MS4 Annual Report Cover Page

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

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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)

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OR

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

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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 accept	ance o	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 bir	nding agr	eeme	nts.			
If Joint Report, enter coalition name:						
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MCC form for period ending March 9, 2 0 1 3

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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:

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

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

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

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Name of MS4 Town of Brunswick	N Y R 2 0 A 0 1 5
Section 3 - Partner Information	
Did your MS4 work with partners/coalition to complete some or all perperiod?	mit requirements during this reporting Yes O No
If Yes, complete information below. Submit a separate sheet for each partner. Information provided accepted. If your MS4 cooperated with a coalition, submit one coalition. It is not necessary to include a separate sheet for each submit of the separate sheet for each submit of the separate sheet for each submit of the separate sheet for each submit of the separate sheet for each submit of the separate sheet for each submit of the separate sheet for each submit of the separate sheet for each submit of the separate sheet for each submit of the separate sheet for each partner.	sheet with the name of the
If No, proceed to Section 4 - Certification Statement.	
Partner/Coalition Name Hudson Valley Communi	ty College
Partner/Coalition Name (con't.)	SPDES Partner ID - If applicable
	N Y R 2 0 A
Address 80 Vandenburgh Avenue	
	ate Zip
Troy	
eMail	
L . v i v e c a n a n d @ h v c c . e d u	
	y Binding Agreement in accordance P-0-08-002 Part IV.G.? ○ Yes • No
What tasks/responsibilities are shared with this partner (e.g. MM)	School Programs or Multiple Tasks)
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Additional tasks/responsibilities Watershed Improvement Strategy Best Management Practice, watersheds included in GP-0-08-002 Part IX.	s required for MS4s in impaired

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Partner/CoalitionName	
	B h B B B B B B B B B
Partner/Coalition Name (con't.)	SPDES Partner ID - If applicable N Y R 2 0 A
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2 Douglas Street	
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	SPDES ID
Name of MS4 Town of Brunswick	N Y R 2 0 A 0 1 5
Section 3 - Partner Information	
Did your MS4 work with partners/coalition to complete some or all pe period?	ermit requirements during this reporting
If Yes, complete information below.	
Submit a separate sheet for each partner. Information provide accepted. If your MS4 cooperated with a coalition, submit one	
coalition. It is not necessary to include a separate sheet for each	
If No, proceed to Section 4 - Certification Statement.	
Partner/CoalitionName	-,,,,,,
Renssellaer County Soi	
Partner/Coalition Name (con't.) Conservation District	SPDES Partner ID - If applicable N Y R 2 0
Address	
5 5 State Street	
City	state Zip
T r o y	N Y 1 2 1 8 0 -
eMail	
tom.sanford@ny.usda.g	O V
Legali	ly Binding Agreement in accordance GP-0-08-002 Part IV.G.? ○ Yes • No
What tasks/responsibilities are shared with this partner (e.g. MM	1 School Programs or Multiple Tasks)
MM1 Multiple Tasks	
O MM2	
O MM3	
	<u> </u>
O MM4	
O MM5	
MM6 Training	
Additional tasks/responsibilities	
Watershed Improvement Strategy Best Management Practice	es required for MS4s in impaired
watersheds included in GP-0-08-002 Part IX.	

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

Name of MS4 Town of Brusnwick				SPI	DES I		0	A		
Section 4 - Certification Statement										
"I certify under penalty of law that this document direction or supervision in accordance with a system properly gathered and evaluated the information persons who manage the system, or those person the information submitted is, the best of my known aware that there are significant penalties for subfine and imprisonment for knowing violations."	stem de submi s direc wledge mitting	esigned to a itted. Based ctly responsi e and belief, g false infor	ssure on my ible fo true, mation	that cy inquest gate accurate the country incomes the country inco	ualif uiry c herin rate, ludir	ied pof the g the and constant of the and cons	person per per pomp pomp pos	onne son orma plete ssibi	or atior e. I a lity	m of
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Title (Clearly print title of individual signing report) S u p e r v i s o r										
Signature										
				Date]/[

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

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

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix} \begin{bmatrix} 1 & 3 \end{bmatrix}$

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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 3 & 0 \end{vmatrix}$

