

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2023

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

SPDES ID

N Y R 2 0 A 0 0 3

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 S c h o d a c k

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

N Y R 2 0 A

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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.

SPDES ID

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MCC form for period ending March 9,

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TOWN OF SCHODACK

N	Y	R	2	0	A	0	0	3
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[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 3

Name of MS4 TOWN OF SCHODACK

SPDES ID

N Y R 2 0 A 0 0 3

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name

C h a r l e s

MI

J

Last Name

P e t e r

Title

T o w n S u p e r v i s o r

Address

2 6 5 S c h u u r m a n R o a d

City

C a s t l e t o n

State

N Y

Zip

1 2 0 3 3 -

eMail

c h a r l e s . p e t e r @ s c h o d a c k . o r g

Phone

(5 1 8) 4 7 7 - 7 9 1 8

County

R e n s s e l a e r

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 3

Name of MS4 Town of Schodack

SPDES ID

N Y R 2 0 A 0 0 3

Section 2 - Contact Information

Important Instructions - Please Read

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

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
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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

R i c h a r d

MI

F

Last Name

L a b e r g e

Title

P r e s i d e n t , L a b e r g e G r o u p

Address

4 C o m p u t e r D r i v e W e s t

City

A l b a n y

State

N Y

Zip

1 2 2 0 5 -

eMail

r f l a b e r g e @ l a b e r g e g r o u p . c o m

Phone

(5 1 8) 4 5 8 - 7 1 1 2

County

A l b a n y

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

N	Y	R	2	0	A	0	0	3
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Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ☐ Yes ☐ No

☐ Yes ☐ No

If No, proceed to Section 4 - Certification Statement.

[illegible]

SPDES Partner ID - If applicable

[illegible]

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[illegible]

Zip

[illegible][illegible]
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Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.? ☐ Yes ☐ No

[illegible][illegible][illegible][illegible][illegible]

● MM6	T	r	a	i	n	i	n	g		a	n	d		B	M	P		a	p	p	l	i	c	a	t	i	o	n	
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- *Watershed Improvement Strategy Best Management Practices* required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

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

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

☒ 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

[illegible]

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

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Address

[illegible]

City

State

Zip

T	r	o	y													N	Y	1	2	1	8	0	-				
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eMail

w	b	r	a	d	l	e	y	@	t	o	w	n	o	f	b	r	u	n	s	w	i	c	k	.	o	r	g							
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Phone

$$\begin{pmatrix} 5 & 1 & 8 \end{pmatrix} \begin{bmatrix} 2 & 7 & 9 \end{bmatrix} - \begin{bmatrix} 3 & 4 & 6 & 3 \end{bmatrix}$$

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.? ☐ Yes

☐ Yes ☒ No

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

● MM1 M u l t i p l e T a s k s

[illegible][illegible][illegible][illegible][illegible]

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 TOWN OF SCHODACK

SPDES ID

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 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

T o w n o f S a n d L a k e

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 1 1 9

Address

P . O . B o x 2 7 3

City

S a n d L a k e

State

N Y

Zip

1 2 1 5 3 -

eMail

m w a g e r @ s a n d - l a k e . u s

Phone

(5 1 8) 6 7 4 - 2 0 2 6

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 M u l t i p l e T a s k s

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☒ MM6 T r a i n i n g

Additional tasks/responsibilities

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

MCC form for period ending March 9, 2023

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Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

☒ Yes ☐ No

☒ Yes ☐ No

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.

[illegible]

SPDES Partner ID - If applicable

[illegible]

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State

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Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.? ☐ Yes

☐ Yes ☒ No

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

[illegible][illegible][illegible][illegible][illegible][illegible]

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 TOWN OF SCHODACK

SPDES ID

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 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

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

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 2 0 1

Address

2 2 5 C o l u m b i a T u r n p i k e

City

R e n s s e l a e r

State

N Y

Zip

1 2 1 4 4 -

eMail

M B r o w n @ e a s t g r e e n b u s h . o r g

Phone

(5 1 8) 6 9 4 - 4 0 1 1

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 M u l t i p l e T a s k s

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☒ MM6 T r a i n i n g

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 TOWN OF SCHODACK

SPDES ID

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 permit requirements during this reporting period?

☒ Yes ☐ No

If Yes, complete information below.

