

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2011

SPDES ID
N Y R 2 0 A 2 0 1

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

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

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

OR

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

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

Name of Single Entity

[Empty grid for Name of Single Entity]

OR

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

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

Name of Coalition

[Empty grid for Name of Coalition]

SPDES ID

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MS4 Annual Report Cover Page

MCC form for period ending March 9, 2011

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

SPDES ID
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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

SPDES ID
N Y R 2 0 A 2 0 1

Name of MS4 Town of East Greenbush

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name R i c k	MI 	Last Name M c C a b e
Title B u i l d i n g I n s p e c t o r		
Address 2 2 5 C o l u m b i a T u r n p i k e		
City R e n s s e l a e r	State N Y	Zip 1 2 1 4 4 -
eMail r m c c a b e @ e a s t g r e e n b u s h . o r g		
Phone (5 1 8) 4 7 7 - 4 7 7 5	County R e n s s e l a e r	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

SPDES ID

NYR20A201

Name of MS4 Town of East Greenbush

Section 2 - Contact Information

Important Instructions - Please Read

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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).

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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: Joe MI: Last Name: Cherubino

Title: Building Inspector

Address: 225 Columbia Turnpike

City: Rensselaer State: NY Zip: 12144

eMail: jcherubino@eastgreenbush.org

Phone: (518) 477-6225 County: Rensselaer

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

SPDES ID

NYR 20A 201

Name of MS4: Town of East Greenbush

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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For each contact, select all that apply:

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

First Name: M a t t MI: Last Name: M a s t i n
 Title: I T M a n a g e r
 Address: 2 2 5 C o l u m b i a T u r n p i k e
 City: R e n s s e l a e r State: N Y Zip: 1 2 1 4 4 -
 eMail: m m a s t i n @ e a s t g r e e n b u s h . o r g
 Phone: (5 1 8) 6 9 4 - 4 0 1 1 County: R e n s s e l a e r

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

SPDES ID
N Y R 2 0 A 2 0 1

Name of MS4

Section 3 - Partner Information

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

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name
T O W N O F B R U N S W I C K
SPDES Partner ID - If applicable
N Y R 2 0 A 0 1 5

Partner/Coalition Name (con't.)

Address
3 3 6 T O W N O F F I C E R O A D
State Zip
N Y 1 2 1 8 0 -

City
T R O Y

eMail
J K R E I G E R @ T O W N O F B R U N S W I C K . O R G

Phone
(5 1 8) 2 7 9 - 3 4 6 3

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

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

- MM1 M U L T I P L E T A S K S
- MM2
- MM3
- MM4 C O N S T R U C T I O N T R A I N I N G
- MM5
- MM6 T R A I N I N G

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

SPDES ID

NYR20A201

Name of MS4: Town of East Greenbush

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: Village of Castleton-on-Hudson
SPDES Partner ID - If applicable: NYR20A393

Partner/Coalition Name (cont.):
Address: 85 South Main Street
City: Castleton
State: NY Zip: 12033

eMail: brswc2004ras@verizon.net
Phone: (518) 732-2211

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 Multiple Tasks
- MM2
- MM3
- MM4 Construction Training
- MM5
- MM6 Training

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

SPDES ID
N Y R 2 0 A 2 0 1

Name of MS4:

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.):

Address: State: Zip:

City:

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.

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

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N Y R 2 0 A 2 0 1

Name of MS4: Town of East Greenbush

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: Town of North Greenbush SPDES Partner ID - If applicable: N Y R 2 0 A

Partner/Coalition Name (con't.):

Address: 2 Douglas Street State: N Y Zip: 12198

City: Wynantskill

eMail: miner@townofng.com

Phone: (518) 283-5131

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 Multiple Tasks
- MM2
- MM3
- MM4 Construction Training
- MM5
- MM6 Training

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

SPDES ID

N Y R 2 0 A 2 0 1

Name of MS4:

Section 3 - Partner Information

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: SPDES Partner ID - If applicable:

Partner/Coalition Name (cont.):

Address: State: Zip:

City:

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.

MS4 Municipal Compliance Certification (MCC) Form

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Name of MS4:

Section 3 - Partner Information

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: SPDES Partner ID - If applicable:

Address: City: State: Zip:

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

Phone:

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.

