

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 4

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

SPI	DES	ID		12				
N	Y	R	2	0	A	1	9	1

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Nan	ne (of IV	184																				
T	0	W	n	0	f	N	0	r	t	h	G	r	е	е	n	b	u	s	h				

OR

This report is being submitted on behalf of a Single Entity

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

N Y R 2 0 A

0 A

SPDES ID

NYR2

Name	of Sin	gle E	ntity											

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.

SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID

Y R 2 0 A

0 A

NYR

SPDES ID

NYR2

2

0 A

0 A

NYR

SPDES ID

N

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 4

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

SPDES ID	SPDES	ID	SPDES ID
NYR20A		R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES		SPDES ID
N Y R 2 0 A		R 2 0 A	N Y R 2 O A
SPDES ID	SPDES	ID	SPDES ID
N Y R 2 0 A	N Y	R 2 0 A	N Y R 2 O A
SPDES ID	SPDES	ID	SPDES ID
N Y R 2 0 A	NY	R 2 0 A	N Y R 2 O A
SPDES ID	SPDES	ID	SPDES ID
N Y R 2 0 A	N Y	R 2 0 A	N Y R 2 O A
SPDES ID	SPDES	ID	SPDES ID
N Y R 2 0 A	N Y	R 2 0 A	N Y R 2 O A
SPDES ID	SPDES I	ID	SPDES ID
N Y R 2 0 A	N Y	R 2 0 A	N Y R 2 O A
SPDES ID	SPDES I	D	SPDES ID
N Y R 2 0 A	N Y	R 2 0 A	N Y R 2 O A
SPDES ID	SPDES I	D	SPDES ID
N Y R 2 0 A	N Y I	R 2 0 A	NYR20A
SPDES ID	SPDES I	D	SPDES ID
N Y R 2 0 A	N Y I	R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES I	D	SPDES ID
N Y R 2 0 A	N Y I	R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES I	D	SPDES ID
N Y R 2 0 A	N Y F	R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES II	D	SPDES ID
N Y R 2 0 A	N Y F	R 2 0 A	N Y R 2 O A
SPDES ID	SPDES II	D	SPDES ID
N Y R 2 0 A	N Y F	2 0 A	N Y R 2 O A
SPDES ID	SPDES II	D	SPDES ID
N Y R 2 0 A	N Y F	2 2 0 A	N Y R 2 O A
SPDES ID	SPDES II	D	SPDES ID
N Y R 2 0 A	N Y R	2 2 0 A	N Y R 2 O A
SPDES ID	SPDES II)	SPDES ID
N Y R 2 0 A	N Y R	2 0 A	N Y R 2 O A
SPDES ID	SPDES II		SPDES ID
N Y R 2 0 A	N Y R	2 0 A	N Y R 2 0 A

MCC form for period ending March 9, 2 0 1 4

	7	SPL	DES ID)					
Name of MS4 Town of North Greenbush		N	YR	2	0	A	1	9	1
Each MS4 must submit an MCC form.									
Section 1 - MCC Identification Page									
Indicate whether this MCC form is being submitted to certify endorseme	nt or ac	cept	tance	of:					
 An Annual Report for a single MS4 									
○ A Single Entity (Per Part II.E of GP-0-10-002)									
O A Joint Report									
Joint reports may be submitted by permittees with legally be a lif Joint Report, enter coalition name:	oinding	agr	eeme	nts.					
11 Joint Report, enter coamon name:									_
		T			\exists	\mp	=	1	F

MCC form for period ending March 9, 2 0 1 4

	SPI	DES	ID						
Name of MS4 Town of North Greenbush	N	Y	R	2	0	A	1	9	1

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

1 11 3	st N	ame									25				8	MI		Las	t Na	ame										
A	1	s	0	n												J		S	р	a	i	n								
Titl	e																												27 400 100	
Т	0	w	n		S	u	р	е	r	v	i	s	0	r																
Add	dres	S																	-											
2		D	0	u	g	1	a	s		S	t	r	е	е	t															
City	y																			S	tate		Zip							
_	-		_																	S	iaic	,	211	,						
W	У	n	a	n	t	s	k	i	1	1												Y	1	2	1	9	8	_		
_	У	n	а	n	t	S	k	i	1	1														T	1	9	8	_		
W	У	n a	a	n n	t @	s	k o	i	1 n	0	f	n	g		С	0	m							T	1	9	8] -		
W eMa	y ail p										f	n	g	•	С	0		Cou	nty	ı				T	1	9	8] -		

MCC form for period ending March 9, 2014

				SPI		ш						
Name of MS4 Town	of	North	Greenbush	N	Y	R	2	0	A	1	9	1

Section 2 - Contact Information

Provide contact information for all of the following contacts:

- 1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
- 3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 4. Report Preparer (Consultants may provide company name in the space provided).

Submit a separate sheet for each contact.

For each contact, select all that apply:

- O Signatory Authority (choose one of the following)
 - O Executive Officer or Ranking Elected Official
 - O Duly Authorized Representative
- Local Stormwater Public Contact
- © Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

First Name	MI Last Name T, Path;
	2, Patt,
Title Utilities Inspec	707
Address 2 Douglas Street	
City	State Zip
Wynantskill	NY 12198-
eMail	

MCC form for period ending March 9 2014

	SPDES ID
Name of MS4 Town of North Grandush	N Y R 2 0 A / 9 !
Section 2 - Contact Information	
Provide contact information for all of the following co	ontacts:
 The Principal Executive Officer, Chief Elected Off GP-0-08-002 Part VI.J). 	icial or other qualified individual (per
2. The Local Stormwater Public Contact (required pe	r GP-0-08-002 Part VII.A.2.c.).
3. The Stormwater Management Program (SWMP) C coordination/implementation of SWMP).	coordinator (Individual responsible for
4. Report Preparer (Consultants may provide compan	y name in the space provided).
Submit a separate sheet for each contact.	
For each contact, select all that apply:	
O Signatory Authority (choose one of the following)	
 Executive Officer or Ranking Elected Official Duly Authorized Representative 	
O Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinator	100
© Report Preparer	
First Name MI	Last Name
michaell	Miner
Title	
Building Inspector	
Address	
2000 ugl kis istreett I	
City	State Zip
Wynantskill	NY 12198-
eMail	
miner@townofngocon	
Phone (5 2 2 2 2 2 4	County
	The state of the s