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

T o w n o f P o e s t e n k i l l

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 3 7 2

Address

3 8 D a v i s S t r e e t

City

P o e s t e n k i l l

State

N Y

Zip

1 2 1 4 0 -

eMail

t c h u r c h @ p o e s t e n k i l l n y . c o m

Phone

(5 1 8) 2 8 3 - 5 1 0 0

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 M u l t i p l e T a s k s

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☒ MM6 t r a i n i n g

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

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Name of MS4 TOWN OF SCHODACK

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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

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

C i t y o f T r o y

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 3 7 9

Address

4 3 3 R i v e r S t r e e t F i f t h F l o o r

City

T r o y

State

N Y

Zip

1 2 1 8 0 -

eMail

c h r i s . w h e l a n d @ t r o y n y . g o v

Phone

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

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 M u l t i p l e T a s k s

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☒ MM6 T r a i n i n g

Additional tasks/responsibilities

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

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☒ Yes ☐ No

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Partner/Coalition Name

[illegible]

SPDES Partner ID - If applicable

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[illegible]

State

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L	v	o	n	d	e	r	h	e	i	d	e	@	r	e	n	s	c	o	.	c	o	m
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$$\begin{pmatrix} 5 & 1 & 8 \end{pmatrix} \begin{bmatrix} 2 & 7 & 0 \end{bmatrix} - \begin{bmatrix} 2 & 9 & 2 & 1 \end{bmatrix}$$

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.? ☐ Yes ☐ No

● MM1	E	d	u	c	a	t	i	o	n	a	l	/	T	r	a	i	n	i	n	g	/	I	n	f	o
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[illegible][illegible][illegible][illegible][illegible]

- *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) FormMCC form for period ending March 9,

2	0	2	3
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Name of MS4

T	O	W	N	O	F	S	C	H	O	D	A	C	K
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SPDES ID

N	Y	R	2	0	A	0	0	3
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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

V	i	l	l	a	g	e		o	f		C	a	s	t	l	e	t	o	n	-	o	n	-	H	u	d	s	o	n			
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Partner/Coalition Name (con't.)

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SPDES Partner ID - If applicable

N	Y	R	2	0	A	3	9	3
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Address

8	5		S	o	u	t	h		M	a	i	n		S	t	r	e	e	t													
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City

C	a	s	t	l	e	t	o	n																								
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State

N	Y
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Zip

1	2	0	3	3	-																											
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eMail

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							
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Phone

(5	1	8)	7	3	2	-	2	2	1	1
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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

M	u	l	t	i	p	l	e		T	a	s	k	s																				
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☐ MM2

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☐ MM3

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☐ MM4

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☐ MM5

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☒ MM6

T	r	a	i	n	i	n	g																									
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Additional tasks/responsibilities

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

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MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 TOWN OF SCHODACK

SPDES ID

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 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

C a p i t a l D i s t r i c t R e g i o n a l

Partner/Coalition Name (con't.)

P l a n n i n g C o m m i s s i o n

SPDES Partner ID - If applicable

N Y R 2 0

Address

O n e P a r k P l a c e

City

A l b a n y

State

N Y

Zip

1 2 2 0 5 -

eMail

M D a l e y @ c d r p c . o r g

Phone

(5 1 8) 4 5 3 - 0 8 5 0

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.?

☐ Yes ☐ No

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

☒ MM1 E d u c a t i o n a l / T r a i n i n g / I n f o

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☒ MM6 T r a i n i n g

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 TOWN OF SCHODACK

SPDES ID

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 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

R e n s s e l a e r C o u n t y S o i l W a t e r

Partner/Coalition Name (con't.)

C o n s e r v a t i o n D i s t r i c t

SPDES Partner ID - If applicable

N Y R 2 0

Address

1 6 1 2 N Y 7

City

T r o y

State

N Y

Zip

1 2 1 8 0 -

eMail

m e g a n . m y e r s . r e n s c o s w c d @ g m a i l . c o m

Phone

(5 1 8) 2 7 1 - 1 7 4 0

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.?

☐ Yes ☐ No

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

☒ MM1 E d u c a t i o n a l / T r a i n i n g / I n f o

☐ MM2

☐ MM3

☐ MM4

☐ MM5

☒ MM6 T r a i n i n g

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2 0 2 3

Name of MS4 TOWN OF SCHODACK

SPDES ID

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.