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

SPDES ID
N Y R 2 0 A 2 0 1

Name of MS4 Town of East Greenbush

Section 3 - Partner Information

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If Yes, complete information below.

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name
R e n s s e l a e r C o u n t y

SPDES Partner ID - If applicable
N Y R 2 0 A 3 9 2

Partner/Coalition Name (con't.)

Address
1 6 0 0 S e v e n t h A v e n u e

City
T r o y State Zip
N Y 1 2 1 8 0 -

eMail
L v o n d e r h e i d e @ r e n s c o . c o m

Phone
(5 1 8) 2 7 0 - 2 9 2 1

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

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

- MM1 M u l t i p l e T a s k s
- MM2
- MM3
- MM4 C o n s t r u c t i o n T r a i n i n g
- MM5
- MM6 T r a i n i n g

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

SPDES ID
N Y R 2 0 A 2 0 1

Name of MS4

Section 3 - Partner Information

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If Yes, complete information below.

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name
C i t y o f R e n s s e l a e r
SPDES Partner ID - If applicable
N Y R 2 0 A 1 2 5

Partner/Coalition Name (con't.)
Address
6 2 W a s h i n g t o n S t r e e t

City
R e n s s e l a e r
State Zip
N Y 1 2 1 4 4 -

eMail
s a r a h . c r o w e l l @ r e n s s e l a e r n y . g o v
Phone
(5 1 8) 4 6 2 - 9 5 1 1

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

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

- MM1 M u l t i p l e T a s k s
- MM2
- MM3
- MM4 C o n s t r u c t i o n T r a i n i n g
- MM5
- MM6 T r a i n i n g

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

SPDES ID

NYR20A201

Name of MS4

Town of East Greenbush

Section 3 - Partner Information

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

If Yes, complete information below.

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Town of Sand Lake

Partner/Coalition Name (cont.)

SPDES Partner ID - If applicable

NYR20A119

Address

P.O. Box 273

City

Sand Lake

State

NY

Zip

12153

eMail

supervisor@sand-lake.us

Phone

(518) 674-2026

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 Multiple Tasks

MM2

MM3

MM4 Construction Training

MM5

MM6 Training

Additional tasks/responsibilities

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

Empty box for additional information.

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

SPDES ID

NYR20A201

Name of MS4: Town of East Greenbush

Section 3 - Partner Information

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If Yes, complete information below.

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Town of Schaghticoke
SPDES Partner ID - If applicable: NYR20A116

Partner/Coalition Name (cont.):
Address: 290 Northline Drive

City: Melrose
State: NY Zip: 12121

eMail: supervisor@townofschaghticoke.org

Phone: (518) 753-6915

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 Multiple Tasks
- MM2
- MM3
- MM4 Construction Training
- MM5
- MM6 Training

Additional tasks/responsibilities

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

[Empty box for additional information]

MS4 Municipal Compliance Certification (MCC) Form

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SPDES ID

NYR20A201

Name of MS4: Town of East Greenbush

Section 3 - Partner Information

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

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: T O W N O F S C H O D A C K

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable

NYR20A003

Address: 265 Schuurman Road

City: Castleton State: NY Zip: 12033

eMail: Nadine.fuda@schodack.org

Phone: (518) 477-7938

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 Multiple Tasks
- MM2
- MM3
- MM4 Construction Training
- MM5
- MM6 Training

Additional tasks/responsibilities

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

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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2011

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Name of MS4

Section 3 - Partner Information

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name
C i t y o f T r o y
SPDES Partner ID - If applicable
N Y R 2 0 A 3 7 9

Partner/Coalition Name (con't.)
Address
1 7 7 6 S i x t h A v e n u e
City
T r o y
State
N Y
Zip
1 2 1 8 0 -

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

Phone
(5 1 8) 2 3 7 - 0 3 1 9

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

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

- MM1 M u l t i p l e T a s k s
- MM2
- MM3
- MM4 C o n s t r u c t i o n T r a i n i n g
- MM5
- MM6 T r a i n i n g

