

# FINAL

## Stormwater Coalition of Albany County Joint Annual Report

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

### Reporting Period

March 10, 2018 to March 9, 2019

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### BACKGROUND

A requirement of all regulated “MS4” municipalities is the submission of an Annual Report to the New York State Department of Environmental Conservation (NYSDEC) due in FINAL form by June 1. As stated in SPDES General Permit No. GP-0-15-003, Part V. C. 2 and referenced in the MS4 Annual Report Form, “MS4s” may submit a Joint Annual Report provided they have a legally binding agreement with other regulated “MS4s”.

Each of the regulated “MS4s” included in this report are co-signatories of the necessary agreements, in particular the Stormwater Coalition of Albany County Inter-municipal Agreement, pursuant to Article 5-G of New York State General Municipal Law for Traditional MS4s and Memorandum Of Understanding for Non-Traditional MS4s.

The submission of a FINAL Joint Annual Report first involves the release of a DRAFT Joint Annual Report, followed by the collection of public comments, if any. These comments are included in the FINAL Joint Annual Report and used to help guide the implementation of program requirements. Comments regarding any aspect of stormwater program implementation, either for the Coalition or individual MS4 Programs are strongly encouraged and welcome. To understand MS4 Permit requirements and related program activities, go to the NYSDEC website and/or the Coalition website: [www.albanycountystormwater.com](http://www.albanycountystormwater.com)

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### HOW TO SUBMIT COMMENTS

1. Electronically using the Stormwater Coalition website “Public Comment” interface, [www.stormwateralbanycounty.org](http://www.stormwateralbanycounty.org).
2. By contacting the Local Stormwater Public Contact listed in the Joint Annual Report for each permit holder (See MCC Form).
3. By contacting the individuals listed as Public Contacts on the Coalition website (see Member pages).
4. By e-mail; [swcoalition@albanycounty.com](mailto:swcoalition@albanycounty.com) or phone; 447-5645.

### OTHER INFORMATION

1. Hard copies of this Joint Annual Report are located at the Stormwater Coalition office, 175 Green Street, Albany, NY 12202 and at local MS4/municipal offices.
2. For the address of local offices, go to the municipal Annual Report of interest MCM 2 Page 4 of 6.

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### JOINT ANNUAL REPORT FORMAT

The Annual Report document is a form developed by NYSDEC and as such provides a snapshot of program activities pertaining to individual member and collaborative Coalition activities. This Joint Annual Report includes individual Annual Reports organized by MS4 type, see order below with shared Coalition data inserted at the end of each individual report. The SPDES Permit No. of each MS4 is in parenthesis. Goals for the upcoming year are based on an updated Joint Stormwater Management Program Plan document completed in April, 2019 (SWMP Doc 2019-2020). To view the SWMP Plan document, see Coalition website, Plan & Program tab.

#### Traditional Non Land Use Control MS4

1. Albany County (NYR20A359)

#### Non-Traditional MS4

2. University at Albany-SUNY (NYR20A234)

#### Traditional Land Use Control MS4s

3. City of Albany (NYR20A464)
4. Town of Bethlehem (NYR20A208)
5. City of Cohoes (NYR20A243)
6. Town of Colonie (NYR20A190)

7. Village of Green Island (NYR20A377)
8. Town of Guilderland (NYR20A211)
9. Village of Menands (NYR20A144)
10. Town of New Scotland (NYR20A463)
11. City of Watervliet (NYR20A087)





**MS4 Annual Report Cover Page**

**MCC form for period ending March 9,**

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

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**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 

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Name of MS4 

TOWN OF BETHLEHEM
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Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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

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

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

If Joint Report, enter coalition name:

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

MCC form for period ending March 9, 

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Name of MS4 

TOWN OF BETHLEHEM
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SPDES ID  

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**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name 

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**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 

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Name of MS4 

TOWN OF BETHLEHEM
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SPDES ID  

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**Section 2 - Contact Information**

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

First Name 

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**MS4 Municipal Compliance Certification (MCC) Form**

MCC form for period ending March 9, 2019

Name of MS4 TOWN OF BETHLEHEM

SPDES ID

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**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 i l i t i o n o f

Partner/Coalition Name (con't.)