MCC form for period ending March 9, 2 0 1 4

																				-		S	PDE	ES II)					
Name of	of M	1S4	To	wn o	f Nor	th C	reen	bush														1	1 7	F	2 2	2 () Z	A]	L	1
Section	on 3	3 -	Pa	rtı	ıer	Iı	ıfo	rm	at	ion	ì																			
Did you												cor	nnla	ete	son	ne c	or al	ll n	err	nit r	•ean	iroı	nan	to d		201	hio	# 0#	~4:	
period?						1						001	pr		301		ла	пр	C11.	1111 1	cqu	11 61	пеп	is u	um		.ms			ng) No
If Yes,	com	ple	ete i	info	rm	ati	on l	oelo	ow.																		0.	.03) NO
Sub	mit	a s	epa	rate	e sh	eet	for	r ea	ch	par	tne	r. Iı	nfoi	ma	itio	n p	rov	rid	ed	in (othe	r fo	orm	ats	wil	1 n	ot l	e)e		
acce	epte	1. 1	t yo	our	MS	4	000	per	ate	d w	ith	a c	oal	tio	n, s	sub	mit	01	ne i	she	et w	rith	the	na	me	of	the	2		
coal	11101	n. I	t is	not	ne	ces	ssar	y to	in o	clu	de a	a se	epai	ate	sh	eet	for	ea	ach	M	S4 i	n t	he o	coal	itic	n.				
If No, p	огос	eea	to	Sec	2110	n 4	- (ert	1110	atio	on S	Stat	tem	ent	•															
Partner/C	Coalit	ion	Nan	ne					,																					
R e r	ı s	s	е	1	a	е	r		C	0	u	n	t	У															T	
Partner/C	Coalit	ion	Nar	ne (con'	t.)					_											SF	DE	S Pa	rtne	r II) - I	fan	nlic	able
																						N		R	2	0		T up		
Address															_															
N e d	l	P	a	t	t	i	s	0	n		C	е	n	t	е	r											Т		Т	
City									-									S	Stat	e	Zip	,		1						
Trc	У																	1 [N	Y	1	2	1	8	0	_				
eMail											-							J L												
Phone																												_		
(5 1	. 8)	2	7	0	_	2	9	1	4							Le	gal th (ly F 7P-	3ind 0-08	ing 2 3-002	Agr	eem	ent i	n ac		rdan Y		\circ	No
What to	1.0/-			- '1	11.4.			1																						
What tas	SKS/1	esp	on	SID	lliti	es	are	sha	irec	l Wi	th 1	this	pa	rtne	er (e.g	. M	M	1 5	Scho	ool	Pro	gra	ms	or	Μι	ılti	ple	Tas	sks)?
• MM1																					T									
• > 0 / 0													_	_					_	_										
• MM2																														
MM3																														
\cap MM4		-			\exists			_			+	_	_	<u> </u>						1				_	_	_				
O MM4																														
• MM5																														
O MM6		T			T				\exists	+	_	\pm		+	+	$\frac{1}{1}$	_								_				_	
- 111110																														
Addition	al ta	sk	s/re	spo	nsi	bil	itie	S																						
Wate	ershershe	ed i	<i>Imp</i>	orov lud	em	eni in (t Sti GP-	rate	egy 18-(<i>Bes</i>	st N Pai	1an	iage X.	eme	ent	Pro	acti	ice.	s re	equ	ired	fo	r M	S4s	s in	im	ıpa	ired	l	
																		_					_							

MCC form for period ending March 9, 2 0 1 4

	_ SPI	DES	ID						
Name of MS4 Town of North Greenbush	N	Y	R	2	0	A	1	9	1

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 A 1 s o n	MI J	Last Name S p a i n
Title (Clearly print title of individual signing report) Town Supervise rvissor		
Signature Alson J. Lynem, J.		Date 0 8 / 1 8 / 1 4

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

This report is being submitted for the reporting period ending March 9, 2 0 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID 14

Name of MS4/Coalitic	Town	of Nor	th Gree	enbush	Ď.											N .	Y]	R	2	0	А	1	9	1
					W	ate	er (Qua	ılit	<u>y T</u>	ren	ıds												
The information in t	his sec	ction i	s bei	no re	enor	ted	(ch	eck (nne)															
On behalf of an inOn behalf of a coaHow many M	dividu alition	al MS	54																					
1. Has this MS4/0 related to story One.	Coalit mwate	tion p er? If	orod f not	uceo	d ar swe	ıy r er N	epo lo a	orts and	do pro	ceed	ent d to	ing Mi	wa nir	iter nui	գլ m (ıali Con	ty 1	tre	/lea	asu	ıre Yes		01	N.O.
If Yes, choose one or	f the fo	ollowi	ng																		103		01	VO
Report(s) attached	to the	annua	al rep	ort																				
Web Page(s) where	e repo	rt(s) i	s/are	prov	ide	d be	elow	,																
Please pro	vide s	pecif	ic ad	ldres	s of	pa	ge v	whe	re r	epor	t(s)	car	ı be	e ac	ces	sec	l - 1	ot	ho	me	pa	ge.	į	
URL						T		1																
																								٦
URL								_	_			1	1		_							_		
			-						+	_	1													
				+				_			_													
URL							T		\top		T									_	_	_	_	_
	++						-	1	+	+	+								_	_	_	_	\downarrow	_
			+	+			+	+	+	+	<u> </u>									<u></u>	-	_	_	
URL																								
ORL									1	T	Π										1	T-	_	7
						+	+														+	+	+	
						-		+		+			-	1	_					<u> </u>	-	_	+	1

