



**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2016

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

SPDES ID  
N Y R 2 0 A







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

MCC form for period ending March 9, 2 0 1 6

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 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

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

MCC form for period ending March 9, 2 0 1 6

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

Partner/Coalition Name (cont.) SPDES Partner ID - If applicable  
N Y R 2 0

Address

City State Zip

eMail

Phone ( ) -

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
MM2
MM3
MM4
MM5
MM6

Additional tasks/responsibilities

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

Empty text box for additional information.

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

MCC form for period ending March 9, 2 0 1 6

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 D E N N I S MI Last Name D O W D S

Title (Clearly print title of individual signing report) T O W N S U P E R V I S O R

Signature [Handwritten Signature]

Date 0 5 / 1 7 / 2 0 1 6

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

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









**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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
---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	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.**

Educational materials will continue to be displayed and distributed with building permits, sewer & water bills. Add stormwater webpage links to further public education. Post the annual report on the Town's stormwater webpage. Develop a new stormwater brochure to educate the public of the Town's stormwater webpage and hot line.

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

Direct mailings and handouts of educational material increased over 2015 year reporting by approximately 70%. Stormwater webpage links to the USEPA stormwater home page (<https://www.epa.gov/npdes>) and the Center for Watershed Protection link was added.

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

3	0	3	8
---	---	---	---

(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).**

The Annual Report will be posted on the Town's stormwater webpage. The direct mailings and handouts will continue, all stormwater program associated departments will attempt to increase direct hand outs of educational material. Efforts will be made to increase public awareness of the Town's stormwater webpage through direct mailings.

### MS4 Annual Report Form

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

2	0	1	6
---	---	---	---

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
---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID  

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

### 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 

--	--	--	--
- Comments on SWMP Received # Comments 

--	--	--	--
- Community Hotlines Phone # ( 

5	1	8
---	---	---

 ) 

4	7	7
---	---	---

 - 

7	9	3	8
---	---	---	---
- Phone # ( 

--	--	--

 ) 

--	--	--

 - 

--	--	--

Phone # ( 

--	--	--

 ) 

--	--	--

 - 

--	--	--
- Phone # ( 

--	--	--

 ) 

--	--	--

 - 

--	--	--

Phone # ( 

--	--	--

 ) 

--	--	--

 - 

--	--	--
- Phone # ( 

--	--	--

 ) 

--	--	--

 - 

--	--	--

Phone # ( 

--	--	--

 ) 

--	--	--

 - 

--	--	--
- Phone # ( 

--	--	--

 ) 

--	--	--

 - 

--	--	--

Phone # ( 

--	--	--

 ) 

--	--	--

 - 

--	--	--
- Community Meetings # Attendees 

--	--	--	--
- Plantings Sq. Ft. 

--	--	--	--
- Storm Drain Markings # Drains 

--	--	--	--
- Stakeholder Meetings # Attendees 

--	--	--	--
- Volunteer Monitoring # Events 

--	--	--	--
- Other: 

T	O	W	N		B	O	A	R	D		M	T	G		F	O	R		A	N	N	U	A	L		R	P	T
---	---	---	---	--	---	---	---	---	---	--	---	---	---	--	---	---	---	--	---	---	---	---	---	---	--	---	---	---

**2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?**  Yes  No

- List-Serve # In List 

--	--	--	--
- Newspaper Advertising # Days Run 

			1
--	--	--	---
- TV/Radio Notices # Days Run 

--	--	--	--
- Other: 

T	O	W	N		H	A	L	L		P	O	S	T	I	N	G		B	O	A	R	D						
---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--

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	1	6
---	---	---	---

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
---	---	---	---	---	---	---	---	---

**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	2	/	0	1	6	
---	---	---	---	---	---	---	---	---	--

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

	1	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	5	/	1	6	/	2	0	1	6
---	---	---	---	---	---	---	---	---	---

If No, is one planned?

Yes  No

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

Yes  No

If No, is one planned for each?

Yes  No

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

Yes  No

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

**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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
---	---	---	---	---	---	---	---	---

**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.**

Post the draft annual report on the Town's stormwater webpage. Present the draft annual report to the Town Board and open for public comment. Post the final annual report on the Town's stormwater web page replacing the draft. Identify volunteer groups to collect roadside debris and document their actions.

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

The Draft annual report was posted to the Town's stormwater webpage for 10 days. The draft report was presented to the Town Board and opened for public comment. The final report was posted to the website.

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

			3
--	--	--	---

(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).**

The Draft annual report will be posted to the Town's stormwater webpage for 10 days  
 The Draft report will be presented to the Town Board and then opened for public comment.  
 The final report will be posted to the Town's stormwater webpage.  
 Direct mailings will include information on the town's stormwater webpage







**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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
---	---	---	---	---	---	---	---	---

**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.**

The Town DPW will indicate on the Town's outfall and facilities map the location of spills and illegal dumping to track locations of illegal dumping and increase observations and postings in an effort to reduce illegal dumping. The Town Designated Engineer (TDE) will updated the map with this information. Continuing education/training will include viewing the stormwater related videos and webinars that may be available.

