#### **MS4 Annual Report Cover Page**

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

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

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#### **Choose one:**

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

Fill in SPDES ID in upper right hand corner.

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#### **OR**

### O This report is being submitted on behalf of a Single Entity

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

0 A

Name of Coalition

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#### **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.

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## MS4 Annual Report Cover Page

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

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

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

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

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Name of MS4	Town of Queensbury	N	Y	R	2	0	A	1	1	2

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)
- O A Joint Report

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

If Jo	oint	Rep	ort,	ent	er c	oali	tion	nai	ne:										
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#### MS4 Municipal Compliance Certification(MCC) Form

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

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Name of MS4 Town of Queensbury	N	Y	R	2	0	А	1	1	2

#### **Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

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## MS4 Municipal Compliance Certification (MCC) Form

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

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

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

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#### **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.

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

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

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

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Name of MS4/Coalition Town of Queensbury	N Y R 2 0 A 1 1 2
Minimum Control Measure 1. Public Edu	ucation 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. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach du	uring this reporting period:
• Construction Sites	<ul> <li>Pesticide and Fertilizer Application</li> </ul>
• General Stormwater Management Information	O Pet Waste Management
O Household Hazardous Waste Disposal	Recycling
O Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
○ Infrastructure Maintenance	● Trash Management
○ Smart Growth	O Vehicle Washing
○ Storm Drain Marking	O Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	• Wetland Protection
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period:	
○ Public Employees	
<ul><li>Residential</li><li>Developers</li></ul>	
● Businesses ● General Public	
○ Restaurants ○ Industries	
Other: Agricultural	
Other	

This report is being submitted for the reporting period ending March 9, 2 0 1 1 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 Queensbury	NY	R 2 0 A 1	1 2
4. Evaluating Pro	ogress Toward Measurable Goals MCM 1			
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identified in your S	port on your progress and project plans toward a tormwater Management Program Plan (SWMPF litional pages as needed.	_	-	Part
A. Briefly summa	rize the Measurable Goal identified in the SV	VMPP in this r	eporting peri	od.
The Town has not	yet adopted a SWMPP. Please see cover letter.			
B. Briefly summa	rize the observations that indicated the overa	ll effectiveness	s of this Meas	urable
Goal.				
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D. Has your MS4	made progress toward this Measurable Goal	during this re	porting perio	_
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E. Is your MS4 or	n schedule to meet the deadline set forth in the	e SWMPP?	○ Yes	○ No
•	rize the stormwater activities planned to mee ting cycle (including an implementation sched	_	his MCM dur	ring

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

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 Queensbury

### **MS4 Annual Report Form**

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• eMa			r			~ P ·						Γ	5-			P						~					r		Zon	nme	nts
	S	t	u	a	r	t	b	@	q	u	е	е	n	s	b	u	r	У		n	е	t									

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

	<u>S</u>	<u>PDES</u>	ID					
Name of MS4/Coalition Town of Queensbury	1	N Y	R	2	0 A	1	1	2
4.a. If this report was made available on the internet, what da	ate was it	poste	d?					
Leave blank if this report was not posted on the internet.	0	9 /	0	1	/ 2	0	1	1
4.b. For how many days was/will this report be posted?						3	6	5
If submitting a report for single MS4, answer 5.a If submitt	ting a joint	repo	rt, a	ansv	wer 5	.b		
<b>5.a. Was an Annual Report public meeting held in this report</b> If Yes, what was the date of the meeting?	ting period	d?			○ Y /	es		No
If No, is one planned?					$\circ$ Y	es	• ]	No
5.b. Was an Annual Report public meeting held for all MS4s	contribut	ing to	o th	is 1	repor	t dı	ırin	g
this reporting period?					$\circ$ Y	es	0]	No
If No, is one planned for each?					O Y	es	0]	No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.					O Y	es	• ]	No

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

Name of MS4/Coalition	Town of Queensbury	SPDES ID    N   Y   R   2   0   A   1   1   2
7. Evaluating Pro	gress Toward Measurable Goals MCM 2	
identified in your St	ort on your progress and project plans toward tormwater Management Program Plan (SWM) itional pages as needed.	
A. Briefly summar	rize the Measurable Goal identified in the S	SWMPP in this reporting period.
The Town has not y	yet adopted a SWMPP. Please see cover lette	r.
B. Briefly summar Goal.	rize the observations that indicated the over	rall effectiveness of this Measurable
C. How many time	es was this observation measured or evalua	ted in this reporting period?
D. II		(ex.: samples/participants/events
D. Has your MS4	made progress toward this measurable goa	o Yes  ○ No
E. Is your MS4 on	schedule to meet the deadline set forth in t	
v	rize the stormwater activities planned to mo	eet the goals of this MCM during

