MS4 Annual Report Cover Page

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

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

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Choose one:

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

Fill in SPDES ID in upper right hand corner.

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OR

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

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

Name of Coalition

Name	of Si	ngle	En	tity												

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.

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MS4 Annual Report Cover Page

MCC form for period ending March 9,

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

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

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Name of MS4 TOWN OF SCHODACK		N	Y	R	2	0	А	0	0	3

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Jo	oınt	Rep	ort,	ent	er c	oalı	tıon	nar	ne:										
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MCC form for period ending March 9, 2 0 2 3

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Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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
- O Report Preparer

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

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Section 2 - Contact Information

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For each contact, select all that apply:

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

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Name of MS4 TOWN OF SCHODACK	N Y R 2 0 A 0 0 3
Section 3 - Partner Information	
Did your MS4 work with partners/coalition to complete some or all pe	ermit requirements during this reporting
period?	O Yes O No
If Yes, complete information below.	
Submit a separate sheet for each partner. Information provide accepted. If your MS4 cooperated with a coalition, submit or	
coalition. It is not necessary to include a separate sheet for ea	
If No, proceed to Section 4 - Certification Statement.	
Partner/CoalitionName	
R e n s s e l a e r C o u n t y M S 4	4 s
Partner/Coalition Name (con't.)	SPDES Partner ID - If applicable
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City	State Zip
Phone	Illa Din din a A annuant in a annuant in a
	ally Binding Agreement in accordance GP-0-08-002 Part IV.G.? O Yes O No
What tasks/responsibilities are shared with this partner (e.g. MN	41 School Programs or Multiple Tasks
	Tr School Programs of Within Pic Pusks)
MM1 Multiple Tasks	
O MM2	
O MM3	
O MM4	
O MM5	
MM6 Training and BMP a	a p p 1 i c a t i o n
Additional tasks/responsibilities	
Watershed Improvement Strategy Best Management Practic	ces required for MS4s in impaired
watersheds included in GP-0-08-002 Part IX.	

Name of MS4																				N	Y	R	2	0	A	0	0	3
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	n 4 - Certification Statement.	WIS4 III the Coantion.
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period?	● Yes ○ No
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accepted. If your MS4 cooperated with a coalition, submit one coalition. It is not necessary to include a separate sheet for each	
If No, proceed to Section 4 - Certification Statement.	en 19154 in the coantion.
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Partner/Coalition Name (con't.)	SPDES Partner ID - If applicable
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	tate Zip
	N Y 1 2 1 8 0 -
eMail	
Lvonderheide@rensco.c	O M
Phone	
	ly Binding Agreement in accordance GP-0-08-002 Part IV.G.? O Yes O No
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Name of MS4 TOWN OF SCHODACK	N Y R 2 0 A 0 0 3
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c a s t l e t o n h i g h w a y @ v e r i	z o n . n e t
Phone	y Binding Agreement in accordance
	P-0-08-002 Part IV.G.? ○ Yes • No
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didress 1 6 1 2 N Y 7 Troy State Zip Troy 1 1 2 1 8 0 -	Partner/Coalition Name (con't.)	SPDES Partner ID - If applicable
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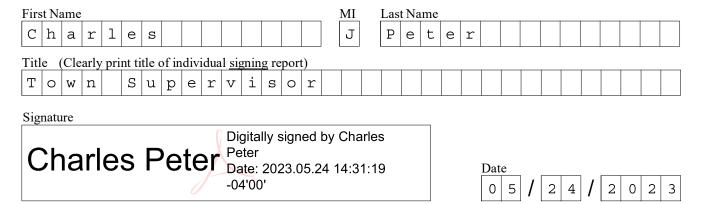
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Name of MS4	TOWN OF SCHODACK	N	Y	R	2	0	A	0	0	3