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

The Town DPW marked up a map showing the locations of illegal dumping for the reporting years of 2014 and 2015. The TDE produced a new map showing the locations of the past dump sites. Transfer Station staff watched two stormwater related videos "Stormwater Pollution Prevention" and "Green Infrastructure". "No Dumping" signs were posted, but residences reported signs acting as advertisements to dump here.

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

			4
--	--	--	---

(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).**

Town DPW will increase observation of past illegal dump sites to discourage dumping. The Town will continue oversight of efforts by the facility owner to resolve the one reported illicit discharge in the Town Center shopping area. The Town will seek a grant to fund the mapping of septic systems in the Town within the Kinderhook Watershed.

**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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
---	---	---	---	---	---	---	---	---

**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

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

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

How many MS4s contributed to this report? 

--	--	--

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

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

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

09/2004  03/2006  NT

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

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

		4
--	--	---

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

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

		0
--	--	---

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

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

- |  |   |   |   |  |   |   |  |   |                                    |
|--|---|---|---|--|---|---|--|---|------------------------------------|
| <input checked="" type="radio"/> Notices of Violation  | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">5</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table> |   |  |   | 5 |  | 0 | <input type="radio"/> No Authority |
|  |   |   | 5 |  | 0 |   |  |   |                                    |
| <input type="radio"/> Stop Work Orders                 | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>   |   |  |   |   |  |   | <input type="radio"/> No Authority |
|  |   |   |   |  |   |   |  |   |                                    |
| <input type="radio"/> Criminal Actions                 | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>   |   |  |   |   |  |   | <input type="radio"/> No Authority |
|  |   |   |   |  |   |   |  |   |                                    |
| <input type="radio"/> Termination of Contracts         | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>   |   |  |   |   |  |   | <input type="radio"/> No Authority |
|  |   |   |   |  |   |   |  |   |                                    |
| <input type="radio"/> Administrative Fines             | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>   |   |  |   |   |  |   | <input type="radio"/> No Authority |
|  |   |   |   |  |   |   |  |   |                                    |
| <input type="radio"/> Civil Penalties                  | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>   |   |  |   |   |  |   | <input type="radio"/> No Authority |
|  |   |   |   |  |   |   |  |   |                                    |
| <input type="radio"/> Administrative Orders            | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>   |   |  |   |   |  |   | <input type="radio"/> No Authority |
|  |   |   |   |  |   |   |  |   |                                    |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>   |   |  |   |   |  |   | <input type="radio"/> No Authority |
|  |   |   |   |  |   |   |  |   |                                    |
| <input type="radio"/> Other                            | # | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>   |   |  |   |   |  |   | <input type="radio"/> No Authority |
|  |   |   |   |  |   |   |  |   |                                    |

**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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
---	---	---	---	---	---	---	---	---

**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? 

		3
--	--	---
  
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		7
--	--	---
  
  3. What percent of active construction sites were inspected during this reporting period?  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, 2016

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

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

P L A N N I N G D E P A R T M E N T

Address

3 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

N Y

Zip

1 2 0 6 3 -

Phone

( 5 1 8 ) 4 7 7 - 7 9 3 8

Library

Address

City

Zip

-

Phone

( ) -

Other

Address

City

Zip

-

Phone

( ) -

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

URL

URL

**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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
---	---	---	---	---	---	---	---	---

**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.**

The Town will hold a meeting with Operators of construction sites to review their site erosion and sediment controls and implementation of recommended actions per their Qualified Inspector's reports. The Town will develop a list of active construction sites and record the Trained Contractor's name, and date of certification to ensure that Operators meet the requirements

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

While Trained Contractor Certification cards were obtained at pre-construction meetings, a list was not developed. The Town Stormwater Management Officer (SMO) and the Town Designated Engineer (TDE) reviewed three construction sites by meeting with Contractors who were issued inspection reports with numerous repeat corrective actions noted by the Qualified Inspectors. Actions and duty to implement and complete actions were reviewed with the Contractors.

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

			4
--	--	--	---

*(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).**

The SMO with the assistance of the TDE will hold pre-construction meetings with the Owner/Operator/Contractors/SWPPP Qualified Inspectors and Design Engineers for 100% of sites with pending construction. The SMO will obtain copies of the Trained Contractor certification cards for 100% of construction sites with pending construction.

**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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
---	---	---	---	---	---	---	---	---

**Minimum Control Measure 5. Post-Construction Stormwater Management**

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

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

How many MS4s contributed to this report? 