This report is being submitted for the reporting period ending March 9, 2 0 1 4

	SPDES ID
Name of MS4/Coalition Town of North Greenbush	N Y R 2 0 A 1 9 1
Minimum Control Measure 1. Public Ed	lucation and Outreach
The information in this section is being reported (check one):	
On behalf of an individual MS4On behalf of a coalition	
How many MS4s contributed to this report?	
1. Targeted Public Education and Outreach Best Managem	ent Practices
Check all topics that were included in Education and Outreach d	luring this reporting period:
• Construction Sites	Pesticide and Fertilizer Application
 General Stormwater Management Information 	O Pet Waste Management
O Household Hazardous Waste Disposal	Recycling
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
Infrastructure Maintenance	Trash Management
○ Smart Growth	Vehicle Washing
Storm Drain Marking	O Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	• Wetland Protection
Other:	O None
2. Specific audiences targeted during this reporting period:	
Public Employees • Contractors	
Residential Developers	
O Businesses	
Restaurants O Industries	
Other: O Agricultural	
Other	

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

																							S	PDI	ES I	D.		. 01	WILL.		
Nam	e of	MS	4/C	oali	tion	Tov	vn oi	f Noi	th G	reenl	oush		_										N	1	Y :	R 2	0	A	. 1	9	1
3.	Wh this	at s re	str poi	ate; rtin	gies g p	s di peri	id y iod	ou? C	r M	1S 4	/C	oal hat	itio ap	n ι ply	ıse :	to	ach	iev	⁄e e	du	cati	on	and	d o	utı	reac	h g	oal	s di	uri	ng
\circ C	onst	ruc	tior	Si	te C)pe	rato	rs	Гrаi	nec	l													#	Tra	ined		T		T	
\circ D	irec	t M	aili	ngs																				# N	1ail	ings		T	+		
• K	iosk	S OI	r Ot	her	Di	spla	ıys																#	Ł Lc	cat	ions					2
O Li	st-S	erv	es																					#	! In	List		\vdash			
\circ M	ailii	ng I	List																					#	In	List		\vdash			
\circ No	ewsj	pap	er A	Ads	or .	Art	icle	S															#	Da	ıys l	Run			\vdash		
• Pu	ıblic	E	vent	s/P	rese	enta	tior	ıs															#	Atı	tenc	lees			3	0	0
\circ Sc	hoo	l Pı	ogr	am																			#	Att	enc	lees					
\circ TV	/ Sp	oot/]	Pro	grai	n																		#	Da	ys F	Run					
• Pr																					Τ	otal	# L)ist	ribu	ited			1	0	0
	N	atio	r (e.g. l	ibra h	ries	, tow	n of	e	s, ki e	osks n	b	u	s	h				T												
	2		D	0	u	g	1	a	s		S	t	r	е	е	t															
	W	У	n	a	n	t	s	k	i	1	1	,		1	2	1	9	8							ń						
	В	u	i	1	d	i	n	g		D	е	p	t																		
• Otl	ner:											_																			
	N	G		L	i	b	r	a	r	У																					
○ We		age	:	Pro	ovid	le s	pec	ific	we	b a	ddre	esse	s -	not	hor	me	pag	e.	Cor	itini	ie o	n ne	ext	pag	ge i	f add	itio	nal	spa	ice i	IS
UR	L																			T											
																			_								+	_	+	+	=
																			<u> </u>								+	+	+	\pm	\exists
UR	L											I																			
																											T	\dagger	寸	\top	
	1																										T		-		一

This report is being submitted for the reporting period ending March 9, 2 0 1 4

					Г															_			S	PD	ES	ID						
Vame	e of	MS4	l/Co	alit	ion	Tov	vn of	Nor	th G	reenl	oush													N	Y	R	2	0	A	1	9	1
3. V	Wel	o Pa	ige	COI	n't.:		P	rov	⁄ide	sp	eci	fic	we	b ac	ddr	ess	es -	no	ot h	ome	e pa	age	·.									-
																								T								
												1	T	Ť	T	1	T	T	Ť		t	+	1	\pm								_
			T	T	T	T	1		+	T	t	\dagger	1		\dagger	\dagger	+	+	+	+	+	+	+	+	1							
UF	RL.																															
																		T						T		T						_
					T	T	T	1	T	T	T	+	T	\dagger	\dagger	$^{+}$		+	+		$^{+}$	+	+	+	+	_						_
						 	\dagger	\dagger	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			=		
UR	I			1																												
						T			T	T	T	T		T	T	T					Τ	T	T	T	T	1						_
						1	t	+	\dagger		t	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		_	\dashv	_	
F						_		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		4	_		_
L																																
UR	L					1		T		T	Т			Т	T	T	T	T	_	_	1	T	_	1	_			_				
	1						_	_	<u> </u>	+	-	+	+	<u> </u>		-	+	+	1	_		1	+	-	_			1	1	_	_	
							<u> </u>	_		-	_		<u> </u>	_	_		-		_				1		1							
URI											Т	T	T -		1		_	T		_	1	_			_							
_	<u> </u>																															
URL	, 			- 1															,													_
																															T	٦
																	-								T	T	T	T		Ť	Ť	
URL																																_
																									-	+		+	\dagger	+	+	7
			T			1														1					-	+	+	+	+	+	+	\dashv

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

SPDES ID

Name of MS4/Coalition Town of North Greenbush	N Y R 2 0 A 1 9 1
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.	achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
The Building and Highway departments continue to educate individual contractors and developers through informational handouts distribution which creates a soil disturbance. In addition, staff provided regulations, staff provided regulations, staff provided regulations.	outed with each building permit
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
Contractors are now aware of stormwater practices and soil erosic trained person on site.	on control practices and have a
C. How many times was this observation measured or evaluate	ed in this reporting period?
D. Has your MS4 made progress toward this Measurable Goal	(ex.: samples/participants/even
20 2200 your MISA made progress toward this Measurable Goal	• Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in th	
F. Briefly summarize the stormwater activities planned to mee the next reporting cycle (including an implementation sched	et the goals of this MCM during dule).
We plan to have an informational table again this coming Septemb	per.