Section 4 - Certification Statement

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

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



The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

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Name of MS4/Coalition	TOWN OF SCHODACK	N	Y	R	2	0	А	0	0	3
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Water Quality Trends The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s are contributed to this report? 1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. O Yes If Yes, choose one of the following Report(s) attached to the annual report Web Page(s) where report(s) is/are provided below Please provide specific address of page where report(s) can be accessed - not home page. URL URL URL URL URL URL URL																											
The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s are contributed to this report? 1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. Yes One. Yes Report(s) attached to the annual report Web Page(s) where report(s) is/are provided below Please provide specific address of page where report(s) can be accessed - not home page. URL URL URL URL URL																											
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This report is being submitted for the reporting period ending March 9, 2 0 2 3

Name of MS4/Coalition TOWN OF SCHODACK	N Y R 2 0 A 0 0 3
Minimum Control Measure 1. Public Ed	ducation 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 Managen	nent 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
O Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
○ Infrastructure Maintenance	O Trash Management
○ Smart Growth	O Vehicle Washing
○ Storm Drain Marking	O Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period	:
○ Public Employees	
● Residential ● Developers	
● Businesses ● General Public	
○ Restaurants ○ Industries	
Other: Agricultural	
Other	

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

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

SPDES ID

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

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Name of MS4/Coalition	TOWN OF SCHODACK	N	Y	R	2	0	А	0	0	3

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Measurable Goal (MG) 1-Post Annual report to the Town's Stormwater Web-page. MG 2-Using direct mailings through water and sewer bill inserts distribute educational materials MG 3-Distribute educational materials from MS4 related departments (Planning/Building/Parks/Transfer Station).

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

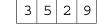
All MCM 1 Measurable Goals (MG) were completed.

MG-1: Annual report posted to storm water web-page May 6, 2022. (1)

MG-2: a total of 4 mailings with ed material totaling 3150 items was sent out. (3150)

MG-3: 378 ed handouts were provided in person at various events and by MS4 Departments (378)

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).

Measurable Goals (MG)

MG 1: Post Annual report to the Town's Stormwater Web-page.

MG 2: Using direct mailings through water and sewer bill inserts distribute educational materials

MG 3: Distribute educational materials from MS4 related departments (Planning/Building/Parks).

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

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

		SPDES ID					
Name of MS4/Coalition TOWN OF SCHODACK		N Y R 2	0	А	0	0	3
Minimum Control Measure 2.	Public Involvemer	nt/Particip	<u>atic</u>	<u>on</u>			
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 re	port?						
4 3371 4 4 44 11 10 11		1 44					
1. What opportunities were provided for public development, evaluation and improvement of			-	ran	n		
(SWMP) Plan during this reporting period?	Check all that apply	7:					
O Cleanup Events		# Events					
Comments on SWMP Received		# Comments					2
Community Hotlines	Phone # ()	-				
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O Community Meetings		# Attendees					
○ Plantings		Sq. Ft.					
O Storm Drain Markings		# Drains					
O Stakeholder Meetings		# Attendees					
O Volunteer Monitoring		# Events					
Other: Public Hearing	a t PBo	a r d	М	t	g		
2. Was public notice of availability of this annu	al report and Stormy	water Mana	gem	ient	t		
Program (SWMP) Plan provided?	-			Ye	s	0	No
O List-Serve		# In List					_
Newspaper Advertising		# Days Run	L				1
O TV/Radio Notices		# Days Run	Ļ				
● Other: T o w n H a l l L o b b	y Posti	n g B	0	a	r	d	

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

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	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 Department P 1 a n n i n g D e p a r t m e n t Address 2 6 5 S c h u u r m a n R o a d City C a s t 1 e t o n N Y N Y - N Y - N - N - N - N - N - N - N - N - N -																														
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4.a. If this report was made available on the internet, what da	te was it	po	sted?				
Leave blank if this report was not posted on the internet.	0	5	/ 0	6		2 0	2 2
4.b. For how many days was/will this report be posted?						3	6 5
If submitting a report for single MS4, answer 5.a If submitti	ing a join	nt re	port,	ans	wer :	5.b	
5.a. Was an Annual Report public meeting held in this report If Yes, what was the date of the meeting?	ing perio	od? 4	/ 1	8	• <u>\</u>	Zes 2 0	○ No 2 2
If No, is one planned?					0 1	es	○ No
5.b. Was an Annual Report public meeting held for all MS4s of	contribu	tin	g to t	his	repo	rt d	uring
this reporting period?					• 7	es	○ No
If No, is one planned for each?					0 \	l'es	○ 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.					• \	?es	○ No

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

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

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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.