Name of MS4/Coalition T	own of Brusnwick	N Y R 2 0 A 0 1 5
<u>Minim</u>	um Control Measure 1. Public Edu	ication and Outreach
The information in this	section is being reported (check one):	
On behalf of an indivOn behalf of a coalitiHow man		
1. Targeted Public l	Education and Outreach Best Manageme	nt Practices
Check all topics that v	were included in Education and Outreach du	uring this reporting period:
• Construction Sites		O Pesticide and Fertilizer Application
General Stormwater I	Management Information	O Pet Waste Management
O Household Hazardous	s Waste Disposal	• Recycling
• Illicit Discharge Dete	ection and Elimination	O Riparian Corridor Protection/Restoration
 Infrastructure Mainte 	nance	Trash Management
O Smart Growth		O Vehicle Washing
O Storm Drain Marking		Water Conservation
• Green Infrastructure/I	Better Site Design/Low Impact Development	O Wetland Protection
Other:		O None
Other		
	s targeted during this reporting period:	
Public Employees	Contractors	
• Residential	Developers	
Businesses	General Public	
Restaurants	O Industries	
Other:	O Agricultural	
Other		

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.

SPDES ID

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This report is being submitted for the reporting period ending March 9, 2 0 1 3

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Name of MS4/Coalition Town of Brusnwick	N Y R 2 0 A 0 1 5
4. Evaluating Progress Toward Measurable Goals MCM 1	
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.
Education-Literature furnished to Building Permit Applicants, tra DVD "Ground Control Stormwater Pollution Prevention for Con	
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
Observation of construction sitesContractor question.	
C. How many times was this observation measured or evaluation	ted in this reporting period? 3 1 (ex.: samples/participants/even
D. Has your MS4 made progress toward this Measurable Goa	al during this reporting period?
E. Is your MS4 on schedule to meet the deadline set forth in t	Yes ○ Nohe SWMPP?Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	
Continue to handout literature to building permit applicants and v MS4 Communities on grant application-Intermunicipal Agreeme with the Federal and State Phase II Stormwater Regulations and Stormwater Discharges from MS4's (GP-0-08-002)in Rensselaer	nt regarding Cooperation to Comply SPDES General Permit for

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 coalit	ion leave SPDES SPDES ID	יוס כוו	nĸ.
Name of MS4/Coalition Town of Brunswick	N Y R 2	0 A	0 1 5
Minimum Control Measure 2. Public Involvem	ent/Particip	ation	
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 it development, evaluation and improvement of the Stormwater N (SWMP) Plan during this reporting period? Check all that app	Management P		n
• Cleanup Events	# Events		3
Comments on SWMP Received	#Comments		0
• Community Hotlines Phone # ()] - [
Phone # (5 1 8) 2 7 0 - 2 9 1 4 Phone # (] - [
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O Community Meetings	# Attendees		
○ Plantings	Sq. Ft.		
O Storm Drain Markings	# Drains		
O Stakeholder Meetings	# Attendees		
O Volunteer Monitoring	# Events		
Other:			
2. Was public notice of availability of this annual report and Stor. Program (SWMP) Plan provided?	mwater Manag	gement • Ye	
O List-Serve	# In List		
O Newspaper Advertising	# Days Run		
○ TV/Radio Notices	# Days Run		
● Other: TownBoard			

• Web Page URL: Enter URL(s) on the following two pages.

This report is being submitted for the reporting period ending March 9, 2 0 1 3

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This report is being submitted for the reporting period ending March 9_5 2 0 1 3

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

SPDES ID

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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. SPDES ID N Y R 2 0 A 0 1 5 Town of Brunswick Name of MS4/Coalition 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 Bulil d е t е n g p а r Address 3 3 6 T £ £ i 0 C R d 0 W n е 0 а Zip City T Ν Y 1 2 1 8 0 r o У Phone 5 Library Address Annual Report O SWMP Plan O Comments 4 1 1 8 В i C l k Ro а d S W r City ZipTroy 8 N Υ 1 2 1 0 Phone

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Annual Report O SWMP Plan O Comments Web Page URL: fb i i. 1 d l i n W W W t 0 W n 0 r u|n S W С k О ľ g b u g

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

	Mail Comments																							
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This report is being submitted for the reporting period ending March 9, 2 0 1 3

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Name of MS4/Coalition Town of Brunswick		N	YR	2	0	A	0	1	5
4.a. If this report was made available on the internet, what d	ate was i	t po	sted	}	1				
Leave blank if this report was not posted on the internet.	0	5	/ 1	2	/	2	0	1	3
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 submit	ting a joir	nt re	eport,	ans	we	r 5.	b		
5.a. Was an Annual Report public meeting held in this report If Yes, what was the date of the meeting?	ting perio	od? 5	/ 1	2	/	Ye 2	s 0	1	No 2
If No, is one planned?					С	Ye	s	0	No
5.b. Was an Annual Report public meeting held for all MS4s	contribu	tin	g to t	his	rej	ort	du	ırin	g
this reporting period?						Ye	S	0	No
If No, is one planned for each?					С	Ye	s	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.					С) Ye	s		No