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

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Town of North Greenbush Name of MS4/Coalition Y R 2 0 A 1 1 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 1 Comments on SWMP Received #Comments 0 O Community Hotlines Phone # Community Meetings # Attendees 3 0 Plantings Sq. Ft. Storm Drain Markings #Drains Stakeholder Meetings # Attendees O Volunteer Monitoring # Events Other: 2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? Yes O No O List-Serve # In List O Newspaper Advertising # Days Run O TV/Radio Notices # Days Run lacktriangle Other: $t \mid o \mid w \mid n \mid o \mid f \mid n \mid g$

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

. This report is being submitted for the reporting period ending March 9, 2 0 1 4 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

ne of MS	64/Coa	lition	Tow	n of l	North	Gre	enbu	ısh												N	Y	R	2	0	A	1	9
URL(Please	s) con prov	ı't.: 'ide s	spec	eific	e ad	dr	ess	(es) w	hei	re ı	1oti	ice	(s) (can	be	ac	cess	sed	- n	ot l	hon	ne i	กลด	7e		
JRL			•											,		~ •			,		01,	1011	iic j	Pag	,		
												T											Π		Π		
			\pm				+	+	t	+	\dagger	÷	+		t	+	+	+		┢	<u> </u>		\vdash	H	-		_
+			+	+	+		-	1	+	+	+	+	+	+	+	_	+	+	_	_							
RL			_		_		_		_	_	_								,	,							
								T	T		T	T	T	T													
DI.													-														
RL								T	T	T			1	Т	T	T	T									Т	
			+	<u> </u>				-	_	_	+	_	+	+	_	_	-										
1			1																								
RL																											
																				7=3							_
			+							\vdash	 	<u> </u>		+	\vdash	_					\exists	\dashv	_	\dashv	+	\dashv	
	+++	+	+					<u> </u>		-	_		-	_	_	_	<u> </u>				4	_		_		\perp	
RL									,		,																
																				1		T	\exists	\forall	\exists	\forall	_
	11	\top				\exists							\vdash						7		_	\pm	+	+	\pm	\pm	
RL						Т						Ι						T			_						_
		_			+	4													_		_		_	_	_		
RL				-																							
																						\top	T			T	
			\Box	\dashv	\forall	\forall	+	\exists										+	+	+	+	+	+	+	+	+	\dashv
	++			+	+	+	+	_									_	_	_	+	+	+	\downarrow	\downarrow	_	_	4

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

																				2	PDE	22 1	D						
ne of MS	4/Co	aliti	on_																	I	1 2	Z F	2	2	0	A	1	9	-
URL(s) co	n't.	:																	-									
Please	pro	vid	e sr	oeci	fic	add	res	s(e	s) v	vhe	re	not	ice	s C:	an l	he :	200	222	ad .	- n	st h	om		200	~~				
URL								~(•	٠, ١				100	3	411	oc a	acc	C331	cu ·	- 11(JLII	OIII	ie į	Jaş	ge.				
																						T		T					
	\top			T		+	+	+	+	\dagger	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	_		_
++	+	+	<u> </u>			1	+	+	+	-	+	+	-	+	_	-	+	_	_	+	1		1	1					
RL																													
															T		T	T	T	T	T		T	1	\forall	7	\exists		_
					T	\forall		\dagger	+	$^{+}$	T		+	\pm	+	+	+	+	+	+	+	-	+	+	+	+	\dashv	\dashv	_
																							<u>L</u>				\perp	\perp	
RL										T		_	_	_	_	_	_	_		_		_	_	_					
++																													
																												T	
										T	Ť	T	T	T		T	T	T	+	T	T		t	+	\dagger	+	+	\pm	_
																			_										
EL .								Т	T	Т	T	1	T	1		_	_	Т	_	_		т—			_				
	-		_	_	_	_	+	+	_	_	_	_	_		1	_	_												
																								T	Ť	T	\dagger	\top	_
L	-										-																		
							T										Τ		Γ					T	T	T	\top	\top	
		+	\pm	\dashv	+	+	+	+	+	 	-	_	-	\vdash	+	1	-							+	+	+	+	4	
			+	+	_	+-	+	+	+	_	-			_	<u></u>										1				
L																													
																												T	
						Ī																		\vdash	+	+	+	\pm	=
		1	+	+		+	+		_																+	+	\pm		닠
																	1												
L							_	Т										,						,					
						_																							
																									T	Ī	T	Ť	Ĭ
			T	T		T								_											+	+	+	+	\exists
																							- 1						

Name of MS4/Coalition $\frac{\text{Town of North Greenbush}}{\text{Town of North Greenbush}}$