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2011

SPDES ID

N Y R 2 0 A 2 0 1

Name of MS4

Section 4 - Certification Statement

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

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

First Name
R i c k

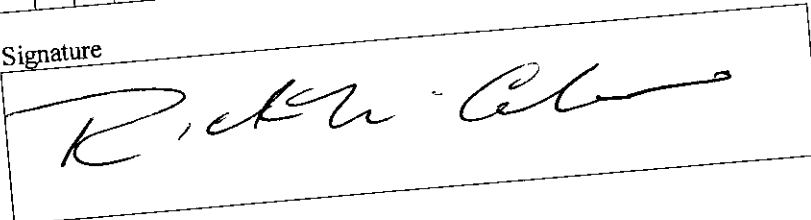
MI

Last Name
M c C a b e

Title (Clearly print title of individual signing report)

S u p e r v i s o r

Signature



Date

0 5 / 3 1 / 2 0 1 1

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

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

MS4 Annual Report Form

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

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

SPDES ID

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

Town of East Greenbush

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (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.

Goals for the period included; developing a dedicated 'stormwater' website page, amending planning and bldg. dept. application with education materials for target audiences offered online, GIS mapping of Geographic Areas of Concern, identification of prioritized target audiences, and development of self-assessment tools.

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

A dedicated 'stormwater' website page was created on March 10, 2010 and had 2839 hits or 7.8 per day. Planning applications were updated to include stormwater information. GIS mapping was conducted but needs to be progressed further. Self assessment tools were created but not utilized.

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

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

Yes No

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

Yes No

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

Provide education information to all summer cap attendees (Summer 2011), hire intern for GIS data collection and to update existing database (Spring/Summer 2011), identify new target audiences other than families(ongoing throughout report period). A resolution was passed on February 16, 2011 for an agreement with the Chazen Companies to create a Stormwater Management Plan which will include: public employee training and updated plan for self assessment tools.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2011

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 2 0 1

Name of MS4/Coalition:

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
- Comments on SWMP Received

Community Hotlines

Phone #	(<input type="text"/> <input type="text"/> <input type="text"/>)	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>
Phone #	(<input type="text"/> <input type="text"/> <input type="text"/>)	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>
Phone #	(<input type="text"/> <input type="text"/> <input type="text"/>)	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>
Phone #	(<input type="text"/> <input type="text"/> <input type="text"/>)	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>
Phone #	(<input type="text"/> <input type="text"/> <input type="text"/>)	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>

Phone #	(<input type="text"/> <input type="text"/> <input type="text"/>)	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>
Phone #	(<input type="text"/> <input type="text"/> <input type="text"/>)	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>
Phone #	(<input type="text"/> <input type="text"/> <input type="text"/>)	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>
Phone #	(<input type="text"/> <input type="text"/> <input type="text"/>)	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>
Phone #	(<input type="text"/> <input type="text"/> <input type="text"/>)	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>
Phone #	(<input type="text"/> <input type="text"/> <input type="text"/>)	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>

# Events	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
# Comments	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

- Community Meetings
- Plantings
- Storm Drain Markings
- Stakeholder Meetings
- Volunteer Monitoring

Other:

# Attendees	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sq. Ft.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
# Drains	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
# Attendees	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
# Events	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

- List-Serve
- Newspaper Advertising
- TV/Radio Notices

Other:

# In List	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
# Days Run	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
# Days Run	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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, 2011
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 2 0 1

Name of MS4/Coalition

2. URL(s) con't.: Please provide specific address(es) where notice(s) can be accessed - not home page.

URL
w w w . e a s t g r e e n b u s h . o r g / n e w s

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2011

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 2 0 1

Name of MS4/Coalition: Town of East Greenbush

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

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

MS4/Coalition Office Annual Report SWMP Plan Comments

Department

T o w n C l e r k

Address

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

City

R e n s s e l a e r N Y 1 2 1 4 4 -

Phone

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

Annual Report SWMP Plan Comments

Library

Address

City

Phone

() -

Annual Report SWMP Plan Comments

Other

Address

City

Phone

() -

Annual Report SWMP Plan Comments

Web Page URL:

w w w . e a s t g r e e n b u s h . o r g / d o w n l o a d s

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

eMail

m m a s t i n @ e a s t g r e e n b u s h . o r g

Comments

MS4 Annual Report Form

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

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

SPDES ID

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

Town of East Greenbush

4.a. If this report was made available on the internet, what date was it posted?
Leave blank if this report was not posted on the internet.