First Name

C h a r l e s

MI

J

Last Name

P e t e r

Title (Clearly print title of individual signing report)

T o w n S u p e r v i s o r

Signature

Charles Peter

Digitally signed by Charles

Peter

Date: 2023.05.24 14:31:19

-04'00'

Date

0 5 / 2 4 / 2 0 2 3

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

2	0	2	3
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Name of MS4/Coalition	TOWN OF SCHODACK
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N	Y	R	2	0	A	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. ☐ Yes ☐ No

☐ Yes ☒ No

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.

[illegible][illegible][illegible][illegible]

2	0	2	3
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Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	0	0	3
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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

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SPDES ID

N	Y	R	2	0	A	0	0	3
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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

Trained

--	--	--	--	--

☒ Direct Mailings

Mailings

	3	1	5	0
--	---	---	---	---

☒ Kiosks or Other Displays

Locations

				4
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☐ List-Serves

In List

--	--	--	--	--

☒ Mailing List

In List

		8	1	5
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☒ Newspaper Ads or Articles

Days Run

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

☒ Public Events/Presentations

Attendees

				1
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☐ School Program

Attendees

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☐ TV Spot/Program

Days Run

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☒ Printed Materials:

Total # Distributed

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

B	u	i	l	d	i	n	g		D	e	p	t	.					
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T	o	w	n		C	l	e	r	k	s		O	f	f	i	c	e	s
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T	o	w	n		P	a	r	k	s		D	e	p	t	.			
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☒ Other:

E	d		m	a	t	e	r	i	a	l		h	a	n	d	o	u	t	s
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☒ Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

w	w	w	.	s	c	h	o	d	a	c	k	.	o	r	g	/	s	t	o	r	m	w	a	t	e	r	-				
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m	a	n	a	g	e	m	e	n	t																					
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2	0	2	3
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N	Y	R	2	0	A	0	0	3
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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 SCHODACK

SPDES ID

N	Y	R	2	0	A	0	0	3
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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.

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?

3	5	2	9
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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).

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).

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 SCHODACK									
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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?

--	--	--

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

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☒ Comments on SWMP Received

Comments

				2
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☒ Community Hotlines

Phone # (

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)

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Phone # (

5	1	8
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)

4	7	7
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7	9	3	8
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Phone # (

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)

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Phone # (

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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

--	--	--	--	--

☒ Other:

P	u	b	l	i	c		H	e	a	r	i	n	g		a	t		P	B	o	a	r	d		M	t	g		
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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

				1
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☐ TV/Radio Notices

Days Run

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☒ Other:

T	o	w	n		H	a	l	l		L	o	b	b	y		P	o	s	t	i	n	g		B	o	a	r	d	
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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,

2	0	2	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

T	O	W	N	O	F	S	C	H	O	D	A	C	K
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SPDES ID

N	Y	R	2	0	A	0	0	3
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2. URL(s) con't.:

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

URL

w	w	w	.	s	c	h	o	d	a	c	k	.	o	r	g	/	p	l	a	n	n	i	n	g	-	a	n	d			
z	o	n	i	n	g																										

URL

URL

URL

URL

URL

URL

2	0	2	3
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Name of MS4/Coalition	TOWN OF SCHODACK
-----------------------	------------------

N	Y	R	2	0	A	0	0	3
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2. URL(s) con't.:

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

URL

[illegible]

URL

[illegible]

URL

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URL

[illegible]

URL

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URL

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URL

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MS4 Annual Report Form

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.

Name of MS4/Coalition	TOWN OF SCHODACK
-----------------------	------------------

SPDES ID

N	Y	R	2	0	A	0	0	3
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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

[illegible]

Address	Value	Comment
00000000	00000000	
00000001	00000000	
00000002	00000000	
00000003	00000000	
00000004	00000000	
00000005	00000000	
00000006	00000000	
00000007	00000000	
00000008	00000000	
00000009	00000000	
0000000A	00000000	
0000000B	00000000	
0000000C	00000000	
0000000D	00000000	
0000000E	00000000	
0000000F	00000000	
00000010	00000000	
00000011	00000000	
00000012	00000000	
00000013	00000000	
00000014	00000000	
00000015	00000000	
00000016	00000000	
00000017	00000000	
00000018	00000000	
00000019	00000000	
0000001A	00000000	
0000001B	00000000	
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City

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Phone

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○ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

[illegible]

City

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Phone

$$(\quad)(\quad)(\quad) - (\quad)(\quad)(\quad)$$

☐ Other

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

[illegible]

City

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Phone

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● Web Page URL:

☐ Annual Report ☐ SWMP Plan ☐ Comments

www.schodack.org/planning-and-

[illegible][illegible]

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 SCHODACK

SPDES ID

N	Y	R	2	0	A	0	0	3
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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.

