

**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2 0 1 3

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

SPDES ID  
N Y R 2 0 A 1 1 5

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

W a r r e n C o u n t y

OR

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

(Per Part ILE of GP-0-10-002)

Name of Single Entity

OR

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

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

Name of Coalition

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

MCC form for period ending March 9, 2013

Name of MS4 Warren County

SPDES ID  
N Y R 2 0 A 1 1 5

**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 VIJ).
- 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 Kevin MI B Last Name Geraghty

Title Chairman, Warren County

Address 1340 Rte 9

City Lake George State NY Zip 12845 - 3434

eMail

Phone (518) 623 - 9511 County Warren

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

MCC form for period ending March 9, 2013

Name of MS4 Warren County

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N Y R 2 0 A 1 1 5

**Section 2 - Contact Information**

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For each contact, select all that apply:

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

First Name J a m e s MI R Last Name L i e b e r u m

Title D i s t r i c t M a n a g e r

Address 3 9 4 S c h r o o n R i v e r R o a d

City W a r r e n s b u r g State N Y Zip 1 2 8 8 5 -

eMail j i m 9 9 @ n y c a p . r r . c o m

Phone ( 5 1 8 ) 6 2 3 - 3 1 1 9 County W a r r e n

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

MCC form for period ending March 9, 2013

Name of MS4 Warren County

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N Y R 2 0 A 1 1 5

**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  
[Grid]

Partner/Coalition Name (con't.)  
[Grid] SPDES Partner ID - If applicable  
N Y R 2 0

Address  
[Grid]

City [Grid] State [Grid] Zip [Grid]

eMail  
[Grid]

Phone ( [Grid] ) [Grid] - [Grid]

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. MMI School Programs or Multiple Tasks)?

- MM1 [Grid]
- MM2 [Grid]
- MM3 [Grid]
- MM4 [Grid]
- MM5 [Grid]
- MM6 [Grid]

Additional tasks/responsibilities

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

[Grid]

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

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Name of MS4 Warren County

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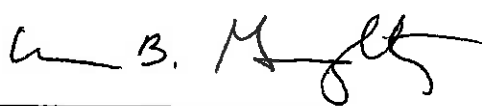
**Section 4 - Certification Statement**

"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.

First Name Kevin MI B Last Name Geraghty

Title (Clearly print title of individual signing report)  
Chairman, Warren County

Signature  


Date 05/30/2013

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, 2013

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

Name of MS4/Coalition

SPDES ID

#### 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. Targeted Public Education and Outreach Best Management Practices

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

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

|  |
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|  |
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Other

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

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

|  |
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Other

### MS4 Annual Report Form

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Name of MS4/Coalition Warren County

SPDES ID  
 N Y R 2 0 A 1 1 5

**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
- Direct Mailings
- Kiosks or Other Displays
- List-Serves
- Mailing List
- Newspaper Ads or Articles
- Public Events/Presentations
- School Program
- TV Spot/Program
- Printed Materials:

|                     |  |  |   |   |   |
|---------------------|--|--|---|---|---|
| # Trained           |  |  | 1 | 2 | 1 |
| # Mailings          |  |  |   |   |   |
| # Locations         |  |  |   |   | 3 |
| # In List           |  |  |   |   |   |
| # In List           |  |  | 1 | 2 | 0 |
| # Days Run          |  |  |   |   | 4 |
| # Attendees         |  |  |   |   |   |
| # Attendees         |  |  | 3 | 9 | 4 |
| # Days Run          |  |  |   |   |   |
| Total # Distributed |  |  |   | 4 | 0 |

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

|   |   |   |   |   |   |  |   |   |   |   |   |   |  |   |   |   |   |   |   |
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Other:

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Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

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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 

|               |
|---------------|
| Warren County |
|---------------|

SPDES ID

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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Engage the Glen Lake Association and the Lake Sunnyside Association in regards to stormwater issues. Offer information and presentations to the groups on how impacts may be lessened through mitigation projects.