	5
--	---

 /

2	6
---	---

 /

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

3	6	5
---	---	---

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

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?
If Yes, what was the date of the meeting?

	5
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 /

2	5
---	---

 /

2	0	1	0
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Yes No

Yes No

If No, is one planned?

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

Yes No

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?
If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

MS4 Annual Report Form

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

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

SPDES ID

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

Town of East Greenbush

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (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.

Reorganization of the website to improve navigation, add materials to the website, begin a list-serve

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

The website was reorganized and the following items added: dedicated 'stormwater' page with a link of the website home page, and a stormwater complaint page. These website changes resulted in 2839 hits over the reporting period. A list-serve was not created.

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

		3	0
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Planned activities include; begin a list-serve (Summer/Fall 2011), add new material to the website (ongoing throughout reporting period), continue marking catch basins (ongoing throughout reporting period), continue to track website hits (ongoing throughout reporting period), formation of a parks task force to increase clean-up days and plantings.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2011
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 2 0 1

Name of MS4/Coalition: Town of East Greenbush

3.b. What types of illicit discharges have been found during this reporting period?

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

Other: Construction Site sediment

4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 1

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

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

7. Has the storm sewershed mapping been completed in this reporting period?
If No, approximately what percent was completed in this reporting period? 100%

8. Is the above information available in GIS?
Is this information available on the web?

If Yes, provide URL(s):
Please provide specific address of page where map(s) can be accessed - not home page.

URL
http://eastgreenbush.org/download
ds/cat-view/52-planning-department
nt

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2011
 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 2 0 1

Name of MS4/Coalition Town of East Greenbush

**8. URL(s) con't.:
 Please provide specific address of page where map(s) can be accessed - not home page**

URL	
URL	
URL	
URL	
URL	
URL	

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? Yes No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? Yes No NT

11. What percent of staff in relevant positions and departments has received IDDE training? 60 %

MS4 Annual Report Form

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

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

SPDES ID								
N	Y	R	2	0	A	2	0	1

Name of MS4/Coalition

Town of East Greenbush

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

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

DPW crews utilizing Catch Basin Maintenance forms. Enter illicit discharges into the Town's GIS database. Documentation of violations so that the Bldg. Dept. can follow up with enforcement action or resident notification. Evaluation of detailed consideration of fine schedules & subsequent enforcement action.

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

Catch Basin Maintenance forms were utilized however, Catch Basin identifications numbers were not always included on the Catch Basin Maintenance forms, causing less that efficient mapping. Violations were documented (6) and followed by enforcement action or a resident notification. Fine scheduling continued to be reviewed but not created.

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

			1
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Train DPW employees on Catch Basin identification numbering for more accurate GIS tracking. Expand the details of violation record keeping and add this information to a GIS database. Continue to evaluate potential fine scheduling & subsequent enforcement action.

MS4 Annual Report Form

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

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

SPDES ID

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

Town of East Greenbush

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

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

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

How many MS4s contributed to this report?

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

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

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. 09/2004 03/2006 NT

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

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

			1
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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? Yes No NT

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

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

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

Notices of Violation

Stop Work Orders

Criminal Actions

Termination of Contracts

Administrative Fines

Civil Penalties

Administrative Orders

Enforcement Actions or Sanctions

Other

#					3	<input type="radio"/> No Authority
#					1	<input type="radio"/> No Authority
#						<input type="radio"/> No Authority
#						<input type="radio"/> No Authority
#						<input checked="" type="radio"/> No Authority
#						<input type="radio"/> No Authority
#						<input type="radio"/> No Authority
#						<input type="radio"/> No Authority
#						<input type="radio"/> No Authority

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2011
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 2 0 1

Name of MS4/Coalition

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?
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? NT %
4. What percent of active construction sites were inspected more than once? NT %
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, 2011
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 2 0 1

Name of MS4/Coalition

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

City
R e n s s e l a e r N Y Zip
1 2 1 4 4 -

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

Library

Address

City

Phone
() -

Zip -

Other

Address

City

Phone
() -

Zip -

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

Name of MS4/Coalition

Town of East Greenbush

SPDES ID

N	Y	R	2	0	A	2	0	1
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7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

Continue to improve the website as a means to disseminate stormwater information. GIS mapping & data collection of existing inventory. Utilize Catch Basin Maintenance & Inspection Forms. Amend Planning Dept. applications. Create a master spreadsheet for tracking stormwater concerns/complaints.