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 3$

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 0 1 F

Name of MS4/Coalition	Town of Brunswick			NYR2	0 A 0	1 5
7. Evaluating Prog	gress Toward Measurable (Goals MCM 2				
identified in your Sto	ort on your progress and proj tormwater Management Prog tional pages as needed.					'art
A. Briefly summar	rize the Measurable Goal id	entified in the S	SWMPP i	n this repor	ting perio	od.
4	own Park cleanup days. Publ s SWMP and annual report.	ic participation i	n park cle	anup. Public	can	
B. Briefly summar Goal.	rize the observations that in	dicated the over	rall effect	tiveness of the	nis Measu	rable
Parks. citizen group along the County Hi	rees and Town Residents part os participate in the Rensselac lighways. The NYSDOT also rash making its way into the	er County Adopt does highway c	a Highwa	ay program a	ınd clean t	rash
C. How many time	es was this observation mea	sured or evalua	ted in thi	s reporting	neriod?	
,						10
D. Has your MS4 n	made progress toward this	measurable goal	l during 1		~ -	
E. Is your MS4 on	schedule to meet the deadli	ine set forth in t	the SWM	PP?		
· ·	rize the stormwater activitie ng cycle (including an impl		_	als of this M		O No ing
	wn Beach, Ball fields and Co n then periodic check by emp					e a

pick-up per location then periodic check by employees. Town wide brush and leave pick up twice a year. Farmers Market Sign Board and Literature Display for 10 weeks during the summer. This is combined with the Summer Concert Series.

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 3$

Name of MS4/Coalition Town of Brunswick	SPDES ID N Y R 2 0 A 0 1 5
Minimum Control Measure	3. Illicit Discharge Detection and Elimination
The information in this section is being report	rted (check one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed 	`
1. Enter the number and approx. perc	cent of outfalls mapped: 45# 90%
2. How many of these outfalls have be reporting period (outfall reconnaiss	en screened for dry weather discharges during this cance inventory)?
3.a. What types of generating sites/sewe reporting period?	ersheds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	○ Marinas
Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	Parking Lot Maintenance
Construction Vehicle Washouts	O Printing
Cross-Connections	O Residential Carwashing
O Distribution Centers	• Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	● Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	• Vehicle Fueling
O Industrial Process Water	Vehicle Maint./Repair Shops
Other:	O None
O Sewersheds:	

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 3$ 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 Brusnwick	N Y R	2 0 A 0 1	5
3.b. What types of illicit discharges have	been found during this reporting period	d?	
Broken Lines From Sanitary Sewer	O Industrial Connections		
O Cross Connections	● Inflow/Infiltration		
Failing Septic Systems	O Pump Station Failure		
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows		
 Illegal Dumping 	O Straight Pipe Sewer Discharges		
Other: dirtfromcon	J_	e s	
4. How many illicit discharges/potential reporting period?	l illegal connections have been detected		2
5. How many illicit discharges have bee	en confirmed during this reporting perio	od?	2
6. How many illicit discharges/illegal coperiod?7. Has the storm sewershed mapping be If No, approximately what percent was	een completed in this reporting period?	O Yes • N	2 10 8
URL	where map(s) can be accessed - not home	● Yes ○ N ○ Yes ● N page.	
URL			_

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 3 & 3 \end{vmatrix}$

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This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 3$

Name of MS4/Coalition	Town of Brunswick		N Y R 2	0 A 0	1 5
12. Evaluating Pro	ogress Toward Measurable Goals M	CM 3			
identified in your St	port on your progress and project plant tormwater Management Program Plant itional pages as needed.		-	•	Part
A. Briefly summar	rize the Measurable Goal identified	in the SWMPP	in this reporti	ng peri	od.
Highway Departme during leaf pick-up	ent checks 100% of out falls annually	. Catch basins cle	aned once per :	year and	1
B. Briefly summar Goal.	rize the observations that indicated	the overall effec	tiveness of thi	s Meası	urable
	s, tree trimming, catch basins operate out falls and catch basins are checked		d road flooding	;. After	
C. How many time	es was this observation measured or	r evaluated in th	is reporting po		
			(ex.: sam	mples/part	8 4 ticipants/even
D. Has your MS4	made progress toward this measura	ıble goal during		period ' ● Yes	? ○ No
E. Is your MS4 on	schedule to meet the deadline set for	orth in the SWM		Yes	O No
•	rize the stormwater activities planning cycle (including an implementat	•			
, , ,	ent to check 100% of out falls, clean cetion or overflows. Written observation	•			I

