

MS4 Annual Report Cover Page

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

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

SPDES ID

N Y R 2 0 A 3 9 2

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

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

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

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

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SPDES ID

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N Y R 2 0 A

SPDES ID

N Y R 2 0 A

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Rensselaer County

SPDES ID

N Y R 2 0 A 3 9 2

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	MI	Last Name
S t e v e n	F	M c L a u g h l i n
Title		
C o u n t y E x e c u t i v e		
Address		
1 6 0 0 S e v e n t h A v e n u e		
City	State	Zip
T r o y	N Y	1 2 1 8 0 -
eMail		
S M c L a u g h l i n @ r e n s c o . c o m		
Phone	County	
(5 1 8) 2 7 0 - 2 9 0 0	R e n s s e l a e r	

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 Rensselaer County

SPDES ID

N Y R 2 0 A 3 9 2

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

W i l l i a m

MI

J

Last Name

T e l i s k a

Title

C o u n t y E n g i n e e r

Address

1 2 4 B l o o m i n g r o v e D r i v e

City

T r o y

State

N Y

Zip

1 2 1 8 0 -

eMail

J T e l i s k a @ r e n s c o . c o m

Phone

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

County

R e n s s e l a e r

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2021

Name of MS4 Rensselaer County

SPDES ID
N Y R 2 0 A 3 9 2

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	MI	Last Name
L i n d a	C	v o n d e r H e i d e

Title
P r i n c i p a l P l a n n e r

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

City	State	Zip
T r o y	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	County
(5 1 8) 2 7 0 - 2 9 2 1	R e n s s e l a e r

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2022

Name of MS4 Rensselaer County

SPDES ID
N Y R 2 0 A 3 9 2

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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

Partner/Coalition Name (con't.)

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

SPDES Partner ID - If applicable

N Y R 2 0

Address

5 5 S t a t e S t r e e t

City

T r o y

State

N Y

Zip

1 2 1 8 0 -

eMail

m e g a n . m y e r s . r e n s c o S W C D @ g m a i l . c o m

Phone

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

Legally Binding Agreement in accordance

with GP-0-08-002 Part IV.G.? Yes No

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

MM1 E d u c a t i o n a l M a t e r i a l s / T r a i n i n g

MM2 w e b s i t e d e v e l o p m e n t

MM3

MM4

MM5

MM6 r o a d s i d e s e e d 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, 2022

Name of MS4

SPDES ID

N	Y	R	2	0	A	3	9	2
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Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N	Y	R	2	0				
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Address

City

State

Zip

eMail

Phone

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

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

- MM1
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2022

Name of MS4 Rensselaer County

SPDES ID
N Y R 2 0 A 3 9 2

Section 3 - Partner Information

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

If Yes, complete information below.

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

T o w n o f B r u n s w i c k

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 0 1 5

Address

3 3 6 T o w n O f f i c e R o a d

City

T r o y

State

N Y

Zip

1 2 1 8 0 -

eMail

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

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
- 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, 2022

Name of MS4 Rensselaer County

SPDES ID

N Y R 2 0 A 3 9 2

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

V i l l a g e o f C a s t l e t o n - o n - H u d s o n

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 3 9 3

Address

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

City

C a s t l e t o n

State

N Y

Zip

1 2 0 3 3 -

eMail

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

Phone

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

Legally Binding Agreement in accordance

with GP-0-08-002 Part IV.G.? Yes No

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

MM1 M u l t i p l e T a s k s

MM2

MM3

MM4

MM5

MM6 T r a i n i n g

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2022

Name of MS4 Rensselaer County

SPDES ID
N Y R 2 0 A 3 9 2

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 2 0 1

Address

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

City

State

Zip

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

eMail

a y a g e l s k i @ e a s t g r e e n b u s h . o r g

Phone

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

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

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

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

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

2	0	2	2
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Name of MS4

R	e	n	s	s	e	l	a	e	r	C	o	u	n	t	y
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SPDES ID

N	Y	R	2	0	A	3	9	2
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Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

T	o	w	n	o	f	N	o	r	t	h	G	r	e	e	n	b	u	s	h
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Partner/Coalition Name (con't.)