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

Worked with Glen Lake Association for stormwater remediation throughout watershed as part of a NYSDEC WQIP grant.

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | 3 |
|--|--|--|---|

*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

Continue to work with Associations to reduce stormwater impacts on the respective lakes within the County right of way.

**MS4 Annual Report Form**

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Name of MS4/Coalition 

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SPDES ID

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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

Utilize and disperse brochures and other literature developed by the Regional Planning Board, the SWCD and the DEC regarding stormwater runoff. Get information out to public forums and to youth events as appropriate.

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

Information disseminated through the SWCD Annual Report and available at SWCD and DPW offices

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

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

(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

Continue to disperse information to public at various public locations.

**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 

|               |
|---------------|
| Warren County |
|---------------|

SPDES ID

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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

Work with media outlets to have articles and information in the Glens Falls Post Star and Chronicle about stormwater projects, stream cleanups and other water quality issues.

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

There were 3 articles that dealt with stormwater, education and water quality issues.

**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 SWMP?**

Yes  No

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

Increase number of articles to 6

**MS4 Annual Report Form**

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Name of MS4/Coalition Warren County

SPDES ID  
N Y R 2 0 A 1 1 5

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

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

Perform five educational events.

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

Held 3 erosion and sediment control trainings for contractors. Attended the 2012 North County Stormwater Tradeshow, hosted Warren County Envirothon, participated in Conservation Field Days

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

6

*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

Continuing to host E&S trainings, Warren County Envirothon and assisting with the 2013 Adirondack Watersfest.

### MS4 Annual Report Form

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Name of MS4/Coalition

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### Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?

#### 1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

|  |   |  |   |   |                                |
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| <input type="radio"/> Cleanup Events                       | # Events  | <input type="text" value=""/>  | <input type="text" value=""/>   | <input type="text" value=""/>   | <input type="text" value=""/>  |
| <input checked="" type="radio"/> Comments on SWMP Received | # Comments  | <input type="text" value=""/>  | <input type="text" value=""/>   | <input type="text" value=""/>   | <input type="text" value="0"/> |
| <input checked="" type="radio"/> Community Hotlines        | Phone #   | ( <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="8"/> ) | <input type="text" value="6"/> <input type="text" value="2"/> <input type="text" value="3"/> -                          | <input type="text" value="4"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="1"/> |                                |
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| <input type="radio"/> Community Meetings                   | # Attendees   | <input type="text" value=""/>  | <input type="text" value=""/>   | <input type="text" value=""/>   | <input type="text" value=""/>  |
| <input type="radio"/> Plantings                            | Sq. Ft.   | <input type="text" value=""/>  | <input type="text" value=""/>   | <input type="text" value=""/>   | <input type="text" value=""/>  |
| <input type="radio"/> Storm Drain Markings                 | # Drains  | <input type="text" value=""/>  | <input type="text" value=""/>   | <input type="text" value=""/>   | <input type="text" value=""/>  |
| <input type="radio"/> Stakeholder Meetings                 | # Attendees   | <input type="text" value=""/>  | <input type="text" value=""/>   | <input type="text" value=""/>   | <input type="text" value=""/>  |
| <input type="radio"/> Volunteer Monitoring                 | # Events  | <input type="text" value=""/>  | <input type="text" value=""/>   | <input type="text" value=""/>   | <input type="text" value=""/>  |
| <input type="radio"/> Other:                               | <input type="text" value=""/>   |  |   |   |                                |

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

Yes  No

|   |                               |                               |                               |                               |                               |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> List-Serve            | # In List                     | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |
| <input type="radio"/> Newspaper Advertising | # Days Run                    | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |
| <input type="radio"/> TV/Radio Notices      | # Days Run                    | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |
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● Web Page URL: Enter URL(s) on the following two pages.



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Name of MS4/Coalition

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.

