

Town of North Greenbush, New York

Municipal Separate Storm Sewer System (MS4) Annual Report

March 10, 2012 through March 9, 2013

SPDES Identification No. NYR 20A191

Preparer and Contact Information:

Michael Miner, Building Inspector

Town of North Greenbush

Building Department

Town Hall, 2 Douglas Street

Wynantskill, New York 12198

(518) 283-2714

building@townofng.com

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 3

SPDES ID
N Y R 2 0 A 1 9 1

This cover page must be completed by the report preparer.
Joint reports require only one cover page.

Choose one:

- This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

Name of MS4

T o w n o f N o r t h G r e e n b u s h

OR

- This report is being submitted on behalf of a Single Entity

(Per Part II.E of GP-0-10-002)

Name of Single Entity

OR

- This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition

SPDES ID

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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, 2 0 1 3

SPDES ID NYR20A191

Name of MS4 Town of North Greenbush

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 Last Name MI
A l S p a i n J

Title
T o w n o f N o r t h G r e e n b u s h

Address
2 D o u g l a s S t r e e t

City State Zip
W Y n a n t s k i l l N Y 1 2 1 9 8 -

eMail
S p a i n @ t o w n o f n g . c o m

Phone County
(5 1 8) 2 8 3 - 5 3 1 3 R e n s s e l a e r

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

SPDES ID
N Y R 2 0 A / 9 /

Name of MS4 Town of North Greenbush

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 VIJ).
- 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 Michael MI A Last Name Miner

Title Building Inspector

Address 2 Douglas Street

City Wynantskill State NY Zip 12198

eMail miner@townofng.com

Phone (518) 283-2714 County Renneislaer

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2013

SPDES ID
N Y R 2 0 A / 9 /

Name of MS4 Town of North Greenbush

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
P a u l
MI
J.Last Name
P a t t i

Title
U t i l i t i e s I n s p e c t o r

Address
2 D o u g l a s S t r e e t

City
W y n a n t s k i l l
State
N Y
Zip
1 2 1 9 8 -

eMail

Phone
(5 1 8) 2 8 3 - 2 7 1 4
County
R e n n s e l a e r

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 3

SPDES ID
N Y R 2 0 A 1 9 1

Name of MS4

Section 4 - Certification Statement

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

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

First Name
Last Name
MI

Title (Clearly print title of individual signing report)
T o w n o f N o r t h G r e e n b u s h

Signature
Date 0 5 / 1 3 / 1 3

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

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

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 North Greenbush														
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SPDES ID

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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. Targeted Public Education and Outreach Best Management Practices

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

- Construction Sites Pesticide and Fertilizer Application
- General Stormwater Management Information Pet Waste Management
- Household Hazardous Waste Disposal Recycling
- Illicit Discharge Detection and Elimination Riparian Corridor Protection/Restoration
- Infrastructure Maintenance Trash Management
- Smart Growth Vehicle Washing
- Storm Drain Marking Water Conservation
- Green Infrastructure/Better Site Design/Low Impact Development Wetland Protection
- Other:

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 None

2. Specific audiences targeted during this reporting period:

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

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 Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013
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 North Greenbush SPDES ID:

N	Y	R	2	0	A	1	9	1
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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:

- Construction Site Operators Trained

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 - Direct Mailings

--	--	--	--	--	--	--	--	--
 - Kiosks or Other Displays

							2	
--	--	--	--	--	--	--	---	--
 - List-Serves

--	--	--	--	--	--	--	--	--
 - Mailing List

--	--	--	--	--	--	--	--	--
 - Newspaper Ads or Articles

--	--	--	--	--	--	--	--	--
 - Public Events/Presentations

							2	5
--	--	--	--	--	--	--	---	---
 - School Program

--	--	--	--	--	--	--	--	--
 - TV Spot/Program

--	--	--	--	--	--	--	--	--
 - Printed Materials:

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

								1	5
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Locations (e.g. libraries, town offices, kiosks)

N	O	r	t	h	G	r	e	n	b	u	s	h	T	o	w	n
H	a	l														
T	o	w	n	L	i	b	r	a	r	y						

Other:

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

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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

SPDES ID									
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Name of MS4/Coalition

3. Web Page cont.: Provide specific web addresses - 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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SPDES ID

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Name of MS4/Coalition

Town of North Greenbush

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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

The town has continued to educate the public through informational handouts distributed with each Building permit that creates a soil disturbance and also through site visits with contractors.