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

SPDES Partner ID - If applicable

N Y R 2 0

Address

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City

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Legally Binding Agreement in accordance

with GP-0-08-002 Part IV.G.?

 Yes  No

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

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

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

● MM3 O F S y s M a p g S w I M L y r - S v y 1 2 3 O R I F o r m

● MM4 S v y 1 2 3 C o l l e c t o r - C o n s t I n s p F o r m

● MM5 P C S M P M a p g S w I M - S W P P P R e v i e w L y r s

● MM6 F a c M a p g S w I M - S v y 1 2 3 M u n i F a c F o r m

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, 2019

Name of MS4

SPDES ID  
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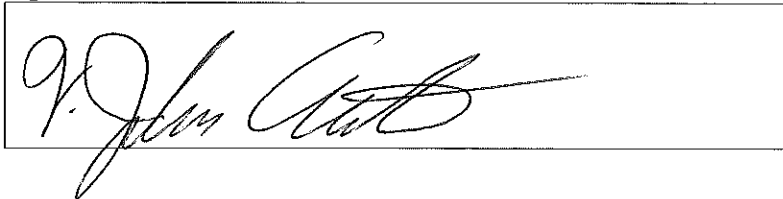
**Section 4 - Certification Statement**

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

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

First Name  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,**

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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 

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

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|--|---------------------|--|---|---|---|---|---|
| <input checked="" type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>3</td></tr></table> |   |   |   |   | 3 |
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| <input type="radio"/> Direct Mailings                                | # Mailings          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
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| <input checked="" type="radio"/> Kiosks or Other Displays            | # Locations         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>3</td></tr></table> |   |   |   |   | 3 |
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| <input type="radio"/> Newspaper Ads or Articles                      | # Days Run          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
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| <input checked="" type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>6</td><td>0</td><td>0</td></tr></table> |   |   | 6 | 0 | 0 |
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| <input type="radio"/> TV Spot/Program                                | # Days Run          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
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Locations (e.g. libraries, town offices, kiosks)

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

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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

TOWN OF BETHLEHEM

SPDES ID

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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

1. Rain Garden Sign at Elm Ave Park will be removed and Temporarily Stored for re-installation once new rain garden is designed and built 2. Existing Post Construction SW Practices without signage will be identified and signs created over multiple years 3. Distribute Stormwater literature at Household Hazardous Waste Collection Day 4. Continue to distribute Moving Dirt and Pool Brochure to individuals seeking building permits and monitor amounts distributed

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

1. Rain garden sign was removed and temporarily stored 2. All Town-maintained Post Construction SW Practices needing signage have been identified 3. 600 "What's wrong with this picture" stormwater fliers were distributed at the September 29, 2018 Household Hazardous Waste Cleanup Day event 4. 128 "Moving Dirt" and 21 Pool Brochures were distributed

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

			1
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(ex.: samples/participants/events)

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

1. Meet with relevant Town Staff to decide future of Elm Ave. Park Rain Garden (relocation, time frame, tasks, and feasibility) 2. Distribute stormwater literature at two Household Hazardous Waste Collection days 3. Continue to distribute Moving Dirt and Pool Brochure to individuals seeking building permits and monitor amounts distributed

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

2	0	1	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 

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SPDES ID

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

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

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

How many MS4s contributed to this report? 

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

- Cleanup Events # Events 

				3
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- Comments on SWMP Received # Comments 

				0
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- Community Hotlines
- |         |   |   |   |  |  |   |  |  |  |  |         |   |   |   |   |   |   |   |   |         |   |         |   |   |   |  |  |   |  |  |  |  |
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| 4       | 9   | 5 | 5 |  |  |   |  |  |  |  |         |   |   |   |   |   |   |   |   |         |   |         |   |   |   |  |  |   |  |  |  |  |
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| 7       | 6   | 7 |   |  |  |   |  |  |  |  |         |   |   |   |   |   |   |   |   |         |   |         |   |   |   |  |  |   |  |  |  |  |
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- Community Meetings # Attendees 

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- Plantings Sq. Ft. 