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

SPDES ID

N Y R 2 0 A 1 9 1

. W Pr	heros	ere era	ca m	n ti SW	he /M	pul P)	blio Pla	e ac	ces	SS C	opi	ies it	of t	this	ar	ınu	al	re	po	rt,	S	or	mv	vat	ter	· N	Iaı	naş	gei	me	nt			
Er	nte	r ac	ldr	ess	/co	nta	ict i	info	ar	id s	ele	ct r	adi	o b	utt	on	to	inc	lic	ate	w	hic	h d	oc	un	ne	nt i	is a	ava	aila	blo	e ai	nd	
MS ²	4/C	oal oart	itic	on (Offi	ice		,								outi							t					Pl					mn	nents
	В	u	i		d	i	. r	ı g		Γ) (p	t		•																		7	
	2	dres	D	0	u	9	1	a	5	3	S	t	r	: 6	9 6	e t	-				Ī			T				T	T				T	T
Γ	City W	У	n	a	n	t		k	i	. 1	. 1	T	T	<u> </u>	_		7		Γ,	NT	37		Zi	T	_	_		 					 -	
L	hc		11	u) V									╛		L	N	Y		-	L	2	1	9	3 0	3	-				
	(5	1	8)	2	8	3	_	2	7	1	4	:																				
Libra	ary	lres	S		_												•	An	nu	al :	Re	or	t	0	SI	WN	ЛP	Pla	an	() (Cor	nm	ents
	2 City	,	D	0	u	g	1	a	s		S	t	r	е	е	t																		
	W	У	n	a	n	t	s	k	i	1	1			T					ı	1	Y		Zi		2	1	9	8	3	_ [
P	ho			1	1.				1																					L				
	(5	1	8)	2	8	3	-	5	3	1	3																					
the A	r .dd	ress	3														•	An	nua	al I	Rep	ort		0	SV	VN	1P	Pla	n) (Con	ım	ents
		G		Н	i	g	h	W	a	У		D	е	р	t																			
	ity V		n	a	n	t	s	k	i	1	1						7		N	1 .	Y		Zir 1	T		1	9	8	٦.	_ [
Pl	hoi	T												1			_		L						_	_	_			L				
(5	1	8)	2	8	3	-	3	9	2	1																					
Veb :	Pa	ge l	UR	L:												(Anı	nua	ıl F	Rep	ort	() (SW	/M	P]	Pla	n) C	om	ıme	ents
W	V	W	W		t	0	W	n	0	f	n	g		С	0	m																		
																														T				
																														T		Ť		
P: Mail	lea	ise	pro	ovi	de s	spe	cifi	c a	ddr	ess	of	pag	ge v	vhe	ere	rep	or	t ca	an	be	ac	ces	sec	1 -	nc	ot l	101	ne	pa					
																		T	_						T	T			T	C	C	om	me	ents
	+	1	+	+	+	_												+	+						+	1				+	+	1	_	

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$

	SPI	DES ID					
Name of MS4/Coalition Town of North Greenbush	N	YR	2	0	A 1	9	1
4.a. If this report was made available on the internet, what da Leave blank if this report was not posted on the internet.	ote was it pe	osted?	9	/[1 4		
4.b. For how many days was/will this report be posted?						1	0
If submitting a report for single MS4, answer 5.a If submitti			ansv	ver	5.b		
5.a. Was an Annual Report public meeting held in this reporting If Yes, what was the date of the meeting?	ing period?	1		° /[Yes	•	No
If No, is one planned?				•	Yes	0	No
5.b. Was an Annual Report public meeting held for all MS4s of this reporting period?	contributin	g to th	is r		ort di Yes		ig No
If No, is one planned for each?					Yes		No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.				0	Yes	0	No

This report is being submitted for the reporting period ending March 9, 2 0 1 4

Name of MS4/Coalition Town of North Greenbush	N Y R 2 0 A 1 9 1
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward achie identified in your Stormwater Management Program Plan (SWMPP), it III.C.1. Submit additional pages as needed.	eving measurable goals ncluding requirements in Part
A. Briefly summarize the Measurable Goal identified in the SWM	PP in this reporting period.
Public hearing and annual report discussion planned for 9/11/14.	
B. Briefly summarize the observations that indicated the overall ef Goal.	ffectiveness of this Measurable
C. How many times was this observation measured or evaluated in	this reporting pariod?
v and the contract of the cont	1
D. Has your MS4 made progress toward this measurable goal during	(ex.: samples/participants/event
2. This your 14154 made progress toward this measurable goal during	ng this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SV	
E Duiofly system in the	• Yes O No
F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule).	e goals of this MCM during .
Stormwater retention ponds will be inspected in the Fall and the Spring	

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 & 4 \end{bmatrix}$

Name of MS4/Coalition Town of North Greenbush	N Y R 2 0 A 1 9 1
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 	
1. Enter the number and approx. percent	2 0 6 # 1 0 0 %
2. How many of these outfalls have been s reporting period (outfall reconnaissand	screened for dry weather discharges during this ce inventory)?
3.a. What types of generating sites/sewersh reporting period?	eds were targeted for inspection during this
O Auto Recyclers	○ Landscaping (Irrigation)
Building Maintenance	○ Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	 Parking Lot Maintenance
 Construction Vehicle Washouts 	O Printing
Cross-Connections	O Residential Carwashing
O Distribution Centers	Restaurants
O Food Processing Facilities	O Schools and Universities
 Garbage Truck Washouts 	Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	 Vehicle Maint./Repair Shops
Other: Junk Yard	O None
Sewersheds: M S 4 0 u t f a 1 1 s	

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

F											SP.	DES	ID					
Name of MS4/Coalition	Town of North Gr	reenbush									N	Y		2	0 7	1	. 9	1
3.b. What types of i	llicit discha	rges ha	ve b	een	foun	d du	ring	thi	s re	por	tin	g po	erio	d?				
O Broken Lines From					lustria					•	3.2							
O Cross Connections				Inf	low/I1	nfiltra	tion											
 Failing Septic Syste 	ems			Pu	mp St	ation	Fail	ure										
O Floor Drains Conne	cted To Storn	n Sewer	s (Sa	nitary	Sewe	er Ov	verfl	ows									
Illegal Dumping			C	Str	aight !	Pipe	Sewe	er D	isch	arge	es							
Other:				No														
4. How many illicit reporting period	t discharges I?	/potent	ial i	llega	ıl con	nect	ions	ha	ve b	een	de	teci	ted	duı	ring	this	S	6
5. How many illicit	t discharges	have b	een	conf	firme	d du	ring	thi	s re	por	tin	g p	erio	d?				6
6. How many illicit period?7. Has the storm se If No, approximate	wershed ma	apping	been	cor	nplet	ed in	this	s re	por	ting	y De	rio			• Y			
8. Is the above info Is this information If Yes, provide Ul Please provide spe	on available RL(s):	on the	web	?	nap(s) can	be a	acce	esse	d - 1	not	hon	ne p	(└ Yo Yo		• 1	
URL								_					- r					
			+		_		_			_	1	+	+	+	1			_
					+					-	+	_		_				4
URL																		
											T			Ī		T	1	
																		- 10