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

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 Queensbury			NY	R	2 0	) A	1	1 2
<b>Minimum Control Measure 3.</b>	Illicit Discharge	e Detect	tion a	nd F	Elin	<u> ina</u>	tio	<u>n</u>
The information in this section is being reported   On behalf of an individual MS4  On behalf of a coalition  How many MS4s contributed to the section of t	,							
1. Enter the number and approx. percent	of outfalls mapped	d:	3	3 0	#		6	0 %
2. How many of these outfalls have been s reporting period (outfall reconnaissance	•	eather d	ischarş	ges d	lurin	ng th	nis	0
3.a. What types of generating sites/sewershoreporting period?	eds were targeted t	for insp	ection (	durii	ng tl	his		
O Auto Recyclers	O Landscaping (Irr	rigation)						
O Building Maintenance	O Marinas							
○ Churches	O Metal Plateing (	Operation	S					
O Commercial Carwashes	Outdoor Fluid S	Storage						
O Commercial Laundry/Dry Cleaners	O Parking Lot Ma	intenance	;					
O Construction Vehicle Washouts	O Printing							
○ Cross-Connections	O Residential Cary	washing						
O Distribution Centers	O Restaurants							
O Food Processing Facilities	O Schools and Uni	iversities						
O Garbage Truck Washouts	O Septic Maintena	ance						
○ Hospitals	O Swimming Pools	s						
O Improper RV Waste Disposal	O Vehicle Fueling	5						
O Industrial Process Water	O Vehicle Maint./I	Repair Sh	nops					
Other:	None							
O Sewersheds:							, ,	

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

SPDES ID

Name of MS4/Coalition Town of Queensbury	0 7	A 1	1 2									
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												
○ Floor Drains Connected To Storm Sewers ○ Sanitary Sewer Overflows	Drains Connected To Storm Sewers Overflows											
egal Dumping O Straight Pipe Sewer Discharges												
Other: None												
4. How many illicit discharges/potential illegal connections have been detected du reporting period?	rıng	z tni	0									
5. How many illicit discharges have been confirmed during this reporting period?	•		0									
<ul> <li>6. How many illicit discharges/illegal connections have been eliminated during this period?</li> <li>7. Has the storm sewershed mapping been completed in this reporting period? If No, approximately what percent was completed in this reporting period?</li> </ul>		Yes	ting 0  ● No 0 %									
8. Is the above information available in GIS? Is this information available on the web? If Yes, provide URL(s):	0 \	Yes Yes	<ul><li>No</li><li>No</li></ul>									
Please provide specific address of page where map(s) can be accessed - not home pag	зе. 											
	-	-										
URL												
URL												

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

specific add		age whe	ere map	(s) can	be acces	N Y	ot hor	ne pag	e =
		age whe	ere map	(s) can	be acces	sed - n	ot hor	ne pag	e
specific add	ress of pa	age whe	ere map	(s) can	be acces	sed - n	ot hor	ne pag	e

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

N. CMOMO IV	Town of Queensbury	SPDES ID    N   Y   R   2   0   A   1   1   2
Name of MS4/Coalition		
12. Evaluating Pro	gress Toward Measurable Goals MCM 3	
identified in your St	ort on your progress and project plans toward tormwater Management Program Plan (SWMI tional pages as needed.	2
A. Briefly summar	rize the Measurable Goal identified in the S	WMPP in this reporting period.
The Town has not y	yet adopted a SWMPP. Please see cover letter	r.
B. Briefly summar Goal.	rize the observations that indicated the over	rall effectiveness of this Measurable
C. How many time	es was this observation measured or evalua	ted in this reporting period?
		(ex.: samples/participants/events
D. Has your MS4	made progress toward this measurable goal	
E. Is your MS4 on	schedule to meet the deadline set forth in t	
•	rize the stormwater activities planned to me ing cycle (including an implementation sch	eet the goals of this MCM during