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- Storm Drain Markings # Drains 

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- Stakeholder Meetings # Attendees 

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- Volunteer Monitoring # Events 

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- Other: 

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

Yes     No

- List-Serve # In List 

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- Newspaper Advertising # Days Run 

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- TV/Radio Notices # Days Run 

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- Other: 

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019

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 notice(s) can be accessed - not home page.

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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

TOWN OF BETHLEHEM																			
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 SPDES ID 

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

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

MS4/Coalition Office  Annual Report  SWMP Plan  Comments

Department 

D	P	W	-	E	n	g	i	n	e	e	r	i	n	g	D	i	v	i	s	i	o	n
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Library  Annual Report  SWMP Plan  Comments

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Other  Annual Report  SWMP Plan  Comments

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Web Page URL:  Annual Report  SWMP Plan  Comments

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

eMail  Comments

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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

TOWN OF BETHLEHEM
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SPDES ID  

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

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

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

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

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

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

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

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

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

**MS4 Annual Report Form**

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

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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
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SPDES ID

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**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

1. Continue to support Annual Report public comment process and posting of Final Annual report
2. Continue to support Track a concern program and monitor/respond to public questions complaints and other issues of concern
3. Continue to support community clean up days
4. Support coalition outreach to recruit volunteer stream monitors (WAVE)

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

1. Annual report was posted for public comment - no comments were received
2. Within the Town's Track a Concern the Town received and responded to 15 submitted concerns
3. The Town successfully continued the community clean up events (3): 4/14/18, 4/21/18, 7/26/18
4. The Town supported coalition outreach to recruit volunteer stream monitors (WAVE) by posting fliers in Town Hall and posting the informational flier on the Town's main webpage for fourteen (14) days prior

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

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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

1. Continue to support Annual Report public comment aprocess nd posting of FINAL Annual Report
2. Continue to support community cleanup days
3. Continue to support and track street tree plantings
4. Continue to support Coalition outreach to recruit volunteer stream monitors (WAVE)

### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2019

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 3. Illicit Discharge Detection and Elimination

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

On behalf of an individual MS4

On behalf of a coalition

How many MS4s contributed to this report?    

**1. Enter the number and approx. percent of outfalls mapped:**   563 #  97 %

**2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?**  126

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

- |   |   |
|---|---|
| <input type="radio"/> Auto Recyclers                  | <input type="radio"/> Landscaping (Irrigation)    |
| <input type="radio"/> Building Maintenance            | <input type="radio"/> Marinas                     |
| <input type="radio"/> Churches                        | <input type="radio"/> Metal Plateing Operations   |
| <input type="radio"/> Commercial Carwashes            | <input type="radio"/> Outdoor Fluid Storage       |
| <input type="radio"/> Commercial Laundry/Dry Cleaners | <input type="radio"/> Parking Lot Maintenance     |
| <input type="radio"/> Construction Vehicle Washouts   | <input type="radio"/> Printing                    |
| <input type="radio"/> Cross-Connections               | <input type="radio"/> Residential Carwashing      |
| <input type="radio"/> Distribution Centers            | <input type="radio"/> Restaurants                 |
| <input type="radio"/> Food Processing Facilities      | <input type="radio"/> Schools and Universities    |
| <input type="radio"/> Garbage Truck Washouts          | <input type="radio"/> Septic Maintenance          |
| <input type="radio"/> Hospitals                       | <input type="radio"/> Swimming Pools              |
| <input type="radio"/> Improper RV Waste Disposal      | <input type="radio"/> Vehicle Fueling             |
| <input type="radio"/> Industrial Process Water        | <input type="radio"/> Vehicle Maint./Repair Shops |

Other:

None

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

Sewersheds:

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019

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 NYR 20A 208

#### 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

ineffective sediment containment

4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 8

5. How many illicit discharges have been confirmed during this reporting period? 7

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 7

7. Has the storm sewershed mapping been completed in this reporting period? No. If No, approximately what percent was completed in this reporting period? 0%

8. Is the above information available in GIS? Yes. Is this information available on the web? No. If Yes, provide URL(s):

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

URL TOB GIS (internal use only) (not public-facing)

URL



**MS4 Annual Report Form**

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

2	0	1	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 Progress Toward Measurable Goals MCM 3**