This report is being submitted for the reporting period ending March 9, 2 0 1 4

RL	URL(s) con't.: Please provide specific address of page where map(s) can	be acces						
Please provide specific address of page where map(s) can be accessed - not home page RL RL RL RL Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures be approved for all non-traditional MS4s contributing to this report? Yes, has every traditional MS4 contributing to this report certified that this law is quivalent to the NYS Model IDDE Law? Yes No Yes No	Please provide specific address of page where map(s) can	be acces	sed -	not	hon			
Please provide specific address of page where map(s) can be accessed - not home page RL RL RL RL Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures be approved for all non-traditional MS4s contributing to this report? Yes, has every traditional MS4 contributing to this report certified that this law is quivalent to the NYS Model IDDE Law? Yes No Yes No	Please provide specific address of page where map(s) can	be acces	sed -	not	hon			
RL RL RL RL Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures by approved for all non-traditional MS4s contributing to this report? • Yes • Yes • Yes • No • O Yes • No	RL	be acces	sed -	not	hon			
RL RL RL RL RL RL RL RL RL RI RI					41.011	ne p	age	
RL					ТТ			Т
RL					\perp			1
RL								
RL RL RL RL RL RL As an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures be approved for all non-traditional MS4s contributing to this report? Pyes Green the second of the second					T			Ť
RL RL RL RL RL RL RL RI RI RI								_
Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures by pproved for all non-traditional MS4s contributing to this report? Yes, has every traditional MS4 contributing to this report certified that this law is quivalent to the NYS Model IDDE Law? Yes No	<u>.</u>	1 1	ТТ					Т
Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures by pproved for all non-traditional MS4s contributing to this report? Yes, has every traditional MS4 contributing to this report certified that this law is quivalent to the NYS Model IDDE Law? Yes No								
Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures be approved for all non-traditional MS4s contributing to this report? • Yes • Yes • Yes • No • Yes • No								
Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures be approved for all non-traditional MS4s contributing to this report? Yes, has every traditional MS4 contributing to this report certified that this law is quivalent to the NYS Model IDDE Law? Yes No						$\overline{}$		Ť
Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures be approved for all non-traditional MS4s contributing to this report? Yes, has every traditional MS4 contributing to this report certified that this law is quivalent to the NYS Model IDDE Law? Yes No								
Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures be approved for all non-traditional MS4s contributing to this report? • Yes • Yes • Yes • No • Yes • No	<u>L</u>						_	_
Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures be approved for all non-traditional MS4s contributing to this report? • Yes • Yes • Yes • No • Yes • No								
Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures be approved for all non-traditional MS4s contributing to this report? • Yes • Yes • Yes • Yes • Yes • No • Yes • No								
Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures be approved for all non-traditional MS4s contributing to this report? • Yes • Yes • Yes • Yes • Yes • No • Yes • No						_	+	t
Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures be approved for all non-traditional MS4s contributing to this report? • Yes • Yes • Yes • No • Yes • No			1					
Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures be approved for all non-traditional MS4s contributing to this report? • Yes • Yes • Yes • Yes • No • Yes • No • Yes							_	_
Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures be approved for all non-traditional MS4s contributing to this report? • Yes • Yes • Yes • No • Yes • No • Yes								
Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures be approved for all non-traditional MS4s contributing to this report? • Yes • Yes • Yes • No • Yes • No • Yes								
Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures happroved for all non-traditional MS4s contributing to this report? • Yes • Yes • Yes • No • Yes • No • Yes						\pm	+	F
Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures happroved for all non-traditional MS4s contributing to this report? • Yes • Yes • Yes • No • Yes • No • Yes								
f Yes, has every traditional MS4 contributing to this report certified that this law is quivalent to the NYS Model IDDE Law?								
f Yes, has every traditional MS4 contributing to this report certified that this law is quivalent to the NYS Model IDDE Law?								
f Yes, has every traditional MS4 contributing to this report certified that this law is quivalent to the NYS Model IDDE Law?								
f Yes, has every traditional MS4 contributing to this report certified that this law is quivalent to the NYS Model IDDE Law?			\top			\mp	\pm	
f Yes, has every traditional MS4s contributing to this report certified that this law is quivalent to the NYS Model IDDE Law?								<u></u>
FYes, has every traditional MS4s contributing to this report? Yes Yes Yes Yes Yes Yes Yes Ye	as an IDDE law been adopted for each traditional MS4 an	nd/or ha	ve II	DDE	pro	oced	lure	5
quivalent to the NYS Model IDDE Law? O Yes No O	oproved for all non-traditional MS4s contributing to this	report?				• Y	es	
quivalent to the NYS Model IDDE Law?	V l							
	Yes, has every traditional MS4 contributing to this repor	t certifie						
What navious of staff in all	unvalent to the NYS Model IDDE Law?			\bigcirc Y	es	• I	No	0
TOTAL TOTAL COMPANIE OF TAXABLE COMPANIES OF THE STATE OF								

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

SPDES ID

Name of MS4/Coalition Town of North Greenbush	N Y R 2 0 A 1 9 1
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	achieving measurable goals P), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the SV	WMPP in this reporting period.
Building and Highway staff received training.	
P. D. '. G.	
B. Briefly summarize the observations that indicated the overa Goal.	all effectiveness of this Measurable
All staff have become more able to recognize illicit discharges are	aware of what steps to remedy
C How many times was this observation measured an analyst	
C. How many times was this observation measured or evaluate	d in this reporting period?
D. W.	(ex.: samples/participants/events)
D. Has your MS4 made progress toward this measurable goal of	
E. Is your MS4 on schedule to meet the deadline set forth in the	Yes O No
2. 15 your 1/154 on senedule to meet the deadline set forth in the	• SWMPP? • Yes O No
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation scheduler)	the goals of this MCM during
Continue educating staff and document findings.	