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

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

	SPI	DES	ID						
Name of MS4/Coalition Town of Queensbury	N	Y	R	2	0	А	1	1	2

### <u>Minimum Control Measures 4 and 5.</u> Construction Site and Post-Construction Control

	<b>Construction Site and Post-Construction Control</b>		
The	e information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1a	. Has each MS4 contributing to this report adopted a law, ordinance or other req mechanism that provides equivalent protection to the NYS SPDES General Per Stormwater Discharges from Construction Activities?	_	, ○ No
	Stormwater Discharges from Construction Activities.	103	O NO
	equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney certification or using the NYSDE Analysis Workbook?  If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La © 09/2004 © 0	C Gap ○ No	and ONT ONT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	○ Yes	<ul><li>No</li></ul>
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have	ve been	
	reviewed in this reporting period?		1 1
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of purcomments related to construction SWPPPs?  • Yes	ablic O No	O NT
	If Yes, how many public comments were received during this reporting period?		
5.	Does your MS4/Coalition provide education and training for contractors about SWPPP process?	the loca	al ● 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:

O Notices of Violation	#				O No Authority
• Stop Work Orders	#			2	O No Authority
O Criminal Actions	#				<ul><li>No Authority</li></ul>
○ Termination of Contracts	#				<ul><li>No Authority</li></ul>
O Administrative Fines	#				<ul><li>No Authority</li></ul>
O Civil Penalties	#				<ul><li>No Authority</li></ul>
<ul><li>Administrative Orders</li></ul>	#			1	O No Authority
O Enforcement Actions or Sanctions	#				
Other	#				O No Authority

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

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

SPDES ID

Nar	ne of MS4/Coalition Town of Queensbury	N	Y R 2	0 A 1	1 2
	Minimum Control Measure 4. Construction Site Stor	rmwate	r Runo	off Con	<u>trol</u>
The	e 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 distributing this reporting period?	urbance	s of one	acre or i	more
2.	How many construction projects disturbing at least one acre w during this reporting period?	ere activ	e in you	r jurisd	iction 2 2
3.	What percent of active construction sites were inspected during	g this re	porting <b>j</b>	period?	O NT
				1 0	0 %
4.	What percent of active construction sites were inspected more	than one	ee?		O NT
				1 0	0 %
5.	Do all inspectors working on behalf of the MS4s contributing t Construction Stormwater Inspection Manual?	o this re	port use • Yes	the NY	
6.	Does your MS4/Coalition provide public access to Stormwater (SWPPPs) of construction projects that are subject to MS4 rev				ans
	If we was MCA is New Two didings I was CWDDD and		• Yes		O NT
	If your MS4 is Non-Traditional, are SWPPPs of construction public review?	orojects i	made av	allable f O Yes	or O No

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

		SPI	DES	ID						
Name of MS4/Coalition Town of Queensbury		N	Y	R	2	0	A	1	1	2
6. con't.: Submit additional pages as needed.										
○ MS4/Coalition Office										
Department						1				
Address										
City	 Zip									
	Zip					_				
Phone						J				
○ Library										
Address										
	7:									
City	Zip					_				
Phone						]				
(										
Other										
Address										
City	Zip					1		_		
						_				
Phone										
(										
$\bigcirc$ Web Page URL(s): Please provide specific address where SWPPPs can	n be a	acce	esse	ed -	not	ho	me j	pag	e.	
URL										
URL										

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

Name of MS4/Coalition	Town of Queensbury	SPDES ID  N Y R 2 0 A 1 1 2
Name of Wis-7 Coantion		
7. Evaluating Pro	gress Toward Measurable Goals MCM 4	
identified in your St	oort on your progress and project plans toward tormwater Management Program Plan (SWN itional pages as needed.	
A. Briefly summar	rize the Measurable Goal identified in the	SWMPP in this reporting period.
The Town has not y	yet adopted a SWMPP. Please see cover lett	er.
B. Briefly summar Goal.	rize the observations that indicated the over	erall effectiveness of this Measurable
C. How many time	es was this observation measured or evalu	ated in this reporting period?
		(ex.: samples/participants/ev
D. Has your MS4	made progress toward this measurable go	al during this reporting period?
E. Is your MS4 on	schedule to meet the deadline set forth in	
E Driefly grown or	wing the atomic vator activities alonged to m	○ Yes ○ No
·	rize the stormwater activities planned to ming cycle (including an implementation sch	e e