0	5
---	---

 /

0	6
---	---

 /

2	0	2	2
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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 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	4
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 /

1	8
---	---

 /

2	0	2	2
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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	2	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 SCHODACK

SPDES ID

N	Y	R	2	0	A	0	0	3
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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?

3	1	5	6
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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).

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

2	0	2	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 SCHODACK
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SPDES ID							
N	Y	R	2	0	A	0	0 3

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:			4	9	#	1	0	0	%
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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
- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Parking Lot Maintenance
- Printing
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops

☒ Other: ☐ None

O	u	t	f	a	l	s		w	i	t	h	i	n		T	o	w	n		A	r	e	a		#	2				
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- Sewersheds:

[illegible]

MS4 Annual Report Form

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.

Name of MS4/Coalition	TOWN OF SCHODACK

SPDES ID

N	Y	R	2	0	A	0	0	3
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3.b.What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer
 - ☐ Cross Connections
 - ☐ Failing Septic Systems
 - ☐ Floor Drains Connected To Storm Sewers
 - ☒ Illegal Dumping
 - ☐ Other:
 - ☐ Industrial Connections
 - ☐ Inflow/Infiltration
 - ☐ Pump Station Failure
 - ☐ Sanitary Sewer Overflows
 - ☐ Straight Pipe Sewer Discharges
 - ☐ None

[illegible]

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

		0
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5. How many illicit discharges have been confirmed during this reporting period?

		0
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6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		0
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7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

1	0	0	9
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8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☐ Yes ☒ No

If Yes, provide URL(s):

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

URL

[illegible][illegible][illegible]

URL

[illegible][illegible][illegible]

MS4 Annual Report Form

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

N	Y	R	2	0	A	0	0	3
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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

[illegible]

URL

[illegible]

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[illegible]

URL

[illegible]

URL

[illegible]

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 | % |
|---|---|---|---|

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 SCHODACK

SPDES ID

N	Y	R	2	0	A	0	0	3
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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.

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).

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

		1	8
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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).

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.

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 SCHODACK

SPDES ID

N	Y	R	2	0	A	0	0	3
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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?

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

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

<input checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>2</td></tr></table>					2	<input type="radio"/> No Authority
				2				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>1</td></tr></table>					1	<input type="radio"/> No Authority
				1				
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input checked="" type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	
				0				
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input checked="" type="radio"/> No Authority

MS4 Annual Report Form

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

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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 SCHODACK

SPDES ID

N	Y	R	2	0	A	0	0	3
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

--	--	--

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

		0
--	--	---

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

	1	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,

0	2	2	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 SCHODACK

SPDES ID

N	Y	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?

	6	3	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).

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.

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 SCHODACK

SPDES ID

N	Y	R	2	0	A	0	0	3
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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?

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

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?

☒ Yes ☐ No

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

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

☒ Other:

C o n s u l t a n t R e v i e w s o f p r o p o s e d

MS4 Annual Report Form

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

2	0	2	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 SCHODACK

SPDES ID

N	Y	R	2	0	A	0	0	3
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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?

		0
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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	1
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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 SCHODACK

SPDES ID

N	Y	R	2	0	A	0	0	3
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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.

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)

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

		1	2
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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).

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.

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 SCHODACK									
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SPDES ID

N	Y	R	2	0	A	0	0	3
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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>
Street Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Municipal Building.....	<input 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 checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

MS4 Annual Report Form

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

2	0	2	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 SCHODACK

SPDES ID

N	Y	R	2	0	A	0	0	3
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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

			1	9
--	--	--	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

		1	8	1
--	--	---	---	---
- ☐ 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?

				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 and departments receive stormwater management training?

1	0	0	%
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MS4 Annual Report Form

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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.

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
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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).

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

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Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

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

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies? ☐ Yes ☐ No ☒ N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? ☐ Yes ☐ No ☒ N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.

--	--	--

 %

Estimate what percentage was mapped in this reporting period.

--	--	--

 %

MS4 Annual Report Form

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N	Y	R	2	0	A	0	0	3
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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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N	Y	R	2	0	A	0	0	3
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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