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} \begin{bmatrix} 1 & 4 \end{bmatrix}$

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

	SPDES ID
Name of MS4/Coalition Town of North Greenbush	N Y R 2 0 A 1 9 1
Minimum Control Measures 4 a Construction Site and Post-Construction	and 5. ion 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, ordin mechanism that provides equivalent protection to the NYS SP Stormwater Discharges from Construction Activities?	nance or other regulatory PDES General Permit for • Yes • No
1b. Has each Town, City and/or Village contributing to this report equivalent to a NYSDEC Sample Local Law for Stormwater M Sediment Control through either an attorney cerfification or a Analysis Workbook?	Management and Erosion and
If Yes, Towns, Cities and Villages provide date of equivalent NYS	S Sample Local Law. ○ 09/2004 • 03/2006 ○ NT
2. Does your MS4/Coalition have a SWPPP review procedure in	place? • Yes O No
3. How many Construction Stormwater Pollution Prevention Pla reviewed in this reporting period?	ns (SWPPPs) have been
4. Does your MS4/Coalition have a mechanism for receipt and co comments related to construction SWPPPs?	onsideration of public ● Yes ○ No ○ NT
If Yes, how many public comments were received during this repo	rting period?
5. Does your MS4/Coalition provide education and training for co SWPPP process?	ontractors about the local

○ Yes • No

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

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

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

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

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

Th	e information in this section is being reported (check one):
0	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?
	and to this report.
1.	How many construction projects have been authorized for disturbances of one acre or more during this reporting period?
2.	How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?
3.	What percent of active construction sites were inspected during this reporting period? \bigcirc NT $1 0 0 0 0$
4.	What percent of active construction sites were inspected more than once? ONT
5.	Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? \bullet Yes \circ No \circ 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 O No O NT If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?
	Yes O No If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

	SPDES ID
Jame of MS4/Coalition Town of North Greenbush	N Y R 2 0 A 1 9
6. con't.:	
Submit additional pages as needed.	
Submit additional pages as needed.	
MS4/Coalition Office	
Department	
b u i 1 d i n g d e p t	
Address	
2 Douglas St	
City	Zip
W y n a n t s k i 1 1 1 N Y	1 2 1 9 8 -
Phone	
(5 1 8) 2 8 3 - 2 7 1 4	
Library	
Address	
2 Douglas St	
City	Zip
W y n a n t s k i 1 1 , N Y	
Phone	
(
Other	
Address	
City	Zip
Phone	
(
Web Page URL(s): Please provide specific address where SWPPPs car URL	be accessed - not home page.
URL	

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

SPDES ID

Name of MS4/Coalition Town of North Greenbush N Y R 2 0 A 1 9 1
7 Evaluating Progress Toward Managed I. C. J. MCN.
7. Evaluating Progress Toward Measurable Goals MCM 4
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
Construction sites with SWPPP are required to have third party inspectors verify compliance and provide documentation. In addition the Building Department also performs regular site visits of all sites in town with soil disturbance.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
Soil erosion and stormwater pollution prevention continue to improve.
C. How many times was this observation measured or evaluated in this reporting period?
D Has your MS4 made progress 4-years 141.
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).
Preconstruction meetings will be held which will include discussions of requirements for soil erosion and storm water pollution prevention. Site inspections will continue.

This report is being submitted for the reporting period ending March 9, 2 0 1 4

				SPDES ID	
Name of MS4/Coalitio	Town of North Green	bush		N Y R	2 0 A 1 9 1
<u>Minimum</u>	Control Mea	sure 5. Pos	st-Constructi	on Stormwater I	<u>Management</u>
The information in t	this section is being	g reported (ch	eck one):		
On behalf of an ir On behalf of a con How r	ndividual MS4 alition nany MS4s contr	ibuted to this	s report?		
1. How many and MS4/Coalition	what type of posinventoried, inspe	t-construction	n stormwater m intained in this	anagement practices reporting period?	has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	ces				
O Filter Systems					
O Infiltration Basins		9 0	9 0	2	
Open Channels		7 3	7 3	1	
○ Ponds		1 4	1 4	1	
O Wetlands		1 7	1 7		
Other					
BMPs, inspecti	ions and mainta	nance?		heet) to track post-	○ Yes • No
Development/E	non-structural p Better Site Desig	oractices hav n/Green Infi	e been used to rastructure pri	implement Low Innciples?	ipact
Building Codes	Municipal Cor	mprehensive F	Plans		
Overlay Districts	Open Space Pr	reservation Pro	ogram		
Zoning	• Local Law or	Ordinance			
○ None	Land Use Reg	ulation/Zoning	g		
O Watershed Plans	• Other Compre	hensive Plan			
Other:					

This report is being submitted for the reporting period ending March 9, 2 0 1 4

Na	me of MS4/Coalition Town of North Greenbush	SPI N	Y	ID R	2	0	А	1	9	1
4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?										
							Ye	S		No
4b	4b. Does the MS4 have a banking and credit system for stormwater management practices?									
							Yes	_		No
4c.	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 reporting period?	as pa	rt (of t	his s	syst	em	in 1	thi	S
	reporting period:								1	
5.	What percent of municipal officials/MS4 staff responsible for program	impl	em	ent	atio	n a	tter	ıde	ď	
	training on Low Impace Development (LID), Better Site Design (BSD) and other Gree Infrastructure principles in this reporting period?			n _	_		_			
	r									%

This report is being submitted for the reporting period ending March 9, 2 0 1 4

Name of MS4/Coalition Town of North Greenbush SPDES ID N Y R 2 0 A 1 9 1	
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.	
Retention ponds and storm sewers are typically turned over to the Town of North Greenbush and the maintained by the Highway department. In addition the building department maintains a record of all retention and detention ponds and performs annual insoections of all.	
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.	
This enables the town to ensure new and existing systems can adequately handle post construction storms.	
C. How many times was this observation measured or evaluated in this reporting period?	
2	
(ex.: samples/participants/eve.). Has your MS4 made progress toward this measurable goal during this reporting period?	'events
Yes O No L. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Yes O No	
Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).	
We will continue to do the same.	

