frequency:

Annual

(year) *(ex.: annual, monthly, biweekly)*

1000

(ex.: samples/participants/events)

Results: Attendance at public events has increased 200% since 2005.

** This indicator is provided as an example only.*

Indicator:

Number of residents participating in community cleanup events

Began Tracking:

2007

Frequency:

Monthly

(year) *(ex.: annual, monthly, biweekly)*

From 10-20 residents at each monthly cleanup event (April to October annually)
--

(ex.: samples/participants/events)

Results: The Town of Bethlehem Community Cleanup program has a consistent participation by residents over the past two years.

Submit additional pages as needed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N Y R 2 0 A 2 0 8

Name of MS4/Coalition TOWN OF BETHLEHEM

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

Illegal disposal of pet waste

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

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? Yes No
If No, approximately what percent has been completed? 43%

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
http://www.aimsgis.org/webmap/
contact MS4 for access info

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

8. URL(s) con't.:

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

URL

Grid for URL entry

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

10. Has an attorney certified law(s) adopted by traditional MS4s to be equivalent to the NYS Model IDDE law? Yes No

11. What percent of staff in relevant positions and departments has received IDDE training? 90%

MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
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12. Evaluating/Measuring Progress MCM 3

What indicators do you use to evaluate the overall effectiveness of your Illicit Discharge Elimination Program, how long have you been tracking them and at what frequency?

Example:*

Indicator:

Number of illicit discharges identified/eliminated
--

Began Tracking:

2005
<i>(year)</i>

Frequency:

Monthly inspections
<i>(ex.: annual, monthly, biweekly)</i>

25 illicit discharges identified/24 eliminated
<i>(ex.: samples/participants/events)</i>

Results:

Since 2005, the number of annual inspections has doubled. We have developed a tracking system and illicit discharges that have been identified are being eliminated, on average, within a week of discovery.

** This indicator is provided as an example only.*

Indicator:

Number of illicit discharges identified/eliminated
--

Began Tracking:

2007
<i>(year)</i>

Frequency:

As occurring
<i>(ex.: annual, monthly, biweekly)</i>

#

6 illicit discharges reported and 3 illicit discharges confirmed and eliminated
<i>(ex.: samples/participants/events)</i>

Results:

In Reporting Year 6 (03/09/08 to 03/10/09) the Town began enforcing its IDDE local law. Complaints from citizens are investigated with a week of being reported and property owners are contacted and provided IDDE informational brochures.

Submit additional pages as needed.

MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

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

SPDES ID

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

Minimum Control 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. Has each Town, City and/or Village contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equal protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? Yes No

If Yes, provide date of equivalent NYS Sample Local Law. 09/2004 03/2006

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	1
--	---	---

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

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 #

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

 No Authority
- Stop Work Orders #

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

 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 #

--	--	--	--	--

 No Authority
- Other #

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

 No Authority

MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

--	--	--

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

		2
--	--	---

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

		7
--	--	---

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

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

 %

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

	7	1
--	---	---

 %

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

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

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, 2009

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	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
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7. Evaluating/Measuring Progress MCM 4

What indicators do you use to evaluate the overall effectiveness of your Construction Site Stormwater Management Program, how long have you been tracking them and at what frequency?

Example:*

Indicator:

Percent SWPPPs reviewed

Began Tracking:

2005

(year)

Frequency:

Upon submission

(ex.: annual, monthly, biweekly)

#

50 SWPPPs

(ex.: samples/participants/events)

Results:

100% of SWPPPs were reviewed. 50% of the SWPPPs reviewed were returned with comments. All of these were returned with modifications reflecting NYS Standards.

** This indicator is provided as an example only.*

Indicator:

Percentage of active construction Sites inspected

Began Tracking:

2008

(year)

Frequency:

As needed

(ex.: annual, monthly, biweekly)

#

7

(ex.: samples/participants/events)

Results:

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

Submit additional pages as needed.

MS4 Annual Report Form

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

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

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	<input type="text" value="1"/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value="7"/>	<input type="text" value=""/> <input type="text" value="1"/>
<input checked="" type="radio"/> Filter Systems	<input type="text" value=""/> <input type="text" value="5"/>	<input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value="0"/>
<input type="radio"/> Infiltration Basins	<input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value="0"/>
<input type="radio"/> Open Channels	<input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value="0"/>
<input checked="" type="radio"/> Ponds	<input type="text" value="1"/> <input type="text" value="7"/>	<input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value="3"/>
<input checked="" type="radio"/> Wetlands	<input type="text" value=""/> <input type="text" value="1"/>	<input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value="0"/>
<input checked="" type="radio"/> Other	<input type="text" value=""/> <input type="text" value="1"/>	<input type="text" value=""/> <input type="text" value="0"/>	<input type="text" value=""/> <input type="text" value="0"/>

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
- Comprehensive Planning
- Overlay Districts
- Zoning
- None

Other:

MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
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4. Evaluating/Measuring Progress MCM 5

What indicators do you use to evaluate the overall effectiveness of your Post-Construction Stormwater Management Program, how long have you been tracking them and at what frequency?

Example:*

Indicator:

Number of reports of flooding during storm events from business district

Began Tracking:

2005

(year)

Frequency:

Annual Summary

(ex.: annual, monthly, biweekly)

18

(ex.: samples/participants/events)

Results:

During this reporting period, we experienced average rainfall, but DPW records show that the number of incidences of flooding in the business district fell 25%. This is attributable to increased inspection and maintenance of post construction BMPs.

** This indicator is provided as an example only.*

Indicator:

Percentage of SWPPPs reviewed for compliance with the technical standards

Began Tracking:

2003

(year)

Frequency:

Upon submission to the Town

(ex.: annual, monthly, biweekly)

11 SWPPPs submitted for review

(ex.: samples/participants/events)

Results:

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

Submit additional pages as needed.

MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
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Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

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

**Self-Assessment
Operation/Activity/Facility
performed within the past 3**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other.....	<input 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	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF 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 # Acres

			1	8
--	--	--	---	---
- Streets Swept # Miles

		7	7	6
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

			7	5
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

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

		4	1	3
--	--	---	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

	3	5	0	9
--	---	---	---	---
- Pesticide/Herbicide Applied As Pure Product # Lbs.

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

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

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

4. What was the date of the last training?

0	3
---	---

 /

0	9
---	---

 /

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

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

	1	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, 2009

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

7. Evaluating/Measuring Progress MCM 6

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

Example:*

Indicator:

Began Tracking: **Frequency:**
(year) *(ex.: annual, monthly, biweekly)*

(ex.: samples/participants/events)

Results:

** This indicator is provided as an example only.*

Indicator:

Began Tracking: **Frequency:**
(year) *(ex.: annual, monthly, biweekly)*

(ex.: samples/participants/events)

Results:

Submit additional pages as needed.

MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
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Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

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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	1,2,3,4,5,6,7,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,7,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed			
Traditional Land Use	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed			
Traditional Land Use	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay			
Traditional Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens
Traditional Non-Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens
Non-Traditional	1,4,7,8a,9	2,3,4,5,8b,10,11,12	Pathogens
Peconic Estuary			
Traditional Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen

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.

--	--	--

 %

3. Does your MS4/Coalition have a Stormwater Conveyance System(infrastructure) Inspection and Maintenance Plan Program? Yes No N/A

MS4 Annual Report Form

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

2	0	0	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

N	Y	R	2	0	A	2	0	8
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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 NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP0-08-001) 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
7. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? Yes No N/A
- 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
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

