

## MCC form for period ending March 9, 2021

SPDES ID \_\_\_\_\_

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

Name of MS4

[illegible]

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

Name of Single Entity

[illegible]

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

Name of Coalition

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**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2021

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

SPDES ID

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SPDES ID

N Y R 2 0 A

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

MCC form for period ending March 9, 2021

Name of MS4 | Town of Schaghticoke

SPDES ID

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Each MS4 must submit an MCC form.

## Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

[illegible]

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

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

Name of MS4 Town of Schaghticoke

SPDES ID

N Y R 2 0 A 1 1 6

**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

B r i a n

MI

H

Last Name

D a v i d s o n

Title

S t o r m w a t e r M a n a g e m e n t C o o r d i n a t o r

Address

2 9 0 N o r t h l i n e D r i v e

City

M e l r o s e

State

N Y

Zip

1 2 1 2 1 -

eMail

c o d e e n f o r c e m e n t @ t o w n o f s c h a g h t i c o k e

Phone

( 5 1 8 ) 7 5 3 - 6 9 1 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, 2 0 2 1

Name of MS4 Town of Schaghticoke

SPDES ID

N Y R 2 0 A 1 1 6

**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

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 A 3 9 2

Address

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

City

T r o y

State

N Y

Zip

1 2 1 8 0 -

eMail

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

☐ 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, 2021

Name of MS4 Town of Schaghticoke

SPDES ID

N Y R 2 0 A

**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

T i m

MI

Last Name

S a l i s b u r y

Title (Clearly print title of individual signing report)

S u p e r v i s o r

Signature

Date

0 / 0 /

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, 2021

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 Schaghticoke |
|-----------------------|----------------------|

SPDES ID

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## Water Quality Trends

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

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

|                                               |   |
|-----------------------------------------------|---|
| How many MS4s are contributed to this report? | 1 |
|-----------------------------------------------|---|

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One. ☐ Yes

☐ Yes    ☒ No

If Yes, choose one of the following

- ☐ Report(s) attached to the annual report
- ☐ Web Page(s) where report(s) is/are provided below

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

URL

[illegible]

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# MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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 Schaghticoke

SPDES ID

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### **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:

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

[illegible]

**2. Specific audiences targeted during this reporting period:**

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

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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Town of Schaghticoke

SPDES ID

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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

☐ Construction Site Operators Trained

# Trained

|  |  |  |  |  |
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☒ Direct Mailings

# Mailings

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☐ Kiosks or Other Displays

# Locations

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☐ List-Serves

# In List

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☒ Mailing List

# In List

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☒ Newspaper Ads or Articles

# Days Run

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| 2 | 7 | 0 | 0 |
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☐ Public Events/Presentations

# Attendees

|  |  |  |  |  |
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☐ School Program

# Attendees

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☐ TV Spot/Program

# Days Run

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☒ Printed Materials:

Total # Distributed

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

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☐ Other:

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| C | o | n | t | e | n | t | . | s | t | o | r | m | w | a | t | e | r |   |   |   |   |   |   |   |   |   |   |   |  |  |
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## MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Schaghticoke

SPDES ID

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**MS4 Annual Report Form**

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Name of MS4/Coalition

Town of Schaghticoke

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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.**

Use of the newsletter and website as a main source of information for residents and the public at large continues. The Town adopted and utilizes Digital Tow Path for the Town website. The Stormwater Management Plan with all annual reports is posted on the website. Debris and floatables are listed in the stormwater management program as a source of pollution. The Town of Schaghticoke provides solid waste pickup, recycling, a hazardous waste cleanup day, and eight clean up days for residents in the Town through ERCSWMA thus providing residents with

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

The Town of Schaghticoke generated 114.4 tons more solid waste in 2020 than in 2019. The Town will continue to work through ERCSWMA for their solid waste needs. ERCSWMA also provides educational information through their website.

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

|   |  |  |  |
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| 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).**

The newsletter and website with updated Stormwater Management Report will continue to be our main source of communication as it reaches all the households and businesses in the Town. ERCSWMA will continue to be used for town solid waste needs. The Town highway Department will continue to use good practices for winter road maintenance. Inspection for development projects will continue. The Schaghticoke Fair, which was canceled for the first time since 1921 due to the pandemic, hopefully will be held in September 2021 and will be utilized for public outreach.