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SPDES Partner ID - If applicable

N	Y	R	2	0	A				
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Address

2	D	o	u	g	l	a	s	S	t	r	e	e	t
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City

W	y	n	a	n	t	s	k	i	l	l
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State

N	Y
---	---

Zip

1	2	1	9	8	-		
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eMail

E	W	e	s	t	f	a	l	@	n	o	r	t	h	g	r	e	e	n	b	u	s	h	.	o	r	g
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Phone

(5	1	8)	2	8	3	-	5	1	3	1
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Legally Binding Agreement in accordance

with GP-0-08-002 Part IV.G.?

Yes No

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

- MM1

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM3

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM4

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM5

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- MM6

T	r	a	i	n	i	n	g
---	---	---	---	---	---	---	---

Additional tasks/responsibilities

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

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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2022

Name of MS4

SPDES ID
N Y R 2 0 A 3 9 2

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 (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

eMail

Phone

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

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

- MM1
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2022

Name of MS4 Rensselaer County

SPDES ID

N Y R 2 0 A 3 9 2

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

C i t y o f R e n s s e l a e r

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 1 2 5

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

N Y

Zip

1 2 1 4 4 -

eMail

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

Phone

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

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, 2022

Name of MS4 Rensselaer County

SPDES ID

N Y R 2 0 A 3 9 2

Section 3 - Partner Information

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

Yes No

If Yes, complete information below.

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 1 1 9

Address

P . O . B o x 2 7 3

City

S a n d L a k e

State

N Y

Zip

1 2 1 5 3 -

eMail

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

Phone

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

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

Yes No

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

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

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2022

Name of MS4 Rensselaer County

SPDES ID

NYR20A392

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 Schaghticoke

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

NYR20A116

Address

290 Northline Drive

City

Melrose

State

NY

Zip

12121

eMail

Codeenforcement@townofschaghticok

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

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, 2022

Name of MS4

SPDES ID

N	Y	R	2	0	A	3	9	2
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Section 3 - Partner Information

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

If Yes, complete information below.

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If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

eMail

Phone

Legally Binding Agreement in accordance

with GP-0-08-002 Part IV.G.? Yes No

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

- MM1
- MM2
- MM3
- MM4
- MM5
- MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2022

Name of MS4

SPDES ID

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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Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

eMail

Phone

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

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

MM1

MM2

MM3

MM4

MM5

MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

SPDES ID

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

MI

Last Name

Title (Clearly print title of individual signing report)

Signature

Date

/ /

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, 2022

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

Name of MS4/Coalition: Rensselaer County

SPDES ID: NYR20A392

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report? 1

1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- Construction Sites
- General Stormwater Management Information
- Household Hazardous Waste Disposal
- Illicit Discharge Detection and Elimination
- Infrastructure Maintenance
- Smart Growth
- Storm Drain Marking
- Green Infrastructure/Better Site Design/Low Impact Development
- Other:
- Pesticide and Fertilizer Application
- Pet Waste Management
- Recycling
- Riparian Corridor Protection/Restoration
- Trash Management
- Vehicle Washing
- Water Conservation
- Wetland Protection
- None

A d o p t - a - h i g h w a y

Other

2. Specific audiences targeted during this reporting period:

- Public Employees
- Contractors
- Residential
- Developers
- Businesses
- General Public
- Restaurants
- Industries
- Other:
- Agricultural

L o g g e r s

Other

MS4 Annual Report Form

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

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Name of MS4/Coalition

Rensselaer County

SPDES ID

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4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Educating public and local officials varying message and scope. Goal has included public clean-up days, training local officials, planning and zoning boards and highway staff. Set up contractor training but had to cancel in-person training. Training was held on-line by multiple-county Soil & Water Conservation Districts. Pushed on-line education to communities/public when available.

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

Due to shift of population homeward and to the rural areas for recreation, change in litter/floatables locations. Highway staff are automatically following BMPs. Contractor trainings were held on-line. Community group website is being maintained. Adopt-a-highway partnerships still increasing and clean-ups still continuing.

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

			5
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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).

Brochures, booklets and posters for certain land uses and POCs. More partnerships to help us reach our goals. Continue to improve web site for MOI communities. Include educational materials in curb cut permit materials. Print educational doorknob hangers for individual IDDE issues which include why the issue and how to prevent it.

MS4 Annual Report Form

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Name of MS4/Coalition: Rensselaer County

SPDES ID: N Y R 2 0 A 3 9 2

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

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:

Form with checkboxes for various activities like Cleanup Events, Comments on SWMP Received, Community Hotlines, etc., with corresponding numerical data entry boxes.