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

		SPD	ES	ID						
Name of MS4/Coalition	Town of North Greenbush	N	Y	R	2	0	А	1	9	1
			_					1		

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

Self-Assessment

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

Yes ○ No • Yes O No Right of Way Maintenance....

Yes ○ No • Yes O No Marine Operations.... O Yes O No O Yes O No Hydrologic Habitat Modification..... O Yes O No O Yes O No Parks and Open Space....

Yes ○ No • Yes O No Municipal Building.

• Yes ○ No • Yes O No Stormwater System Maintenance..... • Yes ○ No • Yes O No Vehicle and Fleet Maintenance....

• Yes ○ No • Yes O No Other..... O Yes ○ No ○ Yes O No

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$ 4 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPD	ES ID						
Name of MS4/Coalition Town of North Greenbush		N	YR	2	0	А	1 9	9	1
2. Provide the following information about municipal operati	ions good	d ho	ousek	eep	ing	pro	gra	m	s:
Parking Lots Swept (Number of acres X Number of times swept	t)		# Acr	es					1
O Streets Swept (Number of miles X Number of times swept)			# Mil	es		Ī	6	5 .	7
O Catch Basins Inspected and Cleaned Where Necessary				#	T		9	9 (8
O Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary				#				-	1
O Phosphorus Applied In Chemical Fertilizer			# Lb	s.					
O Nitrogen Applied In Chemical Fertilizer			# Lb	s.	\exists				i
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Nu times applied to the nearest tenth.)	umber of	#	Acres						
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?	0	4	1	7	/[:	2 0	1	4	:
5. How many municipal employees have been trained in this re	eporting	pe	riod?					3	
6. What percent of municipal employees in relevant positions a stormwater management training?	and depa	artn	nents	rec		e	0	%)

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

SPDES ID

Name of MS4/Coalition Town of North Greenbush	N Y R 2 0 A 1 9 1
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.	achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Town roads where sand or salt were used are swept at least once inspected and cleaned. This goal is measured by the amount of salts.	annually. All catch basins are alt/sand reclaimed.
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
Effectiveness is determined by the amount reclaimed.	
C. How many times was this observation measured or evaluate	ed in this reporting period?
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/event
goar was a made progress toward this measurable goar	uring this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in th	
F. Briefly summarize the stormwater activities planned to mee the next reporting cycle (including an implementation sched	● Yes ○ No et the goals of this MCM during lule).
The highway department will continue the same maintenance prog	
	,

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 1 & 4 \end{bmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

1		SPI	DES	ID	x==== q					
Name of MS4/Coalition	Town of North Greenbush	N	Y	R	2	0	A	1	9	1
					-			-		

On behalf of an individual	on is being reported (chec	ok one).	
On behalf of a coalition	WIST		
How many MS	S4s contributed to this r	report?	
Tio W many TVIC	743 continuated to this i	eport:	
IS4s must answer the qu	estions or check NA s	s indicated in the table	holow
The same constraints are a second and a second a second and a second a	total of the River	is mulcated in the table	e below.
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed		-	- (100)
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	-	-	i-
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 1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	1,0,7a-0,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	-
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	2,3,3,60,10,11,12	Phosphorus
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 Non-Traditional	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Oscawana Lake Watershed	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Traditional Land Use	14670 18-0	-	-
Traditional Non-Land Use	1,4,6,7a-d,8a,9 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	1,4,0,74-4,84,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Potherone
Troditional Nam I 111	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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

		SPDES ID		
Na	me of MS4/Coalition Town of North Greenbush	N Y R 2	0 A	1 9 1
3.	Does your MS4/Coalition have a Stormwater Conveyance Sy and Maintenance Plan Program?	stem (infrastructı ○ Yes	ı re) Ins ○ No	pection N/A
4.	Estimate the percentage of on-site wastewater treatment syst and maintained or rehabilitated as necessary in this reportin	ems that have bee g period?	n inspe	cted %
5.	Has your MS4/Coalition developed a program that provides NYSDEC SPDES General Permit for Stormwater Discharges (GP-0-08-001) to reduce pollutants in stormwater runoff from disturb five thousand square feet or more?	from Construction	on Acti	vities
6.	Has your MS4/Coalition developed a program to address pos runoff from new development and redevelopment projects th	t-construction sto	rmwate	er
	equal to one acre that provides equivalent protection to the N Permit for Stormwater Discharges from Construction Activit the New York State Stormwater Design Manual Enhanced Pl Standards?	YS DEC SPDES (ies (GP-0-08-001)	Genera , includ	l
	Does your MS4/Coalition have a retrofitting program to reduphosphorus/nitrogen/pathogen loading?	ce erosion or	• No	O 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 comple	eted in this report	ing peri	iod?
7d.	What percent of projects planned in previous years have been	completed?		0 %
Ra :	Has your MS4/Coalition developed and implemented a turf m		•	Planned
	procedures policy that addresses proper fertilizer application lands?	on municipally of Ores	wned	● N/A
83	Has your MS4/Coalition developed and implemented a turf m procedures policy that addresses proper disposal of grass clip	pings and leaves f	ces and	l
48	municipally owned lands?	○ Yes	No	\bigcirc N/A

This report is being submitted for the reporting period ending March 9, 2 0 1 4

Name of MS4/Coalition Town of North Greenbush	SPDES ID N Y R 2	0 A 1	9 1
9. Has your MS4/Coalition developed and implemented a program of	native plan • Yes	_	O N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste prohibiting goose feeding?		l propei ● No	ties and O N/A
11. Does your MS4/Coalition have a pet waste bag program?	○ Yes	No	O N/A
12. Does your MS4/Coalition have a program to manage goose populations?	○ Yes	• No	O N/A