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### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9, 2013**

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

Name of MS4/Coalition Warren County

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  
W a r r e n C o u n t y S W C D

Address  
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City  
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Zip  
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Library  Annual Report  SWMP Plan  Comments

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Other  Annual Report  SWMP Plan  Comments

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Web Page URL:  Annual Report  SWMP Plan  Comments

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Please provide specific address of page where report 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, 2013

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Name of MS4/Coalition Warren County

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

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

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

3 6 5

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?

/ /

If No, is one planned?

Yes  No

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

Yes  No

If No, is one planned for each?

Yes  No

6. Were comments received during this reporting period?

Yes  No

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

**MS4 Annual Report Form**

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

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

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

Organize and undertake the Warren County Envirothon: an educational competition for high school students. Glens Falls and Queensbury are attendees.

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

Glens Falls and Queensbury participated in the Warren County Envirothon

**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 SWMP?**

Yes  No

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

Continue to encourage participation and include Lake George HS.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2013

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

Name of MS4/Coalition

SPDES ID

**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.**

Continue to engage the public in the Adopt-A-Highway program, and work to expand the areas of county road covered by this initiative. This program is a beneficial means of addressing roadside litter while helping to educate the public about environmental issues.

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

The DPW and its seven partners manages 30.5 highway miles through this program and provides waste collection and disposal 2 times through the year.

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

(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

Continue to expand program by 1 mile.









**MS4 Annual Report Form**

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

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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.**

Review and enforce all provisions of the Warren County IDDE law regarding illicit discharges into Warren County drainage infrastructure

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

Provisions provided to the county for consideration

**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).**

County to adopt IDDE procedures

**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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**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? 

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

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

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

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

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| <input type="radio"/> Notices of Violation             | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input checked="" type="radio"/> No Authority |
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| <input type="radio"/> Stop Work Orders                 | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input checked="" type="radio"/> No Authority |
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| <input type="radio"/> Criminal Actions                 | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input checked="" type="radio"/> No Authority |
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| <input type="radio"/> Termination of Contracts         | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  | <input checked="" type="radio"/> No Authority |
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**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2013

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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**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report?

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?
  3. What percent of active construction sites were inspected during this reporting period? %  NT
  4. What percent of active construction sites were inspected more than once? %  NT
  5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT
  6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013  
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition:

SPDES ID

6. con't.:  
Submit additional pages as needed.

● MS4/Coalition Office

Department

Address

City  
  
Zip  
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Phone  
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○ Library

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City  
  
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○ Other

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

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**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2013

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

Name of MS4/Coalition Warren County

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**7. Evaluating Progress Toward Measurable Goals MCM 4**

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

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

No county construction in this reporting period.

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

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

□ □ □ □

*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

Goals are as needed.





**MS4 Annual Report Form**

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Name of MS4/Coalition Warren County

SPDES ID  
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes  No

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

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

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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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**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.**

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| No county construction in this reporting period. |
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**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

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**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).**

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| Goals as needed |
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**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2013

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Name of MS4/Coalition Warren County

SPDES ID  
N Y R 2 0 A 1 1 5

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

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

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

How many MS4s contributed to this report?

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

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

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2013  
 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 1 | 5 |
|---|---|---|---|---|---|---|---|---|

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

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

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

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

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

**MS4 Annual Report Form**

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

|   |   |   |   |
|---|---|---|---|
| 2 | 0 | 1 | 3 |
|---|---|---|---|

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

Name of MS4/Coalition

Warren County

SPDES ID

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 1 | 5 |
|---|---|---|---|---|---|---|---|---|

**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.**

Vehicle and Equipment and Maintenance Facilities Procedures: Warren County vehicle maintenance facilities will follow EPA and DEC regulations and guidelines in all vehicle washing and maintenance activities.

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

Stated goals met for this reporting period.

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

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

*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

Continue with existing program.

**MS4 Annual Report Form**

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Name of MS4/Coalition

SPDES ID  

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| N | Y | R | 2 | 0 | A | 1 | 1 | 5 |
|---|---|---|---|---|---|---|---|---|

**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                 | 1,2,7a-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>Pecanic 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**

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Name of MS4/Coalition

SPDES ID  

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

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