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

Name of MCA/Coolition	Town of Queensbury			SPDES ID N Y R	2 0 A 1 1 2
Name of MS4/Coalition	1[				
Minimum	Control Meas	sure 5. Post	-Constructio	on Stormwater M	<u> Ianagement</u>
The information in the	nis section is being	g reported (chea	ck one):		
<ul><li>On behalf of an inc</li><li>On behalf of a coa</li><li>How m</li></ul>		ibuted to this	report?		
				anagement practices eporting period?	has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	ees				
• Filter Systems		1			
• Infiltration Basins		9	1 5		
Open Channels					
Ponds		1	1		
O Wetlands					
Other		1			
•	electronic tool (	_	abase, spreads	heet) to track post-	construction ● Yes ○ No
v 1	non-structural <sub>]</sub> Better Site Desig			implement Low Innciples?	ıpact
O Building Codes	O Municipal Co	omprehensive P	lans		
Overlay Districts	Open Space I	Preservation Pro	ogram		
○ Zoning	O Local Law or	Ordinance			
None	O Land Use Re	gulation/Zoning	9		
O Watershed Plans	Other Compr	ehensive Plan			
Other:					

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

	S	PDE	SID								
Name of MS4/Coalition Town of Queensbury	1	1 A	Z R	2	0	1 1	2				
4a. Are the MS4s contributing to this report involved in a regional/v	vatershed	wid	de pla	ann	0	effor Yes		No			
4b. Does the MS4 have a banking and credit system for stormwater management practices?											
					0	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 stor	mwater n	ana	agen	ient		ictice Yes		No			
4d. How many stormwater management practices have been implemented as part of this system in this reporting period?											
5. What percent of municipal officials/MS4 staff responsible for protraining on Low Impace Development (LID), Better Site Design	_	•				ttend	ed	ı			
Infrastructure principles in this reporting period?							0	%			

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

,		SPDES ID	)	
Name of MS4/Coalition	Town of Queensbury	N Y R	2 0 A 1	1 2
				· · · · · · · · · · · · · · · · · · ·
6. Evaluating Pro	gress Toward Measurable Goals MCM :	5		
o. Lvaluating 110	gress roward incasurable doals inclin	,		
identified in your St	ort on your progress and project plans towater Management Program Plan (SW	_	•	Part
III.C.1. Submit addi	tional pages as needed.			
A. Briefly summar	rize the Measurable Goal identified in th	e SWMPP in this re	porting peri	od.
The Town has not y	vet adopted a SWMPP. Please see cover le	etter.		
B. Briefly summar	rize the observations that indicated the o	verall effectiveness	of this Meas	urable
Goal.	the observations that material the o	veruit effectivelless	or this wieus	ui ubic
C. How many time	es was this observation measured or eval	uated in this report	ing period?	
		(e	ex.: samples/par	L ticipants/events
D. Has your MS4	made progress toward this measurable g	oal during this repo	orting period	?
·	1 3		○ Yes	_
E. Is your MS4 on	schedule to meet the deadline set forth	n the SWMPP?		
	solicular to infect the deduction set for the		○ Yes	○ No
•	rize the stormwater activities planned to ing cycle (including an implementation s	_	is MCM dur	ring
1				1

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

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

		SPDES ID									
Name of MS4/Coalition	Town of Queensbury		N	Y	R	2	0	A	1	1	2

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

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

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

**Self-Assessment** 

Operation/Activity/Facility performed within the past 3 **Operation/Activity/Facility** Addressed in SWMP? vears? Street Maintenance..... O Yes ● No ...... ● Yes  $\bigcirc$  No Bridge Maintenance. O Yes No ....Yes  $\bigcirc$  No Winter Road Maintenance.... O Yes ● No ..... ● Yes  $\bigcirc$  No Salt Storage. O Yes No ....Yes  $\bigcirc$  No  $\bigcirc$  No Solid Waste Management..... O Yes No .....Yes New Municipal Construction and Land Disturbance.. O Yes No \_\_\_\_\_Yes  $\bigcirc$  No Right of Way Maintenance. O Yes NoYes  $\bigcirc$  No ● No ○ Yes No Marine Operations. O Yes Hydrologic Habitat Modification..... O Yes ● No ..... ○ Yes No NoYes Parks and Open Space. O Yes  $\bigcirc$  No ● No ...... • Yes  $\bigcirc$  No Municipal Building. O Yes  $\bigcirc$  No Stormwater System Maintenance..... O Yes NoYes ● No ..... ○ Yes No Vehicle and Fleet Maintenance.... O Yes  $\bigcirc$  No ● No ○ Yes Other Other