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

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

1. Continue to map new outfalls as described previously 2. Complete mapping of existing storm system and program elements (outfalls, PCSMPs and municipal systems) 3. Delineate storm sewer shed boundaries for all stormwater conveyances system 4. Complete ORI for 20% of outfalls (The Town will prioritize the newly mapped outfalls)

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

1. The Town mapped newly identified outfalls as they were discovered in the Summer 2018 2. The Town made progress but did not complete mapping of all existing storm system and program elements 3. The Town provided MS4 GIS data to the Coalition to complete sewershed delineations of the Krumkill watershed - no progress was made elsewhere in Town due to network server upgrades 4. The Town completed 126 ORI surveys in the Summer of 2018

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

			1
--	--	--	---

*(ex.: samples/participants/events)***D. Has your MS4 made progress toward this measurable goal during this reporting period?**

Yes  No

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

Yes  No

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

1. Continue ongoing storm system mapping throughout the Town - prioritized area of interest = "Old Delmar"; locate and map storm system infrastructure and connectivity to outfalls 2. Create layer in Town GIS showing historically suspected, confirmed, and eliminated illicit discharges 3. Provide to the Coalition the Town's SSM GIS data for posting on SwIM (basins, main lines, outfalls) 4. Map new outfalls as needed 5. Conduct annual ORIs for 20% of Outfall inventory

**MS4 Annual Report Form**

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

2	0	1	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
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SPDES ID

N	Y	R	2	0	A	2	0	8
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**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report? 

--	--	--

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

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

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

09/2004  03/2006  NT

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

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

	1	4
--	---	---

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

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

		0
--	--	---

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



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

- Notices of Violation # 

			3	7
--	--	--	---	---

 No Authority
- Stop Work Orders # 

--	--	--	--	--

 No Authority
- Criminal Actions # 

--	--	--	--	--

 No Authority
- Termination of Contracts # 

--	--	--	--	--

 No Authority
- Administrative Fines # 

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

 No Authority
- Civil Penalties # 

--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions # 

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

			4
--	--	--	---

 No Authority

**MS4 Annual Report Form**

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

2	0	1	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? 

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

		7
--	--	---

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

	3	0
--	---	---

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

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

 %

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

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

 %

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

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

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

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019

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

City

D e l m a r

N Y

Zip

1 2 0 5 4 -

Phone

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

Library

Address

City

Zip

-

Phone

( ) -

Other

Address

City

Zip

-

Phone

( ) -

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

URL

URL

**MS4 Annual Report Form**

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

2	0	1	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 Progress Toward Measurable Goals MCM 4**

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

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

1. The town will update MS4 construction site inspection forms and procedures to meet anticipated changes in MS4 permit and existing known updates to construction activity permit NYSDEC standards and Specifications for erosion and Sediment Control ("Blue Book") 2. Town will review and update pre-construction meeting requirements and revise existing pre-construction meeting form and procedures as needed

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

1. The Town updated the construction site inspection procedures. There were no known changes to the Construction activity permit or Blue Book during this reporting period The Town assisted the Coalition in creating new digital inspection forms to meet DRAFT MS4 permit requirements 2. The Town updated the pre-construction meeting documents, procedures, and requirements to better suit the common types of construction activity in Town (SPDES, SPA only, Grading Permit only, etc.)

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

			1
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*(ex.: samples/participants/events)***D. Has your MS4 made progress toward this measurable goal during this reporting period?**

Yes    No

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

Yes    No

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

1. Review and update SWPPP review procedures as needed 2. Continue to conduct formal, routine inspections of all active construction sites

**MS4 Annual Report Form**

**This report is being submitted for the reporting period ending March 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="3"/>	<input type="text" value="1"/>	<input type="text" value="3"/>	<input type="text" value=""/>	<input type="text" value="0"/>
<input checked="" type="radio"/> Filter Systems	<input type="text" value="4"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value=""/>	<input type="text" value="1"/>
<input checked="" type="radio"/> Infiltration Basins	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value=""/>	<input type="text" value="1"/>	<input type="text" value=""/>	<input type="text" value="0"/>
<input checked="" type="radio"/> Open Channels	<input type="text" value="1"/>	<input type="text" value="5"/>	<input type="text" value=""/>	<input type="text" value="7"/>	<input type="text" value=""/>	<input type="text" value="3"/>
<input checked="" type="radio"/> Ponds	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value=""/>	<input type="text" value="1"/>
<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="1"/>	<input type="text" value="8"/>	<input type="text" value=""/>	<input type="text" value="9"/>	<input type="text" value=""/>	<input type="text" value="3"/>