--	--	--

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

	# Inventoried	# Inspections	# Times Maintained									
<input type="radio"/> Alternative Practices	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input checked="" type="radio"/> Filter Systems	<table border="1"><tr><td> </td><td> </td><td>2</td></tr></table>			2	<table border="1"><tr><td> </td><td> </td><td>2</td></tr></table>			2	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
		2										
		2										
<input checked="" type="radio"/> Infiltration Basins	<table border="1"><tr><td> </td><td> </td><td>3</td></tr></table>			3	<table border="1"><tr><td> </td><td> </td><td>3</td></tr></table>			3	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
		3										
		3										
<input checked="" type="radio"/> Open Channels	<table border="1"><tr><td> </td><td> </td><td>9</td></tr></table>			9	<table border="1"><tr><td> </td><td> </td><td>9</td></tr></table>			9	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
		9										
		9										
<input checked="" type="radio"/> Ponds	<table border="1"><tr><td> </td><td>1</td><td>1</td></tr></table>		1	1	<table border="1"><tr><td> </td><td>1</td><td>1</td></tr></table>		1	1	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
	1	1										
	1	1										
<input type="radio"/> Wetlands	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Other	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			

**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:

M	U	N	I	C	I	P	A	L		E	N	G	I	N	E	E	R	I	N	G		R	E	V	I	E	W	S
---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---

**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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
--	--	---

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? 

		0
--	--	---

 %

**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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
---	---	---	---	---	---	---	---	---

**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.**

Stormwater management practices in the Town will be inspected, reports & notice letters will be issued to facility operators and the results tracked in a spreadsheet. The tracking spreadsheet will be reviewed for the trend in first time satisfactory stormwater management facilities inspection results to determine if additional goals for the coming year should be undertaken to increase operator's maintenance and subsequent first time satisfactory inspection results.

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

The Town with the assistance of the Town Designated Engineer (TDE) inspected storm water management facilities, prepared inspection & required maintenance reports and issued notice to operators to take corrective actions and met with Homeowner Associations to review required maintenance. Inspections and results were entered into a tracking worksheet and results were reviewed.

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

		2	2
--	--	---	---

(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).**

The Town mid-year will issue maintenance reminders to storm water management facilities of their duty to maintain facilities and of the upcoming Town annual inspections. The Town will review storm water management facilities for proper signs per the NYS Stormwater Management Design Manual Chapter 3 Section 3.5 and issue notice to operators of facilities without signs of the requirement to install the required signs.

**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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
---	---	---	---	---	---	---	---	---

**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

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

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

How many MS4s contributed to this report? 

--	--	--

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Right of Way Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" 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,

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

Name of MS4/Coalition  SPDES ID

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres
  - Streets Swept (Number of miles X Number of times swept) # Miles
  - Catch Basins Inspected and Cleaned Where Necessary #
  - Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #
  - Phosphorus Applied In Chemical Fertilizer # Lbs.
  - Nitrogen Applied In Chemical Fertilizer # Lbs.
  - Pesticide/Herbicide Applied # Acres
- (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

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

/   /

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

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

%

**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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
---	---	---	---	---	---	---	---	---

**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

The Town will sweep Town roads and parking lots of deposited sediment. Town owned catch basins will be cleaned of sediment and debris. The DPW will develop a budget and implementation plan for the construction of a covered fueling area at the DPW facilities. The SMO and TDE will perform a facilities self assessment.

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

The Town DPW has swept 2 acres of parking lots and 46.7 miles of roads collecting approximately 85 cubic yards of sediment. The DPW with the Stormwater Management Officer and the Town Designated Engineer developed a program and associated budget to provide a new fueling station with a canopy and above ground storage tanks, replacing the aged uncovered fueling area and storage tanks that are reaching the end of their service life.

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

	1	3	4
--	---	---	---

*(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).**

The Town with the assistance of the Town Designated Engineer will perform a facilities self assessment of Town facilities and review results and develop action items for addressing any issues that may be realized. The Town will continue it's program of street and parking lot sweeping and cleaning of catch basins.

### MS4 Annual Report Form

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

2	0	1	6
---	---	---	---

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
---	---	---	---	---	---	---	---	---

### Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report? 

--	--	--

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

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

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

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

If N/A, go to question 3.

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

--	--	--

 %

Estimate what percentage was mapped in this reporting period. 

--	--	--

 %

**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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? 

		0
--	--	---

 %

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? 

		0
--	--	---

7c. What percent of the projects included in 7b have been completed in this reporting period? 

--	--	--

 %

7d. What percent of projects planned in previous years have been completed? 

--	--	--

 %

No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?  Yes  No  N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?  Yes  No  N/A

**MS4 Annual Report Form**

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

2	0	1	6
---	---	---	---

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
---	---	---	---	---	---	---	---	---

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