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

	2	PDES ID						
Name of MS4/Coalition Town of Queensbury	I	N Y R	2	0 A	1	1	2	
2. Provide the following information about municipal operation	ons good	housek	еер	ing pı	rogi	ram	ıs:	
O Parking Lots Swept (Number of acres X Number of times swept	t)	# Acı	es					
O Streets Swept (Number of miles X Number of times swept)		# Mi	les		4	2	5	
<ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>			#	1	5	4	9	
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>			#					
O Phosphorus Applied In Chemical Fertilizer		# L1	os.					
O Nitrogen Applied In Chemical Fertilizer		# L1	os.					
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Nutimes applied to the nearest tenth.)	umber of	# Acre	S			].[		
3. How many stormwater management trainings have been provided to municipal employees during this reporting period?								
4. What was the date of the last training?		/		/				
5. How many municipal employees have been trained in this r	reporting	period	?					
6. What percent of municipal employees in relevant positions stormwater management training?	and depa	artment	s re	eceive	7	5	%	

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

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

SPDES ID

Name of MS4/Coalition Town of Queensbury	N Y R 2 0 A 1 1 2
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
All departments will continue to use BMP to protect water qualit	y.
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
Efforts continue, with improvements made in processes as opport	unities permit.
C. How many times was this observation measured or evalua-	
	(ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable goal	
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in t	he SWMPP?  • Yes • No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation scho	eet the goals of this MCM during
Internal data reporting processes are being improved to adjust to annual reports.	·

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

		SPI	DES	ID						
Name of MS4/Coalition	Town of Queensbury	N	Y	R	2	0	A	1	1	2

MS4 Description NYC EOH Watershed	Answer	CL LNA	
		Check NA	(POC)
11.1 1 1 1 1 1 1 1	-	-	-
raditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
raditional Non-Land Use on-Traditional	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Onondaga Lake Watershed	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
raditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
raditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
on-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12 2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
raditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
raditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
on-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
raditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
raditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
on-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
raditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
raditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
on-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	1 4 6 7- 1 9- 0	2 2 5 91 10 11 12	- Dh h
raditional Land Use raditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
on-Traditional	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus Phosphorus
LI 27 Embayments	1,4,0,7a-u,0a,9	2,3,3,80,10,11,12	1 Hospitorus
raditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
raditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
on-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

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

			SPDES ID		
Naı	me of MS4/Coalition Town of Queensbury		N Y R 2	0 A 1	1 2
3.	Does your MS4/Coalition have a Stormwater Conveyance and Maintenance Plan Program?	e System (	infrastructi • Yes	ure) Insp ○ No	oection ○ N/A
4.	Estimate the percentage of on-site wastewater treatment and maintained or rehabilitated as necessary in this repo	•		n inspec	eted %
5.	Has your MS4/Coalition developed a program that provin NYSDEC SPDES General Permit for Stormwater Discha (GP-0-08-001) to reduce pollutants in stormwater runoff disturb five thousand square feet or more?	arges from	Constructi	on Activ	rities
6.	Has your MS4/Coalition developed a program to address runoff from new development and redevelopment project equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Act the New York State Stormwater Design Manual Enhance Standards?	ts that dist he NYS Di ctivities (G	turb greate EC SPDES P-0-08-001	r than or General ), includi	•
7a	. Does your MS4/Coalition have a retrofitting program to phosphorus/nitrogen/pathogen loading?	reduce ero	osion or • Yes	• No	O N/A
7b	.How many projects have been sited in this reporting per	iod?			
7c.	. What percent of the projects included in 7b have been co	ompleted in	n this repor	ting peri	od?
7d	.What percent of projects planned in previous years have	been com	-		%
			O No	Projects	Planned
8a	.Has your MS4/Coalition developed and implemented a tuprocedures policy that addresses proper fertilizer applications?		unicipally o		O N/A
8b	e. Has your MS4/Coalition developed and implemented a to procedures policy that addresses proper disposal of grass municipally owned lands?	_	-		O N/A

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

	SPDES ID		
Name of MS4/Coalition Town of Queensbury	N Y R 2	0 A 1	1 2
9. Has your MS4/Coalition developed and implemented a program of	-	_	0.37/4
	○ Yes	No	$\bigcirc$ N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste	on municipa	l prope	rties and
prohibiting goose feeding?	$\bigcirc$ Yes	<ul><li>No</li></ul>	$\bigcirc$ N/A
11. Does your MS4/Coalition have a pet waste bag program?	• Yes	○ No	O N/A
12. Does your MS4/Coalition have a program to manage goose			
populations?	○ Yes	<ul><li>No</li></ul>	$\bigcirc$ N/A