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

Form with checkboxes for public notice methods like List-Serve, Newspaper Advertising, TV/Radio Notices, etc., with corresponding numerical data entry boxes.

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,

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Name of MS4/Coalition

Rensselaer County

SPDES ID

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2. URL(s) con't.:

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

URL

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MS4 Annual Report Form

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

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Name of MS4/Coalition Rensselaer County

SPDES ID
N Y R 2 0 A 3 9 2

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

E c o n o m i c D e v e l o p m e n t & P l a n n i n g

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City

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Phone

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Library Annual Report SWMP Plan Comments

Address

City

Zip

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Phone

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Other Annual Report SWMP Plan Comments

Address

R e n s s e l a e r C o u n t y H i g h w a y D e p t .

City

T r o y

N Y

Zip

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Phone

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

Web Page URL: Annual Report SWMP Plan Comments

h t t p : / / r e n s c o . c o m / M S 4 /

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

eMail Comments

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

MS4 Annual Report Form

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

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Name of MS4/Coalition

Rensselaer County

SPDES ID

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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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

3	6	5
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

Yes No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes No

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

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

Yes No

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

MS4 Annual Report Form

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

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Name of MS4/Coalition

Rensselaer County

SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Due to COVID restrictions, did not hold a public presentation with the Rensselaer County Legislature. Did have a notice published in the local newspaper with the annual report posted on the County website. Attended web trainings for municipal officials and staff. Provide educational materials in county facilities and with partners. Finish updating community website.

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

No comments were received on the annual report, web site or other materials. Community website completed and actively maintained.

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

			7
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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).

Present the annual report to the Public Works Subcommittee. Continue maintaining the Rensselaer County Communities Stormwater website. Create additional educational materials where needed.

MS4 Annual Report Form

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

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Rensselaer County

SPDES ID

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

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

d	i	r	t		f	r	o	m		l	o	g	g	i	n	g	/	a	g	r	i	c	u	l	t	u	r	e		
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4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

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

		5
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6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		5
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7. Has the storm sewershed mapping been completed in this reporting period? Yes No

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

	9	6	%
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8. Is the above information available in GIS?

Yes No

Is this information available on the web?

Yes No

If Yes, provide URL(s):

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

URL

URL

MS4 Annual Report Form

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

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Name of MS4/Coalition Rensselaer County

SPDES ID

N Y R 2 0 A 3 9 2

8. URL(s) con't.:

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

URL

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9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? Yes No
10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? Yes No NT
11. What percent of staff in relevant positions and departments has received IDDE training?

1 0 0 %

MS4 Annual Report Form

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Rensselaer County

SPDES ID

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12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Educated property owners/businesses who violate laws. Use Highway Law for areas outside MS4 (encroachment section). Educate property owners to prevent violations. Worked with non-MS4 communities who have IDDE issues. Continued training for highway staff. Better detection of illicit discharges.

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

Continued enforcement. Training for all staff. Non MS4 communities educated. Staff is finding, identifying and reporting illicit discharges. Most loggers are understanding issues and are properly preparing and cleaning their work sites.

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

		1	2
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

25 drainage projects (12 in MS4 area) are proposed to be upgraded this year. Improve enforcement for IDDE violators. Ongoing training for staff. Mapoutfalls and sewersheds for newly added areas of the Urbanized Area. Have IDDE doorknob hangers printed and put into use in areas where issues are found. Better inspection documentation

MS4 Annual Report Form

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Rensselaer County

SPDES ID

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

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

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

How many MS4s contributed to this report?

		1
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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?

		0
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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:

- | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|---|
| <input type="radio"/> Notices of Violation | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="radio"/> No Authority |
| <input type="radio"/> Stop Work Orders | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="radio"/> No Authority |
| <input type="radio"/> Criminal Actions | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |
| <input type="radio"/> Termination of Contracts | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |
| <input type="radio"/> Administrative Fines | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="radio"/> No Authority |
| <input type="radio"/> Civil Penalties | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="radio"/> No Authority |
| <input type="radio"/> Administrative Orders | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input checked="" type="radio"/> No Authority |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |
| <input type="radio"/> Other | # | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> No Authority |

MS4 Annual Report Form

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Rensselaer County

SPDES ID

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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

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

		0
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2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		0
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3. What percent of active construction sites were inspected during this reporting period? NT

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 %

4. What percent of active construction sites were inspected more than once? NT

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 %

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

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Name of MS4/Coalition

Rensselaer County																								
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SPDES ID

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6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

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○ Library

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City

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○ Other

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

URL

URL

MS4 Annual Report Form

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Rensselaer County

SPDES ID

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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.

