MS4 Annual Report Cover Page

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

This cover page must be completed by the report p	reparer.
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

This report is being submitted on behalf of a Single Entity

(Per Part II.E 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.

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MS4 Annual Report Cover Page

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

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

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

	SPL)ES	ID.					
Name of MS4 TOWN OF KINGSBURY	N	Y	R	2	0 2	A 1	6	5
Each MS4 must submit an MCC form.								
Section 1 - MCC Identification Page								
Indicate whether this MCC form is being submitted to certify endorsement or a	ссер	tanc	ce of	f:				
● An Annual Report for a single MS4								
○ A Single Entity (Per Part II.E of GP-0-10-002)								
○ A Joint Report								
Joint reports may be submitted by permittees with legally bindin	g ag	ree	men	ıts.				
If Joint Report, enter coalition name:								
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MCC form for period ending March 9, 2 0 2 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.

- Principal Executive Officer/Chief Elected Official
- O 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 2 3

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

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

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

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Name of MS4 TOWN OF KINGSBURY		N Y R 2 0 A 1 6 5
Section 3 - Partner Information		
Did your MS4 work with partners/coalition period?	to complete some or all perm	it requirements during this reporting ○ Yes ● No
If Yes, complete information below. Submit a separate sheet for each par accepted. If your MS4 cooperated w coalition. It is not necessary to inclu If No, proceed to Section 4 - Certification	ith a coalition, submit one side a separate sheet for each	heet with the name of the
Partner/CoalitionName		
Partner/Coalition Name (con't.)		SPDES Partner ID - If applicable
		N Y R 2 0
Address		
City	State	e Zip
eMail		
Phone		Binding Agreement in accordance 0-08-002 Part IV.G.? ○ Yes ○ No
What tasks/responsibilities are shared w	rith this partner (e.g. MM1 S	School Programs or Multiple Tasks)
O MM1		
O MM2		
O MM3		
O MM4		
O MM5		
○ MM6		
Additional tasks/responsibilities Watershed Improvement Strategy E watersheds included in GP-0-08-00		required for MS4s in impaired

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

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Name of MS4	TOWN OF KINGSBURY		N	Y	R	2	0	A	1	6	5

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 D A N A	MI Last Name HOGAN
Title (Clearly print title of individual signing report)	
TOWNSUPERVISOR	
Signature 1) (Date 0 4 1 0 1 2 0 2 3

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, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ 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 KINGSBURY N Y R 2 0 A 1 6 5 **Water Quality Trends** The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s are contributed to this report? 1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure O Yes No One. If Yes, choose one of the following O Report(s) attached to the annual report O Web Page(s) where report(s) is/are provided below Please provide specific address of page where report(s) can be accessed - not home page. URL URL URL URL

Other

MS4 Annual Report Form

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

	SPDES ID
Name of MS4/Coalition TOWN OF KINGSBURY	N Y R 2 0 A 1 6 5
Minimum Control Measure 1. Public Ed	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 de	uring this reporting period:
Construction Sites	• Pesticide and Fertilizer Application
General Stormwater Management Information	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	• Vehicle Washing
O Storm Drain Marking	O Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	○ None
2. Specific audiences targeted during this reporting period:	
○ Public Employees ■ Contractors	
○ Residential ○ Developers	
○ Businesses • General Public	
○ Restaurants ○ Industries	
Other: Agricultural	

This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 2 & 3 \end{bmatrix}$ 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 KINGSBURY N Y R 2 0 A 1 6 5 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply: #Trained O Construction Site Operators Trained O Direct Mailings # Mailings 1 • Kiosks or Other Displays # Locations # In List O List-Serves O Mailing List # In List # Days Run O Newspaper Ads or Articles # Attendees O Public Events/Presentations # Attendees O School Program # Days Run O TV Spot/Program • Printed Materials: Total # Distributed

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

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Name of MS4/Coalition TOWN OF KINGSBURY	N Y R	2 0 A 1	6 5
4. Evaluating Progress Toward Measurable Goals MCM 1			
Use this page to report on your progress and project plans toward ac identified in your Stormwater Management Program Plan (SWMPP III.C.1. Submit additional pages as needed.	hieving measura), including requ	ble goals irements in F	' art
A. Briefly summarize the Measurable Goal identified in the SW	MPP in this rep	orting perio	od.
Work with local media to place articles in the Glens Falls Post Star stormwater projects, roadside clean-ups and other important water of		ewspapers ab	out
B. Briefly summarize the observations that indicated the overal Goal.	l effectiveness o	of this Measu	ırable
The Town will evaluate Public Education and Outreach BMPs on a compliance with MCM 1 requirements of the permit.	yearly basis to o	ensure	
C. How many times was this observation measured or evaluated	d in this reporti	ng period?	
	•		1
D. Was were MC4 and do mucquess toward this Massawahle Coal		_	ticipants/events)
D. Has your MS4 made progress toward this Measurable Goal	uuring inis repi	Yes	No No
E. Is your MS4 on schedule to meet the deadline set forth in the	e SWMPP?	Yes	○ No
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation sched		s MCM dur	ing
Produce at least 1 stormwater related press release to place in local	newspapers by	March 2024.	