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

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

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

Other:

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

TOWN OF BETHLEHEM
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SPDES ID  

N	Y	R	2	0	A	2	0	8
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**4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?**

Yes  No

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

Yes  No

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

Yes  No

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

		3
--	--	---

**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	9
--	---	---

 %

**MS4 Annual Report Form**

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

2	0	1	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 Progress Toward Measurable Goals MCM 5**

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

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

1. Complete inspections on all Town owned PCSMPs 2. Integrate Town work orders and maintenance requirements for PCSP with the Towns HTE work order system 3. Continue to contact owners of non Town owned post construction SW practices for information and certifications and maintenance documentations 4. SWPPP review document procedures to be written

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

1. All active Town-owned PCSMPs were inspected and maintenance requirements were identified 2. It was infeasible to integrate the town work order and maintenance requirements with the Town's HTS work order system and was dropped as a goal 3. Hard-copy Town letterhead was mailed to the owners of all known privately owned PCSMPs. The Town had an approximate 40-50% response rate 4. SWPPP review document procedures were not completed due to time constraints

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

			1
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(ex.: samples/participants/events)

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

1. Continue to inspect all town-owned PCSMPs annually per permit requirements 2. Continue to contact owners of private PCSMPs to obtain inspection and maintenance documentation

**MS4 Annual Report Form**

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

2	0	1	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
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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.**

<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 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 type="radio"/>	<input checked="" type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input 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	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
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SPDES ID

N	Y	R	2	0	A	2	0	8
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**2. Provide the following information about municipal operations good housekeeping programs:**

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

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

		1	1	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

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

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

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

	2	0	0	0
--	---	---	---	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

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

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

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

**4. What was the date of the last training?**

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

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

	3	6
--	---	---

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

	5	5	%
--	---	---	---

**MS4 Annual Report Form**

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

2	0	1	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 Progress Toward Measurable Goals MCM 6**

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

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

1. Email town staff minimally (2x) with stormwater program updates about town initiatives changes in MS4 construction Activity Permit regs and other pertinent information 2. SW program coordinator will identify new staff and show rain check DVD 3. Complete all municipal facility self audits 4. Establish and oversee Third-Party Contracted Entity Certification Statements

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

1. Relevant Town staff were emailed frequently (>2x) with stormwater program/training updates and other pertinent information 2. The SW Program Coordinator trained several new staff included in the 36 total Town staff trained for the reporting period 3. All MS4 municipal facility self audits were completed 4. Third-Party Contracted Entity Certification was implemented with 7 certifications obtained during the reporting period

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

			1
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*(ex.: samples/participants/events)***D. Has your MS4 made progress toward this measurable goal during this reporting period?**

Yes  No

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

Yes  No

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

1. Communicate training opportunities, MS4 Construction Activity, or other relevant permitting updates to all relevant staff as needed 2. Train 100% of relevant Town staff by use of stormwater training DVDs, 4-hour erosion & sediment control training sessions, or other relevant trainings as available and applicable 3. Conduct MS4 facility self audits on a rotating schedule as needed based on last inspection date

### MS4 Annual Report Form

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

2	0	1	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Stormwater Coalition of Albany County
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SPDES ID  

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

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

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

How many MS4s contributed to this report? 