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 3$

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Nan	me of MS4/Coalition Town of Brunswick N Y	R 2	0 A 0) 1 5
	Minimum Control Measures 4 and 5.			
	Construction Site and Post-Construction Contro	<u>)l</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?			
1a.	. Has each MS4 contributing to this report adopted a law, ordinance or oth mechanism that provides equivalent protection to the NYS SPDES Gener Stormwater Discharges from Construction Activities?	,	-	
1b	.Has each Town, City and/or Village contributing to this report document equivalent to a NYSDEC Sample Local Law for Stormwater Managemen Sediment Control through either an attorney certification or using the NY Analysis Workbook?	t and	Erosio	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Lo		aw. 03/2006	• NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?		• Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPI reviewed in this reporting period?	es) ha	ve been	2
4.	Does your MS4/Coalition have a mechanism for receipt and consideration comments related to construction SWPPPs?	ı of pı Yes	ublic O No	ONT
	If Yes, how many public comments were received during this reporting period	!?		0
5.	Does your MS4/Coalition provide education and training for contractors SWPPP process?	about	the loc • Yes	al O No

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

Notices of Violation	#	O No Authority
• Stop Work Orders	#	O No Authority
O Criminal Actions	#	No Authority
O Termination of Contracts	#	No Authority
O Administrative Fines	#	No Authority
O Civil Penalties	#	No Authority
O Administrative Orders	#	No Authority
• Enforcement Actions or Sanctions	#	
Other	#	O No Authority

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 3$

	SPDES ID		
Nan	ne of MS4/Coalition Town of Brunswick N Y R 2	0 A 0	1 5
	Minimum Control Measure 4. Construction Site Stormwater Run	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 disturbances of one during this reporting period?	acre or	more 2
2.	How many construction projects disturbing at least one acre were active in your during this reporting period?	ur jurisd	iction 2
3.	What percent of active construction sites were inspected during this reporting	period?	O NT
4.	What percent of active construction sites were inspected more than once?	1 0	0 NT
5.	Do all inspectors working on behalf of the MS4s contributing to this report us Construction Stormwater Inspection Manual? • Yes		S ONT
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prevo (SWPPPs) of construction projects that are subject to MS4 review and approvement of Yes	/al?	ans
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made a public review?		
	If Yes, use the following page to identify location(s) where SWPPPs can be access	ed.	

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.

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This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 3$

	N Y R 2 0 A 0 1 5
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans towal identified in your Stormwater Management Program Plan (SWIII.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the	e SWMPP in this reporting period.
SSWPPP Review, on site inspections	
B. Briefly summarize the observations that indicated the ov	verall effectiveness of this Measurable
Construction sites in compliance with approved SWPPP	
C. How many times was this observation measured or evalu	
	(ex.: samples/participants/
D. Has your MS4 made progress toward this measurable go	oal during this reporting period? ● Yes ○ No
	s the CW/MDD9
E. Is your MS4 on schedule to meet the deadline set forth in	
E. Is your MS4 on schedule to meet the deadline set forth in F. Briefly summarize the stormwater activities planned to the next reporting cycle (including an implementation so	● Yes ○ No meet the goals of this MCM during

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 3 \end{vmatrix}$

				SPDES ID)
Name of MS4/Coalitio	n Town of Brunswick			N Y R	2 0 A 0 1 5
Minimum	Control Me	asure 5. Post	-Construction	on Stormwater	Management
The information in the	his section is bei	ng reported (che	ck one):		
On behalf of an inOn behalf of a coaHow n		tributed to this	report?		
•	* * * *			anagement practices reporting period?	s has your
		# Inventoried	# Inspections	# Times Maintained	
● Alternative Practic	ces				
Filter Systems		3			
O Infiltration Basins				AND THE CONTRACT OF THE CONTRA	
Open Channels					
Ponds		3 3			
Wetlands					
Other		Called the State of Park Andrew Walter and State of State			
2.—Do you use an BMPs, inspect			abase, spreads	heet) to track post	c-construction ○ Yes • No
3. What types of Development/I		-		implement Low I inciples?	mpact
Building Codes	Municipal (Comprehensive P	lans		
Overlay Districts	Open Space	Preservation Pre	ogram		
Zoning	• Local Law of	or Ordinance			
○ None	● Land Use R	tegulation/Zoning	3		
O Watershed Plans	Other Comp	orehensive Plan			
Other:					
					1 t E F I