**MS4 Annual Report Form**

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| 2 | 0 | 2 | 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 

|                    |
|--------------------|
| TownofSchaghticoke |
|--------------------|

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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SPDES ID

TownofSchaghticoke

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

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## MS4 Annual Report Form

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

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

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| Name of MS4/Coalition | Town of Schaghticoke |
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SPDES ID

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

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

● MS4/Coalition Office

☒ Annual Report    ☒ SWMP Plan    ☐ Comments

Department

|   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |  |  |  |
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☐ Annual Report    ☐ SWMP Plan    ☐ Comments

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☐ Annual Report    ☐ SWMP Plan    ☐ Comments

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☒ Annual Report    ☒ SWMP Plan    ☐ Comments

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## ○ Comments

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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

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| Townofschaghticoke |
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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?**

|   |   |   |
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| 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**

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Name of MS4/Coalition

Town of Schaghticoke

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.**

Stormwater contact information is available through Digital Towpath on the Town website. The annual report is noticed and presented at a Town Board meeting and is also available on the Town website. The public has opportunity to view the report, make comment and/or ask questions. Any comment received will be submitted with this report. The global pandemic, which coincided with the reporting period, limited the opportunity for public participation.

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

The annual report will be presented at a zoom town board meeting public hearing. Residents participate in hazardous waste clean up days provided by ERCSWMA for the Town. Due to the global pandemic, which existed during the entire reporting period, public participation and involvement has been limited to zoom meetings.

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

|  |  |  |   |
|--|--|--|---|
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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).**

Comprehensive stormwater information is available to the public on the town website and is updated as needed. The annual report will be completed, presented at a zoom town board meeting, and posted on the Town website. Training will be made available to the municipal staff as it become available utilizing zoom. Hopefully with the lifting of restrictions, in face public participation and involvement will resume by the summer of 2021.



## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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 Schaghticoke

SPDES ID

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### **Minimum Control Measure 3. Illicit Discharge Detection and Elimination**

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

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

How many MS4s contributed to this report?

1. Enter the number and approx. percent of outfalls mapped: 

|  |  |  |   |   |   |
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|  |  |  | 1 | 8 | # |
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|   |   |   |   |
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| 1 | 0 | 0 | % |
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2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

**3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?**

- ☐ Auto Recyclers
  - ☒ Building Maintenance
  - ☐ Churches
  - ☐ Commercial Carwashes
  - ☐ Commercial Laundry/Dry Cleaners
  - ☒ Construction Vehicle Washouts
  - ☐ Cross-Connections
  - ☐ Distribution Centers
  - ☐ Food Processing Facilities
  - ☐ Garbage Truck Washouts
  - ☐ Hospitals
  - ☐ Improper RV Waste Disposal
  - ☐ Industrial Process Water
  - ☒ Other:
  - ☐ Landscaping (Irrigation)
  - ☐ Marinas
  - ☐ Metal Plateing Operations
  - ☐ Outdoor Fluid Storage
  - ☐ Parking Lot Maintenance
  - ☐ Printing
  - ☐ Residential Carwashing
  - ☐ Restaurants
  - ☐ Schools and Universities
  - ☐ Septic Maintenance
  - ☐ Swimming Pools
  - ☐ Vehicle Fueling
  - ☒ Vehicle Maint./Repair Shops
  - ☐ None

● Other:

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○ Sewersheds:

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## MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Schaghticoke

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

[illegible]

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

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

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

|  |  |   |
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|  |  | 0 |
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7. **Has the storm sewershed mapping been completed in this reporting period?**  
If No, approximately what percent was completed in this reporting period?

☒ Yes      ☐ No

|  |  |  |   |
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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

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## MS4 Annual Report Form

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

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

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| Name of MS4/Coalition | Town of Schaghticoke |
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**8. URL(s) con't.:**

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

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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?**

|  |  |   |   |
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|  |  | 8 | % |
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**MS4 Annual Report Form**

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Name of MS4/Coalition 

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| Town of Schaghticoke |
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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.**

Measurable goals identified: Outfall mapping, IDDE law or ordinance, administration of IDDE program, employee training, hotline, and trash and debris removal.

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

Complete outfall mapping was overseen by an engineering service. An Outfall and Assessment Inventory was prepared. An IDDE ordinance has been in place since the beginning of the Stormwater requirements. The Stormwater Management Officer (SMO), Highway Department, Building Inspector oversee this goal. A hotline is in place. No calls was received in the 2020-2021 reporting period. Roadway trash and debris was removed by the Highway Department.