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

Contractors and homeowners have a growing understanding regarding stormwater management.

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 SWMP?
 Yes No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

To continue to inform contractors and homeowners of proper stormwater management practices.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

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

Name of MS4/Coalition SPDES ID

Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?

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

<input checked="" type="radio"/> Cleanup Events										# Events	2
<input type="radio"/> Comments on SWMP Received											
<input type="radio"/> Community Hotlines											
Phone # (<input type="text"/> <input type="text"/> <input type="text"/>)	-	<input type="text"/> <input type="text"/> <input type="text"/>	Phone # (<input type="text"/> <input type="text"/> <input type="text"/>)	-	<input type="text"/> <input type="text"/> <input type="text"/>						
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<input type="radio"/> Community Meetings										# Attendees	
<input type="radio"/> Plantings										Sq. Ft.	
<input checked="" type="radio"/> Storm Drain Markings										# Drains	
<input type="radio"/> Stakeholder Meetings										# Attendees	
<input type="radio"/> Volunteer Monitoring										# Events	
<input type="radio"/> Other: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											

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

List-Serve Yes No

Newspaper Advertising

TV/Radio Notices

Other:

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

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Name of MS4/Coalition	Town of North Greenbush
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2. URL(s) con't.:

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

URL																							
URL																							
URL																							
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

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

SPDES ID
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Name of MS4/Coalition:

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

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

MS4/Coalition Office Annual Report SWMP Plan Comments

Department:

Address:

City:

State:

Zip:

Phone:

Library Address Annual Report SWMP Plan Comments

Address:

City:

State:

Zip:

Phone:

Other Address Annual Report SWMP Plan Comments

Address:

City:

State:

Zip:

Phone:

Web Page URL:

Annual Report SWMP Plan Comments

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

eMail:

Comments

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

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

SPDES ID
N Y R 2 0 A 1 9 1

Name of MS4/Coalition: Town of North Greenbush

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

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

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

[] [] 5

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

5.a. Was an Annual Report public meeting held in this reporting period? Yes No

If Yes, what was the date of the meeting?

0 9 / 1 3 / 2 0 1 2

If No, is one planned?

Yes No

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

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

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

Yes No

MS4 Annual Report Form

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

2	0	1	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

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Name of MS4/Coalition

Town of North Greenbush

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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

The building Dept along with the Community Lake Association participated in a community clean up day for Earth Day

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

No comments received

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 SWMP?

Yes No

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

Community clean up day is scheduled for earth day 2014

MS4 Annual Report Form

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

SPDES ID
N Y R 2 0 A 1 9 1

Name of MS4/Coalition:

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report?

1. Enter the number and approx. percent of outfalls mapped: # %
2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

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

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

Sewersheds:

MS4 Annual Report Form

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

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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 North Greenbush

 SPDES ID

N	Y	R	2	0	A	1	9	1
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8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? Yes No
10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? Yes No NT

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

1	0	0
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 %

MS4 Annual Report Form

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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 North Greenbush

 SPDES ID

N	Y	R	2	0	A	1	9	1
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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.

All necessary personnel have been trained

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

Due to training staff is more aware when looking for illicit discharges. In addition, some sanitary sewers have been televised to find inflow /infiltration

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

			3
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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).

Documentation of outfalls and retention ponds by our highway department.

MS4 Annual Report Form

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Name of MS4/Coalition

Town of North Greenbush			
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 SPDES ID

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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?

		3
--	--	---

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

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

--	--

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

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

<input checked="" type="radio"/> Notices of Violation	#					1	<input type="radio"/> No Authority
<input checked="" type="radio"/> Stop Work Orders	#					2	<input type="radio"/> No Authority
<input type="radio"/> Criminal Actions	#						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#						<input type="radio"/> No Authority
<input type="radio"/> Enforcement Actions or Sanctions	#						<input type="radio"/> No Authority
<input type="radio"/> Other	#						<input type="radio"/> No Authority

MS4 Annual Report Form

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

2	0	1	3
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 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N	Y	R	2	0	A	1	9	1
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Name of MS4/Coalition

Town of North Greenbush

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?