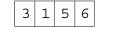
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

MG 1-Post the Draft Annual Report to the Town's Stormwater Web-page. MG 2-Advertise availability and public meeting for review and comments. MG 3-At an advertised public meeting, present/review the draft annual report to the Planning Board and public and receive comments on the report/SWMP Plan. MG 4-Post the final report on the Town's Stormwater Web-page. MG 5-Use direct mailings through water and sewer bill inserts to distribute educational materials

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

MG-1: Draft Annual report posted to storm water web-page April 5, 2022.(1) MG-2: An advertisement notice was placed on April 18, 2022, noting available report and date of public hearing on same. (1) MG-3: The report was presented at a public hearing and two comments received. (3) MG-4: Annual report posted to storm water web-page May 6, 2022 (1) MG-5: A total of 4 mailings with ed material totaling 3150 items was sent out. (3150)

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).

MG-1: Post draft annual report to town's storm water web page by 04/14/23

MG-2: Advertise annual report available for review, location and date of public meeting by 04/14/23

MG-3: Hold public meeting, present and receive public comment on draft report by 05/26/23

MG-4: Post final report to town's storm water web page by 06/01/23

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

Name of MS4/Coalition TOWN OF SCHODACK	N Y R 2 0 A 0 0 3										
Minimum Control Measure 3. I	llicit Discharge Detection and Elimination										
The information in this section is being reported (On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to the	check one):										
1. Enter the number and approx. percent of	of outfalls mapped: 4 9 # 1 0 0 %										
2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?											
3.a. What types of generating sites/sewershe reporting period?	ds were targeted for inspection during this										
O Auto Recyclers	O Landscaping (Irrigation)										
O Building Maintenance	O Marinas										
O Churches	O Metal Plateing Operations										
O Commercial Carwashes	Outdoor Fluid Storage										
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance										
O Construction Vehicle Washouts	○ Printing										
O Cross-Connections	O Residential Carwashing										
O Distribution Centers	○ Restaurants										
O Food Processing Facilities	O Schools and Universities										
O Garbage Truck Washouts	O Septic Maintenance										
O Hospitals	O Swimming Pools										
O Improper RV Waste Disposal	O Vehicle Fueling										
O Industrial Process Water	O Vehicle Maint./Repair Shops										
• Other:	○ None										
0 u t f a l l s w i t h	i n										
 Sewersheds: A r e a # 2 											

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Name of MS4/Coalition TOWN OF SCHODACK			NY	R	2	0 A	. 0	0	3
3.b.What types of illicit discharges ha	ve been found during t	this repor	ting p	erio	od?				
O Broken Lines From Sanitary Sewer	O Industrial Connection	ons							
O Cross Connections	O Inflow/Infiltration								
O Failing Septic Systems	O Pump Station Failur	re							
O Floor Drains Connected To Storm Sewer	rs O Sanitary Sewer Ove	erflows							
• Illegal Dumping	O Straight Pipe Sewer	Discharge	es						
Other: 4. How many illicit discharges/poten	O None	have beer	ı dete	cted	l du	ıring	this	S	
reporting period?			- 0.000						0
5. How many illicit discharges have	been confirmed during	this repo	rting	peri	iod'	?			0
6. How many illicit discharges/illega period?	l connections have been	ı eliminat	ed du	ring	g th	is rej	port	ting	0
7. Has the storm sewershed mapping	g been completed in this	s reportin	g peri	iod?)	● Y	es	0	No
If No, approximately what percent v	vas completed in this rep	orting per	iod?				1 0	0	용
8. Is the above information available	in GIS?					• Y	'es	0	No
Is this information available on th						\circ Y			No
If Yes, provide URL(s): Please provide specific address of pa URL	ge where map(s) can be a	accessed -	not h	ome	; pa	ge.			
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Name of MS4/Coalition TOWN OF SCHODACK		N	Y	R	2	0	А	0	0	3

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

MG 1-Town Highway Department Staff will monitor areas of historic illegal dumping and respond to remove solid waste to the Town Transfer Station.