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

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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).**

Outfalls will be monitored by the Highway Department, nine were evaluated in this reporting period. With the planned loosening of social distancing and other pandemic restrictions, the SMO, who is an experienced licensed professional geologist, will work more closely with the highway Department personnel during the next reporting cycle. All IDDE inspections will be documented. Additional Highway Department personnel will be trained in IDDE. Trash and debris will continue to be removed by the Highway Department employees. training for employees will continue. The SMO.



**MS4 Annual Report Form**

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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 Schaghticoke

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?

|   |  |  |
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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?**

|  |  |   |
|--|--|---|
|  |  | 7 |
|--|--|---|

**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**

☒ Yes ☐ No ☐ NT

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

|  |   |  |
|--|---|--|
|  | 0 |  |
|--|---|--|

**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**

☒ Yes ☐ No



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

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

**MS4 Annual Report Form**

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

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

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 Schaghticoke |
|----------------------|

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

**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? 

|  |  |   |
|--|--|---|
|  |  | 7 |
|--|--|---|

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

|  |  |   |
|--|--|---|
|  |  | 7 |
|--|--|---|

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

|   |   |   |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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

|   |   |   |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?

☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?

☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?

☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.



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

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

**6. con't.:**

Submit additional pages as needed.

○ MS4/Coalition Office

Department

[illegible]

Address

[illegible]

City

[illegible]

Zip

|   |  |  |  |
|---|--|--|--|
| 0 |  |  |  |
|---|--|--|--|

 - 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Phone

$$\left( \begin{array}{|c|} \hline 0 \\ \hline \end{array} \right) \begin{array}{|c|} \hline 0 \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array}$$

○ Library

Address

[illegible]

City

[illegible]

Zip

|   |  |  |  |  |
|---|--|--|--|--|
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|---|--|--|--|--|

|  |  |  |  |
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|  |  |  |  |
|--|--|--|--|

Phone

$$\left( \begin{array}{|c|c|c|} \hline 0 & & \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline 0 & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

☐ Other

Address

[illegible]

City

[illegible]

Zip

|   |  |  |  |
|---|--|--|--|
| 0 |  |  |  |
|---|--|--|--|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Phone

$$\left( \begin{array}{|c|c|c|} \hline 0 & & \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline 0 & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

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

URL

[illegible]

URL

[illegible]



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

|                      |
|----------------------|
| Town of Schaghticoke |
|----------------------|

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

**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.**

Regulatory mechanisms have been developed that provide for the establishment of minimum construction site stormwater management requirements. Specific management practices are required to control erosion and sediment on regulated construction sites. Stormwater Pollution Plans are required and are reviewed by a licensed professional engineer when engineered post construction controls are part of the stormwater management plan. They are submitted to and are monitored by the Building Department. If no engineered post construction controls are included in stormwater

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

Seven construction project's Stormwater Prevention Plans have been submitted and continue to be monitored in this period. A 1.0 CE Webinar entitled "MS4 Stormwater Program, SPDES General Permit and SWPPP Requirements for Planning Board Review of Subdivision and Site Plan Projects." which provides an overview of required stormwater management rules and practices related to the Planning Board Project Review and Approval Process was forwarded to all the members of the Town Planning Board. The SMO followed up with each of them to ensure that they

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | 7 |
|--|--|--|---|

(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).**

Training will be ramped up in 2021-2022 reporting period. Projects will be reviewed by the Planning Board, Building Department and Professional Engineer when necessary. Compliance will be overseen by the Building Department and Code Enforcement (SMO). This is an ongoing activity to continue throughout the permit cycle. Updates will be done as needed.



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

Town of Schaghticoke

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

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

- How many MS4s contributed to this report? 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

| #<br>Inventoried | #<br>Inspections | # Times<br>Maintained |
|------------------|------------------|-----------------------|
|                  |                  |                       |
|                  |                  |                       |
| 2                | 1                | 1                     |
| 5                | 1                | 1                     |
| 1                |                  |                       |
|                  |                  |                       |
|                  |                  |                       |

☒ Yes    ☐ No

○ Other:

[illegible]

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Town of Schaghticoke

SPDES ID

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|---|---|---|---|---|--|--|--|--|
| N | Y | R | 2 | 0 |  |  |  |  |
|---|---|---|---|---|--|--|--|--|

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

|  |  |   |
|--|--|---|
|  |  | 0 |
|--|--|---|

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

|  |   |  |
|--|---|--|
|  | 0 |  |
|--|---|--|

 %



**MS4 Annual Report Form**

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

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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 Schaghticoke |
|----------------------|

SPDES ID

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| N | Y | R | 2 | 0 | A | 1 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

**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.**

A Stormwater Pollution Plan is in place. Staff is using the guidelines that have been adopted to monitor construction activity.