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

Having a dedicated IT employee has allowed for consistent updating of information on the website. Hyperlinking of SWPP's in a GIS database has been started. Catch Basin Maintenance & Inspection forms have been used throughout the reporting period. Planning Applications have been amended. A master spreadsheet for tracking concerns/complaints was created.

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

		1	8
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Improve the process of Catch Basin Maintenance & Inspection reporting from one department to another (Spring/Summer/Fall 2011). Create a more in-depth master spreadsheet for tracking concerns/complaints(Summer 2011). Continue to keep the website updated (ongoing throughout reporting period). Continue to Hyperlink SWPP's in a GIS database (ongoing throughout reporting period). Observe Planning Application effectiveness and amend if necessary (ongoing throughout reporting period).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2011
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID
N Y R 2 0 A 2 0 1

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

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

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

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

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

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

MS4 Annual Report Form

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

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

SPDES ID

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

Town of East Greenbush

- 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?

--	--	--
- 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?

	6	0
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 %

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of East Greenbush

SPDES ID

N	Y	R	2	0	A	2	0	1
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6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

Continue to compile facilities inventory in the town's GIS database. Continue to work towards having the Town Board develop and adopt an itemized MS4 budget for town operations. Formal Documentation of DPW catch basin maintenance and inspections. Plan to elaborate upon post-construction BMPs and track BMPs with the town's GIS database.

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

Compiling of a facilities inventory in the town's GIS database has continued. The Town Board has not developed an itemized MS4 budget for town operations. Formal documentation of DPW catch basin maintenance and inspections has been done through forms filled out in the field. Post-construction BMPs have not been tracked with the town's GIS database.

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

			1
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue to compile facilities inventory in the town's GIS database. Continue to work towards having the Town Board develop and adopt an itemized MS4 budget for town operations. Continue documentation of DPW catch basin maintenance and inspections. Plan to elaborate upon post-construction BMPs and track BMPs with the town's GIS database.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2011
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 2 0 1

Name of MS4/Coalition Town of East Greenbush

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 checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Street Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" 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 type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Salt Storage.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Solid Waste Management.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" 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 type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Municipal Building.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Stormwater System Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle and Fleet Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" 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

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

Acres

Miles

#

#

Lbs.

Lbs.

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? / /

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

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Name of MS4/Coalition:

SPDES ID
N Y R 2 0 A 2 0 1

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.

Continue Inventory of town-owned stormwater facilities. Inter-departmental collaboration between Public Works, Building & Planning departments. Draft Self-Assessment worksheets for vehicle & fleet maintenance and other municipal practices.

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

Inventory of town-owned stormwater facilities was continued through a GIS. Inter-departmental collaboration has continued. Self Assessment drafts have been created but not finalized.

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

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue Inventory of town-owned stormwater facilities. (ongoing throughout reporting period)
Continue inter-departmental collaboration between Public Works, Building & Planning departments. (ongoing throughout reporting period)
Have the town consultant finalize draft Self-Assessment worksheets for vehicle & fleet maintenance and other municipal practices through the creation of a Stormwater Management Plan. (Spring/Summer)

MS4 Annual Report Form

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Name of MS4/Coalition: Town of East Greenbush

Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

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

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

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

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

If N/A, go to question 3.

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

 5 0 %
 %

Estimate what percentage was mapped in this reporting period.

MS4 Annual Report Form

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

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

Town of East Greenbush																			
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- 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? Yes No N/A
- 4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?

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 %
- 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?

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- 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?

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

MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	2	0	1
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- 9. Has your MS4/Coalition developed and implemented a program of native planting?
 Yes No N/A
- 10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?
 Yes No N/A
- 11. Does your MS4/Coalition have a pet waste bag program?
 Yes No N/A
- 12. Does your MS4/Coalition have a program to manage goose populations?
 Yes No N/A