MG 2-MS4 Staff will reach out to NYS DEC Enforcement for recommendations and assistance with illegal dumping.

MG 3-ORI will be performed for Area 2 as shown on the MS4 Facilities and Outfalls Location Map.

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

MG 1-Town Highway Department Staff received six reports of illegal dumping, materials were removed to the transfer station for further disposal (6). Sites of historic dumping were not routinely monitored. MG 2-MS4 Staff did not seek the assistance of NYS DEC Enforcement. MG 3-ORI was performed for Area 2 as shown on the MS4 Facilities and Outfalls Location Map for 12 outfalls (12).

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

V_{ec}	\bigcirc No

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

-	T 7	\sim λ T
	Yes	\bigcirc No
•	1 00	\sim 110

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

MG 1-Town Depart. Staff will respond to reports of illegal dumping and will remove solid waste to the Town Transfer Station. MG 2-The Highway Depart. will look into obtaining illegal dumping prohibited signage for possible posting at site with a history of illegal dumping and if feasible budget for future signs. MG 3-ORI will be performed for Areas 1,4 & 5 as shown on the MS4 Facilities and Outfalls Location Map.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

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

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Minimum Control Massures 1 and 5

Construction Site and Post-C		
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 mechanism that provides equivalent protection to the Stormwater Discharges from Construction Activities	he NYS SPDES General Permit for	○ No
1b. Has each Town, City and/or Village contributing to equivalent to a NYSDEC Sample Local Law for Sto Sediment Control through either an attorney cerfift	ormwater Management and Erosion ication or using the NYSDEC Gap	and
Analysis Workbook?	• Yes O No	O NT
If Yes, Towns, Cities and Villages provide date of equ	-	O NT
2. Does your MS4/Coalition have a SWPPP review pre-	ocedure in place? • Yes	○ No
3. How many Construction Stormwater Pollution Pre	vention Plans (SWPPPs) have been	
reviewed in this reporting period?		3
4. Does your MS4/Coalition have a mechanism for recomments related to construction SWPPPs?	-	O NT
If Yes, how many public comments were received duri	ng this reporting period?	0
5. Does your MS4/Coalition provide education and tra SWPPP process?	aining for contractors about the local	l O No

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

Notices of Violation	#			2	O No Authority
• Stop Work Orders	#			1	O No Authority
O Criminal Actions	#				No Authority
○ Termination of Contracts	#				No Authority
O Administrative Fines	#				No Authority
O Civil Penalties	#				O No Authority
 Administrative Orders 	#			0	O No Authority
• Enforcement Actions or Sanctions	#			0	
Other	#				No Authority

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 0 & 2 & 2 \end{vmatrix}$

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 SCHODACK	Y R 2 0 A 0 0 3
Minimum Control Measure 4. Construction Site Stormwa	ter Runoff Control
The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 	
1. How many construction projects have been authorized for disturbanduring this reporting period?	ces of one acre or more
2. How many construction projects disturbing at least one acre were ac during this reporting period?	tive in your jurisdiction
3. What percent of active construction sites were inspected during this	reporting period? ONT
4. What percent of active construction sites were inspected more than o	1 0 0 % once?
5. Do all inspectors working on behalf of the MS4s contributing to this	report use the NYS

Construction Stormwater Inspection Manual?

• Yes O No O NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPs) 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? \bigcirc Yes \bigcirc No

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

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

		SPDES	S ID					
Name of MS4/Coalition TOWN OF SCHODACK		NY	R	2	0 A	0	0	3
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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.

MG 1-Pre-construction meetings will be held with the assistance of the Town's MS4 Consultant for all construction sites required to obtain the "Construction General" SPDES Permit.

MG 2-Contractor certification of NYS DEC training in the principles and practices of E&SC will be obtained during pre-construction meetings.

MG 3-Constr. site runoff control inspections will be performed for active sites with a SPDES permit.