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

						5	PDE	SID						
Nan	ne of MS4/Coalition	Town of Brunswi	ck				N Y	R	2	0	A	0	1	5
4a.	Are the MS4s co	ntributing to	this report i	involved in a	regional/wa	itershed	l wic	le pl	ann	_	effo Yes		?	No
4b.	Does the MS4 ha	ive a banking	and credit s	system for st	ormwater m	anagen	nent	pra	etic	es?				
										0	Yes	;		No
4c.	Do the SWMP P and approval of			_	•	_				t pr		ce?		No
											103	•		
4d.	How many storn	nwater mana	gement prac	tices have b	een impleme	ented as	par	t of t	this				_	3
4d.	How many storn reporting period		gement prac	tices have b	een impleme	ented as	par	t of 1	this				_	š
5.	•	l? municipal of	ficials/MS4 s	staff respons	sible for prog	gram in	aple	nen	tatio	sys [on a	tem	in	thi	\$

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 1 $\begin{vmatrix} 3 & 1 \end{vmatrix}$

SPDES I Name of MS4/Coalition Town of Brunswick N Y	
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward achieving measured identified in your Stormwater Management Program Plan (SWMPP), including red III.C.1. Submit additional pages as needed.	-
A. Briefly summarize the Measurable Goal identified in the SWMPP in this r	reporting period.
Inspect previously installed Storm Water Management Practices.	
B. Briefly summarize the observations that indicated the overall effectiveness Goal.	of this Measurable
Building inspector perform site inspection for each completed Stormwater Manag once per year.	ement Practices
	(ex.: samples/participants/events)
D. Has your MS4 made progress toward this measurable goal during this rep	orting period? ○ Yes • No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	• Yes O No
F. Briefly summarize the stormwater activities planned to meet the goals of the next reporting cycle (including an implementation schedule).	his MCM during
Inspect 100% of installed stormwater management practices at least once per year 100 year storm event. Provide written inspection report for each site. document in Stormwater Management Practices.	or after a major GIS location of all

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 3$

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II Subinitun	ig this form as part	or a joint rep	on on be	man or a co	oannon	ileave	SEL	LO	ט ענג	iank	•	
						SPDE	S ID					
Name of MS4/Coalition	Town of Brusnwick					N Z	? R	2	0 2	A 0	1	5
Minimum Cont	trol Measure 6	. Stormw	vater N	lanagem	ent fo	or M	<u>uni</u>	cip:	al C	pe	rat	ions
The information in thi	is section is being i	reported (chea	ck one):									
On behalf of an indOn behalf of a coaliHow ma		uted 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

		performe	ea within	the past 3
Operation/Activity/Facility	Addressed i	n SWMP?	years?	•
Street Maintenance	• Yes	○ No	Yes	O No
Bridge Maintenance	• Yes	○ No	Yes	O No
Winter Road Maintenance		○ No	Yes	O No
Salt Storage	• Yes	○ No	Yes	O No
Solid Waste Management	• Yes	○ No	Yes	O No
New Municipal Construction and Land Disturba	nce • Yes	○ No	Yes	O No
Right of Way Maintenance	• Yes	○ No	Yes	○ No
Marine Operations		• No	O Yes	No
Hydrologic Habitat Modification		• No	O Yes	No
Parks and Open Space	• Yes	○ No	Yes	\bigcirc No
Municipal Building		○ No	Yes	O No
Stormwater System Maintenance		○ No	Yes	O No
Vehicle and Fleet Maintenance		○ No	Yes	\bigcirc No
Other	○ Yes	• No	O Yes	No