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

Seven construction sites have been monitored during this reporting period. Stormwater Pollution Plans were reviewed, corrections made, inspections completed and are ongoing. A spreadsheet was prepared to maintain an inventory of all post-construction stormwater management practices since 3/10/03. A conference call was held with the USEPA and NYSDEC on 2/23/21 which was very helpful in providing direction to the Town on how to better implement the MS4 program. The necessary restrictions for the global pandemic hampered training during this reporting period.

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | 7 |
|--|--|--|---|

(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).**

Inspection of and monitoring of current construction sites will be ramped up. The Town will require application for and monitoring of SWMPP for additional sites. A spreadsheet/database developed during this reporting period will be maintained, updated, and revised continuously to track all projects. All construction sites will be inspected during the next reporting period, March 10, 2021 through March 9, 2022. As restrictions necessary to contain the global pandemic are eased, training of staff will be more easily achieved.



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Town of Schaghticoke

SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

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

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report? 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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

**Self-Assessment**  
**Operation/Activity/Facility**  
**performed within the past 3**

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



**MS4 Annual Report Form**

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

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| 2 | 0 | 2 | 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 Schaghticoke |
|----------------------|

SPDES ID

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|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

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

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

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

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 1 | 7 | 4 |
|--|--|---|---|---|
- ☒ Catch Basins Inspected and Cleaned Where Necessary # 

|  |  |   |   |   |
|--|--|---|---|---|
|  |  | 3 | 8 | 5 |
|--|--|---|---|---|
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 0 |
|--|--|--|--|---|
- ☐ 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 | 0 |  |  | . |  |
|---|---|--|--|---|--|

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

|  |  |   |   |
|--|--|---|---|
|  |  | 0 | 1 |
|--|--|---|---|

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

|   |  |   |   |  |   |  |  |  |  |
|---|--|---|---|--|---|--|--|--|--|
| 0 |  | / | 0 |  | / |  |  |  |  |
|---|--|---|---|--|---|--|--|--|--|

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

|  |   |   |
|--|---|---|
|  | 1 | 0 |
|--|---|---|

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

|  |   |   |
|--|---|---|
|  | 7 | 7 |
|--|---|---|

 %



**MS4 Annual Report Form**

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

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|---|---|---|---|
| 2 | 0 | 2 | 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 Schaghticoke

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

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

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

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

The maintenance of highways and associated infrastructure, purchase and maintenance of equipment and employee training are goals that are identified in the SSWMPPP.

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

Three hundred eighty five (385) catch basins have been cleaned and repaired if needed, twelve(12) vac truck loads of water and sediment were removed from the catch basins. Eighty eight (88) miles of road has been swept for a total of 176 going both ways. Thirty(30) miles of ditches have been inspected, ten (10) miles of ditch needed cleaning out, five(5) miles were done. Eleven highway employees received training. 114 more tons of Solid Waste was generated in 2020. The recycling amount remained at about the same level

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | 1 |
|--|--|--|---|

(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).**

Roadway maintenance will continue, training for employees will be made available and attended by Employees. The self assessment program to help improve the highway department will continue. A Spill Prevention, Control, and Countermeasure (SPCC) Plan was prepared for the Town Highway Garage. Solid Waste, material to be recycled and Household Hazardous Waste Day will Continue to be managed by Eastern Rensselaer County Solid Waste Management Authority (ERCSWMA)



## MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2021  
 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 Schaghticoke

SPDES ID

NYR20A116

### Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

   

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

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

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

**2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?**

☐ Yes ☐ No ☒ N/A

If N/A, go to question 3.

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

    %

Estimate what percentage was mapped in this reporting period.

    %



**MS4 Annual Report Form**

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

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

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 Schaghticoke

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

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

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

 %
5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more? ☐ Yes ☐ No ☒ N/A
6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards? ☐ Yes ☐ No ☒ N/A
- 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading? ☐ Yes ☐ No ☒ N/A
- 7b. How many projects have been sited in this reporting period? 

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

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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



**MS4 Annual Report Form**

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

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

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 Schaghticoke |
|----------------------|

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|

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