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

MG 1/2-One pre-construction meeting was held but the site was not authorized, however two certification cards were provided by the contractor (3)

MG 3-Constr. site runoff control inspections were performed for the ten active sites with a SPDES permit and reports received and reviewed for all sites from qualified inspectors (107 inspections by Town, 520 report received from qualified inspectors = 627)

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).

MG 1-Pre-construction meetings will be held with the assistance of the Town's MS4 Consultant for all construction sites required to obtain the "Construction General" SPDES Permit.

MG 2-Contractor certification of NYS DEC training in the principles and practices of E&SC will be obtained during pre-construction meetings.

MG 3-Constr. site runoff control inspections will be performed for active sites with a SPDES permit.

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

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

							S	SPDES ID		
Name of MS4/Coalition	TOWN OF SCHODA	СК						N Y R	2 0 A	0 0 3
3.54	~	_	_	. ~			• 6		_	
Minimum	Control Meas	sure 5.	<u>Post</u>	t-Con	str	<u>uct</u>	ion Stormy	<u>water N</u>	<u> Tanagem</u>	<u>ent</u>
The information in the	nis section is being	g reporte	ed (che	eck one):					
On behalf of an inc	dividual MS4	5 1	() ·					
On behalf of a coa How m	nany MS4s contr	ibuted t	o this	report	? [
1. How many and	•			•		ter n	nanagement r	ractices	has vour	
	nventoried, inspe								ins your	
		# Invento	ried	Insp	# ecti	ions	# Times Maintain			
O Alternative Practic	ces		1			1		O		
O Filter Systems			5			5		<u></u>		
O Infiltration Basins		1	5		1	5		0		
Open Channels			1			1		0		
○ Ponds		1	7		1	7		0		
O Wetlands			1			1		0		
Other			0			0		0		
2. Do you use an	electronic tool (e.g. GI	S, dat	abase,	sp	read	lsheet) to tra	ick post-	constructi	on
BMPs, inspecti	ions and mainta	mance?	•						• Yes	○ No
3. What types of Development/E	non-structural Better Site Desig	-					-	t Low In	ıpact	
O Building Codes	O Municipal Co	omprehe	nsive 1	Plans						
Overlay Districts	Open Space I	Preserva	tion Pı	ogram						
Zoning	O Local Law or	Ordina	nce							
○ None	• Land Use Re	gulation	/Zonin	g						
O Watershed Plans	Other Compr	ehensive	Plan							

i | e | w |

s

o f

p r o p o s e d

R

Other:

C | o | n | s | u | 1 | t | a | n | t

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

		SPL	E5	ע						
Nar	me of MS4/Coalition TOWN OF SCHODACK	N	Y	R	2	0	A	0	0	3
4a	. Are the MS4s contributing to this report involved in a regional/watersh	ed w	ide	pla	nn	_	effe Ye		•	No
4b	. Does the MS4 have a banking and credit system for stormwater manage	men	ıt pı	ac	tice	es?				
						0	Ye	S	•]	No
4c.	Do the SWMP Plans for each MS4 contributing to this report include a and approval of banking and credit of alternative siting of a stormwater	_				pr	acti	ice?		N o
		ma	nag	em	ent	pr O	acti Ye	ice? s in	•]	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

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

		SPL)ES	ID						
Name of MS4/Coalition	TOWN OF SCHODACK	N	Y	R	2	0	А	0	0	3

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

MG 1-SMP signage will be installed at Town owned facilities at the Maple Crest Drive and at the Highway Garage/Salt Shed SMP.

MG 2-Municipal officials/MS4 staff that are responsible for program implementation will obtain training in Low Impact Development, Better Site Design and/or Green Infrastructure Principals.