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	SPDES ID			
Name of MS4/Coalition Town of Brunswick	NYR2	0 A	0	1 5
2. Provide the following information about municipal operation	ıs good housekeep	oing pro	ogra	ams:
• Parking Lots Swept (Number of acres X Number of times swept)	# Acres			4
• Streets Swept (Number of miles X Number of times swept)	# Miles		2	0 0
 Catch Basins Inspected and Cleaned Where Necessary 	#		1	8 4
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#			1
O Phosphorus Applied In Chemical Fertilizer	# Lbs.			
O Nitrogen Applied In Chemical Fertilizer	# Lbs.			
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Nun times applied to the nearest tenth.)	# Acres had a make a make a make a make a make a make a make a make a make a make a make a make a make a make a			
3. How many stormwater management trainings have been produring this reporting period?	vided to municipa	d empl	oye	es
4. What was the date of the last training?		/		
5. How many municipal employees have been trained in this rep	porting period?			
6. What percent of municipal employees in relevant positions a stormwater management training?	nd departments re	eceive		%

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

Name of MS4/Coalition Town of E	rusnwick		SPDES ID N Y R 2 0 A 0	1 5
7. Evaluating Progress T	oward Measurable Goals N	ИСМ 6		
^ 	our progress and project plat er Management Program Pla ages as needed.	-	•	'art
A. Briefly summarize the	Measurable Goal identifie	d in the SWMPP i	n this reporting peric	ođ.
Clean specific catch basins	prior to heavy storms and a	fter leaves fall.		
	011/01/10/21/20/01/01/01/01/01/01/01/01/01/01/01/01/01			
B. Briefly summarize the Goal.	observations that indicated	l the overall effect	iveness of this Measu	rable
1 1	salt applications vacuum and tch basins cleaned, leaves v		nssessment highway	
C. How many times was t	his observation measured (or evaluated in this	1	8 4
D. Has your MS4 made pr	ogress toward this measur	rable goal during t	ex.: samples/part. his reporting period?	
	S			O No
E. Is your MS4 on schedu	le to meet the deadline set	forth in the SWM		○ No
F. Briefly summarize the the next reporting cycle	stormwater activities plans e (including an implementa	~		
	asins and ditches, install cul- training and document. Per			

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 3 & 1 \end{vmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPI	DES	ID			,	, rusuumana		
Name of MS4/Coalition		И	Y	R	2	0	A	0	1	5
· ·										

How many MS4 4s must answer the que	ls contributed to this re		below.
,,,			
MS4 Description NYC EOH Watershed	Answer	Check NA	(POC)
raditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
aditional Non-Land Use	1,2,3,4,3,0,7a-0,8a,8b,9	5,10,11,12	Phosphorus
non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	1,2,7711.4,011,00,7	***************************************	- 100 /100
aditional Land Use	1,6,7a-d,8a,9	2,3,4,5,85,10,11,12	Phosphorus
aditional 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	2,3,4,5,85,10,11,12	Phosphorus
Greenwood Lake Watershed			*
aditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
aditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
m-Traditional	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
Oyster Bay	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-
aditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
aditional 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	-	-	-
aditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
aditional 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	-	-	
aditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
aditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
on-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Ll 27 Embayments	-		**
aditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
aditional 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

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				SPDES ID			
Na	me of MS4/Coalition	Town of Brunswick		N Y R 2	2 0 A 0	1 5	
3.	•	/Coalition have a S ce Plan Program?	tormwater Conveyance	System (infrastruct ○ Yes		ection	
4.	•	<u> </u>	wastewater treatment s necessary in this repor		en inspect	ted %	
5.	NYSDEC SPDE (GP-0-08-001) t	S General Permit	l a program that provid for Stormwater Dischal in stormwater runoff f or more?	rges from Construct	ion Activi tivities th	ities	
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?						
7a.	•	Coalition have a recogen/pathogen loa	etrofitting program to r ding?	reduce erosion or O Yes	○ No	• N/A	
7b	.How many proj	ects have been sited	d in this reporting perio	od?			
7e.	What percent o	f the projects inclu	ded in 7b have been con	npleted in this repor	ting perio	od?	
7d	.What percent of	f projects planned i	n previous years have l	-]%	
				ON	o Projects	Planned	
8a.	•	_	and implemented a tur roper fertilizer applicat	-	owned	• N/A	
8b.	procedures police	ey that addresses p	and implemented a tur roper disposal of grass	clippings and leaves	from		
	municipally own	ied lands?		○ Yes	\bigcirc No	N/A	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 1 & 3 \end{vmatrix}$

Name of MS4/Coalition Town of Brusnwick	SPDES ID N Y R 2	0 A	0 1 5
9. Has your MS4/Coalition developed and implemented a pro-			O N/A
10. Has your MS4/Coalition enacted a local law prohibiting populating goose feeding?	et waste on municipa	l prope	
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?	e ● Yes	○ No	O N/A