1	1
---	---

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

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

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

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

Other

#### 2. Specific audiences targeted during this reporting period:

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

G	e	n	e	r	a	l	P	u	b	l	i	c	-	C	o	a	l	i	t	i	o	n		W	e	b	s	i	t	e		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	--

Other

### MS4 Annual Report Form

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

2	0	1	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Stormwater Coalition of Albany County
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SPDES ID  

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

- |  |                     |  |   |   |   |   |   |
|--|---------------------|--|---|---|---|---|---|
| <input checked="" type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td>4</td><td>7</td></tr></table>           |   |   | 4 | 7 |   |
|  |                     | 4  | 7 |   |   |   |   |
| <input type="radio"/> Direct Mailings                                | # Mailings          | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td></tr></table>             |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Kiosks or Other Displays            | # Locations         | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td>7</td></tr></table>            |   |   |   | 7 |   |
|  |                     |  | 7 |   |   |   |   |
| <input checked="" type="radio"/> List-Serves                         | # In List           | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td>1</td><td>8</td><td>1</td></tr></table> |   |   | 1 | 8 | 1 |
|  |                     | 1  | 8 | 1 |   |   |   |
| <input type="radio"/> Mailing List                                   | # In List           | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>    |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input type="radio"/> Newspaper Ads or Articles                      | # Days Run          | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>    |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td>8</td><td>4</td></tr></table>           |   |   | 8 | 4 |   |
|  |                     | 8  | 4 |   |   |   |   |
| <input type="radio"/> School Program                                 | # Attendees         | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td></tr></table>             |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input type="radio"/> TV Spot/Program                                | # Days Run          | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>    |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Printed Materials:                  | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td></td><td></td><td>5</td><td>6</td></tr></table>           |   |   | 5 | 6 |   |
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Locations (e.g. libraries, town offices, kiosks)

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

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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

Stormwater Coalition of Albany County
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SPDES ID

N	Y	R	2	0				
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**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.**

Coalition goals for 2018/2019: 1. Maintain/update Coalition website (member info; post DRAFT Joint AR/ SWMP doc for public comment; post new publications); 2. Provide Coalition members with brochures; 3. Provide traditional MS4 members with a Public Education Program Development Tool which displays the location of target audiences (residential, commercial, institution, industrial); the associated pollution generating behaviors; and likely pollutants of concern.

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

1. Coalition website maintained and updated  
2. Brochures provided or printed when requested  
3. Traditional MS4s provided with hard copy map of their MS4 land use types, matched to target audience types (residential, commercial, institutional, industrial), with info about associated pollution generating behavior, and Pollutants of Concern. Land use/target audience layer on SwIM.

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

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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

2019/2020 Coalition Goals: 1. Support and update Coalition website; 2. Sponsor one Center for Watershed Protection webcast; 3. Print and distribute stormwater publications for interested members; 4. Understand and explain to members Public Education/Outreach requirements suggested by the DRAFT Permit (GP-0-17-002); 5. Discuss with members the current inventory of printed material/decide which if any publications should be printed in large quantities/modified/dropped.



### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Stormwater Coalition of Albany County
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SPDES ID  

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

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

URL

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Stormwater Coalition of Albany County																			
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SPDES ID  

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

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

MS4/Coalition Office  Annual Report  SWMP Plan  Comments

Department  

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Library  Annual Report  SWMP Plan  Comments

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Other  Annual Report  SWMP Plan  Comments

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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

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

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

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

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

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

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

Yes  No

If Yes, what was the date of the meeting?

		/			/				
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If No, is one planned?

Yes  No

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

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

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

### MS4 Annual Report Form

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

2	0	1	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Stormwater Coalition of Albany County			
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SPDES ID  

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

Jan, 2018 the Coalition received notice that MS4Web software used to write/update the Joint Coalition SWMP document had been replaced by MS4Web2.0. Using the new format, the SWMP document was updated. "Goals met" were tracked as Activities, noting what happened, when. New goals were written covering the time frame: 3/10/2018 to 3/9/2019 (2018-2019). These goals included elements of proposed MS4 Permit (GP-0-17-002). 2 WAVE stream events planned for '18.

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

A hybrid Joint Coalition SWMP Plan "Annual Evaluation" document listing activities completed from 3/10/2017 to 3/9/2018 and goals for the permit reporting year 3/2018 to 3/2019) was posted on the Coalition website 4/28/2018. The CBI MS4Web 2.0 SWMP Plan module was used to create the document. Completed 4 Coalition-wide WAVE stream monitoring events (3 days & 4 sites)-1 site Salt Kill; 2 sites Vly Creek; and 1 site Lisha Kill.