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

MG 1-SMP signage was not installed at the Town owned facilities at the Maple Crest Drive SMP and at the Highway Garage/Salt Shed SMP. (3)

MG 2-There are 14 Municipal officials/MS4 staff that are responsible for program implementation. Three opportunities for training were attended giving a total of nine of these officials/staff attended training on Better Site Design and Green Infrastructure Principals. (9)

	Harr many	timas	was this	ahaawy	ation	bourssoam	0.14	avaluated	in 1	thia n	anautina	naviad?
v.	How many	umes	was uns	onserv	auon	measureu	OI.	evaluateu	ш	11112 1	eporung	periou:

			1	2	
samp	les/	parı	tici	pant	:s/events

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

● Yes ○ No

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

● Yes ○ No

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

MG 1-Town standard forms for enforcement actions will be reviewed for possible inclusion or revision to be added to SWMP Plan.

MG 2-Municipal officials/MS4 staff will obtain attend at least one webinar on Low Impact Development, Better Site Design and/or Green Infrastructure Principals.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix}$

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

		SPE	ES	ID						
Name of MS4/Coalition	TOWN OF SCHODACK	N	Y	R	2	0	А	0	0	3

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 	

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

Self-Assessment

Operation/Activity/Facility performed within the past 3 vears? **Operation/Activity/Facility** Addressed in SWMP? Street Maintenance..... 9 Yes ○ No • Yes \bigcirc No Bridge Maintenance.... O Yes ● No ○ Yes No Winter Road Maintenance.... • Yes ○ No • Yes \bigcirc No Salt Storage..... 9 Yes ○ No • Yes \bigcirc No Solid Waste Management..... • Yes ○ No • Yes \bigcirc No New Municipal Construction and Land Disturbance.. • Yes ○ No • Yes \bigcirc No Right of Way Maintenance....

Yes \bigcirc No ● No ○ Yes No Marine Operations.... O Yes Hydrologic Habitat Modification..... O Yes ● No ○ Yes No Parks and Open Space.....

Yes ○ No Yes \bigcirc No Municipal Building..... • Yes ○ No • Yes \bigcirc No ○ No • Yes \bigcirc No Stormwater System Maintenance..... • Yes ○ No Yes \bigcirc No Vehicle and Fleet Maintenance..... • Yes ● No ○ Yes No Other..... O Yes

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

	SPDES ID		
Name of MS4/Coalition TOWN OF SCHODACK	N Y R 2	0 A 0	0 3
2. Provide the following information about municipal operat	ions good housekeep	oing prog	rams:
O Parking Lots Swept (Number of acres X Number of times swep	t) # Acres		
• Streets Swept (Number of miles X Number of times swept)	# Miles		1 9
• Catch Basins Inspected and Cleaned Where Necessary	#	1	8 1
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#		
O Phosphorus Applied In Chemical Fertilizer	# Lbs.		
O Nitrogen Applied In Chemical Fertilizer	# Lbs.		
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)	# Acres umber of		•
3. How many stormwater management trainings have been p during this reporting period?	provided to municipa	al employ	ees 3
4. What was the date of the last training?	0 6 / 2 3	/ 2 0	2 2
5. How many municipal employees have been trained in this	reporting period?		9
6. What percent of municipal employees in relevant positions stormwater management training?	s and departments r	eceive 1 0	0 %

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

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

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Name of MS4/Coalition TOWN OF SCHODACK		N	Y	R	2	0	А	0	0	3

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

MG 1-Highway Dept. will note how many catch basins are cleaned in addition to sediment quantity removed. MG 2- Highway Dept. will sweep municipal parking areas.

MG 3-Stormwater management trainings will be offered to municipal employees that will include a presentation of the SWMP Plan, organizational chart, responsibilities, and minimum control measures.

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

MG 1-Highway Dept. recorded cleaning catch basins (181) collecting sediment and other debris (59 cubic yards) MG 2- Highway Dept. did not sweep municipal parking areas. (2) MG 3-Stormwater management trainings were offered to municipal employees and included a presentation of the SWMP Plan, organizational chart, responsibilities, and minimum control measures. (9)

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

		2	5	1	
samo	les/	'narı	tici	nant	s/events

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

Yes O No

(ex.:

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

● Yes ○ No

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

MG 1-Highway Dept. will record how many catch basins are cleaned and sediment quantity removed. MG 2- Highway Dept. will sweep municipal parking areas at Town Hall and Highway Dept. MG 3-Stormwater management trainings will be offered to municipal employees that will include a presentation of the SWMP Plan, organizational chart, responsibilities, and minimum control measures and measurable goals as presented in this annual report. MG-4: Perform Self Audit