		4
--	--	---
 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		6
--	--	---
 3. What percent of active construction sites were inspected during this reporting period? NT

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

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

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

 %
 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT
 6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? Yes No

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3

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

Name of MS4/Coalition										Town of North Greenbush									
SPDES ID																			
N	Y	R	2	0	A	1	9	1		N	Y	R	2	0	A	1	9	1	

Name of MS4/Coalition

6. con't.:
Submit additional pages as needed.

MS4/Coalition Office

Department	B	u	i	l	i	n	g	D	e	p	a	r	t	m	e	n	t
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Address	2	D	o	u	g	l	a	s	S	t	r	e	e	t
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City	W	y	n	a	n	t	s	k	i	l	l	State	N	Y
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Phone	(5	1	8)	2	8	3	-	2	7	1	4
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Library

Address																				
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City																				
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Phone	()					-				
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Other

Address																				
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City																				
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Phone	()					-				
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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	3
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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 North Greenbush

SPDES ID

N	Y	R	2	0	A	1	9	1
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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.

Construction sites with a SWPPP are required to have a third party inspector verify compliance and provide documentation

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

Great improvement has been observed over the past several years due to inspection and education

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).

Pre-construction meetings will be held prior to the start of site work on any new projects, Storm water management, soil erosion and site inspection are all discussed so that expectations are clearly understood prior to work commencing.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 3
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID
N Y R 2 0 A 1 9 1

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

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

	# Inventoried	# Inspections	# Times Maintained
<input type="radio"/> Alternative Practices	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Filter Systems	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="radio"/> Infiltration Basins	9 0	9 0	1
<input checked="" type="radio"/> Open Channels	7 3	7 3	1
<input checked="" type="radio"/> Ponds	1 4	1 4	1
<input checked="" type="radio"/> Wetlands	1 7	1 7	<input type="text"/>
<input type="radio"/> Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 North Greenbush			
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 SPDES ID

N	Y	R	2	0	A	1	9	1
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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?

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

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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.

SPDES ID			
N	Y	R	2
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1			1

Name of MS4/Coalition Town of North Greenbush
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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.

The Town of North Greenbush Highway department inspects and maintains the Storm sewer system. This includes the reclamation of sand/ salt-mix after the winter season

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

We believe our program is successful due to the amount of sand/salt reclaimed. This year our dept. reclaimed 600 tons of material

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).

We will continue the same successful practices.

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 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

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

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

MS4 Annual Report Form

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

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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 North Greenbush			
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 SPDES ID

N	Y	R	2	0	A	1	9	1
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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.

The Town of North Greenbush Highway department inspects and maintains the Storm sewer system. This includes the reclamation of sand/ salt mix after the winter season

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

We believe our program is successful due to the amount of sand/salt reclaimed. This year our dept. reclaimed 600 tons of material

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

--	--	--	--

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

We will continue the same successful practices.

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

N	Y	R	2	0				
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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?

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

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed			
Traditional Land Use	1.2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1.2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1.2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed			
Traditional Land Use	1.6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1.6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1.6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed			
Traditional Land Use	1.4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1.4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1.4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay			
Traditional Land Use	1.4,7a-d,9,10,11,12		Pathogens
Traditional Non-Land Use	1.4,7a-d,9,10,11,12		Pathogens
Non-Traditional	1.4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary			
Traditional Land Use	1.4,7a-d,8a,9,10,11,12		Pathogens and Nitrogen
Traditional Non-Land Use	1.4,7a-d,8a,9,10,11,12		Pathogens and Nitrogen
Non-Traditional	1.4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed			
Traditional Land Use	1.4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1.4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1.4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI27 Embayments			
Traditional Land Use	1.2,3,4,7a-d,9,10,11,12		Pathogens
Traditional Non-Land Use	1.2,3,4,7a-d,9,10,11,12		Pathogens
Non-Traditional	1.2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

- Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? Yes No N/A
 - 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,

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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

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

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.

SPDES ID

N	Y	R	2	0			
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Name of MS4/Coalition

- 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