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

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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

2019/2020 Coalition Goals: 1. Organize one or more Coalition-wide WAVE Volunteer Stream Monitoring events (July 1 to Sept 30); 2. With Coalition members, identify plausible, doable public participation activities which focus on water quality directly, which could be organized spring, summer or early fall. Develop an implementation plan with members, which respects available time. Develop a budget and staffing plan to implement, include in 2020 Coalition budget if advised.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

Stormwater Coalition of Albany County
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SPDES ID  

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

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

On behalf of an individual MS4

On behalf of a coalition

How many MS4s contributed to this report? 

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

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 %

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

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

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

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Sewersheds:

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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019

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

Name of MS4/Coalition Stormwater Coalition of Albany County

SPDES ID NYR 20

#### 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

Grid for other discharge types

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

Grid for number of discharges

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

Grid for number of confirmed discharges

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

Grid for number of eliminated discharges

#### 7. Has the storm sewershed mapping been completed in this reporting period? If No, approximately what percent was completed in this reporting period?

Yes/No radio buttons and percent grid

#### 8. Is the above information available in GIS? Is this information available on the web?

Yes/No radio buttons

If Yes, provide URL(s):

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

URL

Grid containing the URL: https://acvarcgis.albanycounty.com/webmap/

URL

Grid for additional URL entries

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

Stormwater Coalition of Albany County
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SPDES ID  

N	Y	R	2	0				
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**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.**

GRANT: 1. Complete field work system/program map'g (outfalls-corrected/archive; PCSMPs-inventory/mapped; muni facilities inventory/mapped); finalize data/post on SwIM (AlbCnty/T-NewScotland/Ci-Alb/VGrnIs); 2. Review/prepare exist'g datasets from UAlb/T-Bethlehem/T-Colonie for Krumkill/Patroon/Ann Lee Pond for sewershed delineations; 3. Complete sewershed delineations; 4. Use Survey123 to develop ORI form; 5. Purchase/load/give tablets w/ORI Form to interested MS4s OTHER: 6 Stock ORI Kits as needed

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

GRANT: 1&2. Storm system/program mapping completed-data posted on SwiM for Alb Cnty, T/ New Scotland, City/Albany, and V/Green Island. 2&3. Datasets from UAlbany, T/Bethlehem, and T/ Colonie prepared and integrated with V/Colonie, City/Albany, and Albany County datasets to completed 3 storm sewershed delineations (Ann Lee/Patroon/Krumkill). 4&5 ArcGIS Online Survey123/Collector forms created (ORI/Contruccion/MuniFac)/loaded to tablets for intersted MS4s.

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

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*(ex.: samples/participants/events)*

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

Yes     No

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

Yes     No

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

2019/2020 Coalition Goals: 1. Stock ORI kits as needed, based on current MS4 Permit; 2. Price water sample costs associated with DRAFT MS4 Permit MCM3 Outfall Sampling and MCM 6 MSGP requirements; 3. Discuss with Coalition members need/value of ORI field training using tablet. Organize if interest.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

Stormwater Coalition of Albany County			
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SPDES ID

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**7. Evaluating Progress Toward Measurable Goals MCM 4**

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

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

GRANT: 1. Use Survey123 to develop MS4 Construction Site Inspection Form; 2. Purchase/load/give tablet w/MS4 Construction Site Inspection Form to interested MS4s. OTHER: 3. Co-sponsor with ACSWCD, 1 4hr E/SC training for Construction Site Operators; distribute promotional material to Coalition members for distribution to their contacts; post training info on Coalition website; pay tuition(s) as needed, funds permitting.

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

GRANT: 1/2. Survey123 MS4 Construction Site Inspection Form finalized and loaded onto tablets for interested MS4s-two tablet training sessions. OTHER: 3. (One) 4hr E/SC training for Construction Site Operators co-sponsored with ACSWCD (12/7/2018). 21 stormwater related staff from 4 MS4s attended Construction Activity Pmt related trainings (4hr E/SC trainings; 2 Eastern NY SW RTC trainings 4/19/18 Filtration-Infiltrations & 6/19/2018 Small Dam Design) Coalition funded

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

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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