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

ame of MS4/Coalition TOWN OF SCHODACK			N Y R 2 0 A 0				
Additional Water	rshed Improvemen	nt Strategy Best Ma	nagement Practices				
he information in this section	n is being reported (check	α one):					
On behalf of an individual M	MS4						
On behalf of a coalition							
How many MS4	4s contributed to this re	eport?					
AS4s must answer the que	estions or check NA a	s indicated in the table	e below.				
MS4 Description	Answer	Check NA	(POC)				
NYC EOH Watershed	1 2 2 4 5 6 7 - 1 9 - 91 0	- 10.11.12	- Dl l				
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 (7- 10- 0	2 2 4 5 95 10 11 12	- Dll				
	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	1467 19 0	- 2 2 5 01 10 11 12	- DI 1				
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	- 1 4 7 10 10 11 12	- 22569 91	- D 4				
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens				
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens				
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens				
Peconic Estuary	-	-	- 127				
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen				
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen				
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen				
Oscawana Lake Watershed	-	-	-				
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus				
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus				
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus				
LI 27 Embayments	-	-	-				
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens				
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens				
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens				

1.	Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? $\hfill \bigcirc \hfill \lor $	○ No	• N/A
2.	Has 100% of the MS4/Coalition conveyance system been mapped in GIS?	O No	• N/A
	If N/A, go to question 3.	0 110	0 11/11
	If No, estimate what percentage of the conveyance system has been mapped so far.		%
	Estimate what percentage was mapped in this reporting period.		%

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

		SPDES ID		
Naı	me of MS4/Coalition TOWN OF SCHODACK	N Y R 2	0 A 0	0 3
3.	Does your MS4/Coalition have a Stormwater Conveyance Sand Maintenance Plan Program?	System (infrastructu ○ Yes	, -	ction N/A
4.	Estimate the percentage of on-site wastewater treatment sy and maintained or rehabilitated as necessary in this report		n inspecte	ed %
5.	Has your MS4/Coalition developed a program that provide NYSDEC SPDES General Permit for Stormwater Discharg (GP-0-08-001) to reduce pollutants in stormwater runoff fr disturb five thousand square feet or more?	ges from Construction	on Activit ivities tha	ies
6.	Has your MS4/Coalition developed a program to address prunoff from new development and redevelopment projects equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Actithe New York State Stormwater Design Manual Enhanced Standards?	that disturb greater NYS DEC SPDES (vities (GP-0-08-001)	than or General , includin al	g ● N/A
7a	Does your MS4/Coalition have a retrofitting program to rephosphorus/nitrogen/pathogen loading?	educe erosion or • Yes	○ No	• N/A
7b	.How many projects have been sited in this reporting period	1?		
7c.	What percent of the projects included in 7b have been com	pleted in this report	ing perio	d?
7d	.What percent of projects planned in previous years have b	een completed?		%
8a	Has your MS4/Coalition developed and implemented a turi procedures policy that addresses proper fertilizer application lands?	f management pract	wned	lanned N/A
8b	Has your MS4/Coalition developed and implemented a turn procedures policy that addresses proper disposal of grass comunicipally owned lands?		from	● N/A

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

			SPDES ID								
Name of MS4/Coalition TOWN OF SCHODACK		N	Y	R	2	0 2	A (0	3		
9. Has your MS4/Coalition developed and implemented a program of native planting?											
, and the same of		9 - ···		-		0		• N	J/A		
10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and											
prohibiting goose feeding?			C	Υe	es	0]	No	• N	J/A		
11 Dags your MCA/Coalition have a not wage	4			. 1 7		\sim 1	. T	• >	T/A		
11. Does your MS4/Coalition have a pet was	te bag program:) Ye	es	01	No	• 1	√A		
12. Does your MS4/Coalition have a program	n to manage goose										
populations?			C	Ye	es	\bigcirc]	No		√A		