Use of erosion control techniques on construction sites including those less than one acre.
Construction sites were seeded.

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

Use of erosion control techniques such as seeding, even when SWPPP is not needed.

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

			3
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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 using BMPs for smaller construction areas. No larger project planned or expected.

MS4 Annual Report Form

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SPDES ID

N	Y	R	2	0	A	3	9	2
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Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

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" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<input type="radio"/> Filter Systems	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<input checked="" type="radio"/> Infiltration Basins	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="1"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="1"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/>
<input type="radio"/> Open Channels	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<input type="radio"/> Ponds	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<input type="radio"/> Wetlands	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<input type="radio"/> Other	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

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

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

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

Other:

education of local officials

MS4 Annual Report Form

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

2	0	2	2
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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

Rensselaer County

SPDES ID

N	Y	R	2	0	A	3	9	2
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

1	0	0
---	---	---

 %

MS4 Annual Report Form

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Rensselaer County

SPDES ID

N	Y	R	2	0	A	3	9	2
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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 (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.

Continued to maintain the stormwater management practice that had been installed in 1993.

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

The stormwater management practice is in good shape and working well. Additional training for green infrastructure stormwater practices was had.

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

			3
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Will continue to maintain the stormwater management practice installed. Receive more training on LID, BSD and other Green Infrastructure principals to effectively train public officials, planning and zoning boards and the public.

MS4 Annual Report Form

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Name of MS4/Coalition

Rensselaer County

SPDES ID

N	Y	R	2	0	A	3	9	2
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Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks and Open Space.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MS4 Annual Report Form

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

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Name of MS4/Coalition

Rensselaer County

SPDES ID

N	Y	R	2	0	A	3	9	2
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2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

				7
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles

		1	2	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		1	2	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				1
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

			0	.	
--	--	--	---	---	--

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

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

4. What was the date of the last training?

0	5
---	---

 /

0	4
---	---

 /

2	0	1	7
---	---	---	---

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

	6	0
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6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0
---	---	---

 %

MS4 Annual Report Form

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Name of MS4/Coalition

Rensselaer County

SPDES ID

N	Y	R	2	0	A	3	9	2
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7. Evaluating Progress Toward Measurable Goals MCM 6

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

All highways swept. All catchbasins were inspected at least once and cleaned when necessary. Self assessment performed on highway department properties by Highway Supervisor 1s. Updated equipment fleet for sanding incorporating the latest technology for materials spreading.

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

Highway department is continuing to follow its program to minimize stormwater pollution. Solids in the catchbasins and stormwater facilities have been minimized. More sweeping and other maintenance and erosion control occurred with vacuum truck. Facilities analysis still in progress. Improved record keeping.

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

		1	4
--	--	---	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
 Yes No
E. Is your MS4 on schedule to meet the deadline set forth in the 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).

We will continue the maintenance program with continued training for all employees. Start implementing the 5 year plan as finances allow. Installed upgrades to drainage system when financially and operationally feasible. Continue the number of miles of streets swept. Update educational efforts. Implement PubWorks software modules to improve record keeping.

MS4 Annual Report Form

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Rensselaer County

SPDES ID

N	Y	R	2	0	A	3	9	2
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Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

		1
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MS4s must answer the questions or check NA as indicated in the table below.

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

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

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

If N/A, go to question 3.

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

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 %

Estimate what percentage was mapped in this reporting period.

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 %

MS4 Annual Report Form

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Rensselaer County

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N	Y	R	2	0	A	3	9	2
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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?

		0
--	--	---

 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? Yes No N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? Yes No N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? Yes No N/A

7b. How many projects have been sited in this reporting period?

		0
--	--	---

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

		0
--	--	---

 %

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

		0
--	--	---

 %

No Projects Planned

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

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

MS4 Annual Report Form

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N	Y	R	2	0	A	3	9	2
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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