2019/2020 Coalition goal: 1. Co-sponsor with ACSWCD, 1 4hr E/SC training for Construction Site Operators/distribute promotional material to Coalition members/post training info on Coalition website/pay tuition as needed, if possible. 2. Discuss with Coalition members need/value of MS4 Construction Site Inspection field training using tablets w/Form. Organize if interest.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

Stormwater Coalition of Albany County			
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**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.**

GRANT: 1. Complete field work-system and program map'g (outfalls-corrected/archive; PCSMPs-inventory/mapped; muni facilities inventory/mapped); finalize data/post on SwIM (AlbCnty/T-NewScotland/Ci-Alb/VGrnIs); 2. Use Survey123 to develop PC SMP inspection form(s) modeled after NYSDEC Maintenance Guidance - SW Mgmt Practices 3. Purchase/load/give tablets w/PC SMPs Inspection Form(s) to interested M

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

GRANT: 1. System and program mapping completed and data posted on SwIM for Alb County, T/NewScotland, City/Albany, and V/Green Island. 2. No Survey123/Collector ArcGIS Online forms created for PC SMP inspections.

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

			1
--	--	--	---

*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

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

**MS4 Annual Report Form**

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

2	0	1	9
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Stormwater Coalition of Albany County
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SPDES ID  

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

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

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

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

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

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

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

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

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

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

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

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

**4. What was the date of the last training?**

0	3
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 / 

0	7
---	---

 / 

2	0	1	9
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**5. How many municipal employees have been trained in this reporting period?**

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

1	0	0
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 %



**MS4 Annual Report Form**

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

2	0	1	9
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Name of MS4/Coalition 

Stormwater Coalition of Albany County			
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SPDES ID

N	Y	R	2	0				
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

GRANT: 1. Complete field work-system and program map'g (outfalls-corrected/archive; PCSMPs-inventory/mapped; muni facilities inventory/mapped); finalize data/post on SwIM (AlbCnty/T-NewScotland/Ci-Alb/VGrnIs); 2. Use Survey123 to develop Municipal Self Audit form; 3. Purchase/load/give tablets w/Municipal Self Audit Form to interested MS4s. OTHER: 4. Coordinate circulation of train'g DVDs for members; 5. Fund/organize outside vendor/in-house train'g(s).

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

GRANT: 1. System and program mapping completed and data posted on SwIM for Alb County, T/NewScotland, City/Albany, and V/Green Island. 2/3. Survey123/Collector ArcGIS Online Municipal Self Audit form finalized and loaded onto tablets for interested MS4s. OTHER: 4. Training DVDs circulated among interested users at Coalition Working Group meetings. 5. No outside vendor or in-house trainings.

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

			0
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

2019/2020 Coalition goals: 1. Coordinate circulation of Coalition train'g DVDs for use by Coalition members; 2. Monitor closely DRAFT MS4 Permit requirements regarding MCM 6 municipal facilities (High, Low, MSGP). Explain/prepare Coalition members; 3. Develop Coalition-wide staff development/training needs assessment; identify best approach in-house/vendors/DVDs; research costs/support materials; and match needs to likely DRAFT MS4 Permit requirements.

### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 1 9

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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 1

**MS4s must answer the questions or check NA as indicated in the table below.**

MS4 Description	Answer	Check NA	(POC)
<b>NYC EOH Watershed</b>			
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
<b>Onondaga Lake Watershed</b>			
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
<b>Greenwood Lake Watershed</b>			
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
<b>Oyster Bay</b>			
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
<b>Peconic Estuary</b>			
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
<b>Oscawana Lake Watershed</b>			
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
<b>LI 27 Embayments</b>			
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	9
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Name of MS4/Coalition 

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

SPDES ID  

N	Y	R	2	0				
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?  Yes  No  N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? 

--	--	--

 %

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**

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2	0	1	9
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Name of MS4/Coalition 

Stormwater Coalition of Albany County																			
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SPDES ID

N	Y	R	2	0					
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**9. Has your MS4/Coalition developed and implemented a program of native planting?**

Yes  No  N/A

**10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?**

Yes  No  N/A

**11. Does your MS4/Coalition have a pet waste bag program?**

Yes  No  N/A

**12. Does your MS4/Coalition have a program to manage goose populations?**

Yes  No  N/A