This report is being submitted for the reporting period ending March 9, 2 0 2 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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Name of MS4/Coalition TOWN OF KINGSBURY			N Y R 2	0 A	1 6	6 5
Minimum Control Measure 2.	Public Inv	olvement	/Participa	tion		
The information in this section is being reported (che	ck 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 pub development, evaluation and improvement (SWMP) Plan during this reporting period	of the Stormy	water Man			n	
Cleanup Events			# Events			1
O Comments on SWMP Received		;	#Comments			
O Community Hotlines	Phone# ()	(-) (
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Phone # () -	Phone # ()	-		
Phone # ()	Phone# ()	-		
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O Community Meetings			# Attendees			
O 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 an Program (SWMP) Plan provided?	nual report an	nd Stormw	ater Manaş	gemen • Y		O No
○ List-Serve			# In List			
O Newspaper Advertising			# Days Run			
O TV/Radio Notices			# Days Run			
Other:						

• Web Page URL: Enter URL(s) on the following two pages. MCM 2 Page 1 of 6

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

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

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

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•	vas made available on the internet, what	date was i	t p	oste	1?						
Leave blank if t	his report was not posted on the internet.	0	6	1	0	1	1	2	0 :	2	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 subn	nitting a joi	nt r	epoi	t, a	ns	wer	5.t)		
	al Report public meeting held in this rep was the date of the meeting?	orting per	iod']/[) 	Yes	S		No
If No, is one	planned?						0	Ye	s	•	No
5.b. Was an Annua	al Report public meeting held for all MS	4s contrib	utir	ıg to	th	is 1	rep	ort	du	rin	g
this reporting	period?						0	Ye	S	0	No
If No, is one	planned for each?						0	Ye	S	0 7	No
If Yes, attach co	es received during this reporting period? omments, responses and changes made to use to comments to this report.						0	Ye	S		No

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

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 KINGSBURY		N	1 Y R 2	0 A 1	6 5
7. Evaluating Prog	gress Toward Measurable Goa	ls MCM 2				
identified in your St III.C.1. Submit addi	ort on your progress and project ormwater Management Program tional pages as needed.	ı Plan (SWMP	PP), includi	ng requirem	nents in I	
	rize the Measurable Goal ident					oa.
Disposal). Promote	pport for adopt-a-highway progree this effort through the media and the media and the media and businesse	nd encourage	Bags, Safe volunteer p	ety Vests, Transition	rash . Includ	е
B. Briefly summar Goal.	rize the observations that indic	ated the over	all effectiv	eness of th	is Meası	urable
	luate Public Involvement and Pa CM 2 requirements of the permi		⁄IPs on a ye	early basis to	o ensure	
C. How many time	es was this observation measur	ed or evaluat	ted in this	reporting p	period?	
·						1
D. Hos your MS4	made progress toward this me	acurahla gaal	during th			ticipants/events ?
D. Has your Wis4	made progress toward this me	asur abic goar	during th	is reporting	Yes	○ No
E. Is your MS4 on	schedule to meet the deadline	set forth in t	he SWMP	P?	• Yes	○ No
	rize the stormwater activities ping cycle (including an implem			ls of this M	CM dui	ing
Keep updated list o Town. Ongoing.	f participants in adopt-a-highwa	y program and	d type of su	ıpport provi	ided by	
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This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 & 2 \end{bmatrix}$

Name of MS4/Coalition TOWN OF KINGSBURY	SPDES ID N Y R 2 0 A 1 6 5
Minimum Control Measure 3.	Illicit Discharge Detection and Elimination
The information in this section is being reported	(check one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to 	this report?
1. Enter the number and approx. percent	of outfalls mapped: 3 # 1 0 0 %
reporting period (outfall reconnaissanc	
3.a. What types of generating sites/sewersh reporting period?	eds 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	O Parking Lot Maintenance
O Construction Vehicle Washouts	○ Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	O Septic Maintenance
○ Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	• None
○ Sewersheds:	

This report is being submitted for the reporting period ending March 9, 2 0 2 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 KINGSBURY	N Y R 2	2 0 A 1	6 5
3.b. What types of illicit discharges have	been found during this reporting period	1?	
O 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:	● None		
4. How many illicit discharges/potentia reporting period?	al illegal connections have been detected o	during this	0
5. How many illicit discharges have be	en confirmed during this reporting perio	d?	0
6. How many illicit discharges/illegal c period?	onnections have been eliminated during	this report	0
7. Has the storm sewershed mapping b If No, approximately what percent was	een completed in this reporting period? s completed in this reporting period?	• Yes	O No
8. Is the above information available in Is this information available on the VI If Yes, provide URL(s):	web?	• Yes • Yes	○ No
Please provide specific address of page URL	where map(s) can be accessed - not home j	page.	W
URL			

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

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

	SPDES ID
Name of MS4/Coalition TOWN OF KINGSBURY	N Y R 2 0 A 1 6 5
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.	achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Conduct routine visual inspections of 100% of Town outfalls one Record outcomes, including surrounding generating sites, and recutilize Center for Watershed Protection IDDE guidance for cond	cord type of illicit discharges.
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
The Town will evaluate Illicit Discharge Detection and Elimination ensure compliance with MCM 3 requirements of the permit.	on BMPs on a yearly basis to
C. How many times was this observation measured or evaluation	
D. Has your MS4 made progress toward this measurable goa	(ex.: samples/participants/events
D. Has your M54 made progress toward this measurable goa	• Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in t	the SWMPP? • Yes O No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation scho	
Inspect 100% of outfalls by March 2024.	

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

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Name of MS4/Coalition	TOWN OF KINGSBURY	N	Y	R	2	0	A	1	6	5

	Minimum Control Measures 4 and 5.	
	Construction Site and Post-Construction Control	
• (e information in this section is being reported (check one): On behalf of an individual MS4	
\circ (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 regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for	
	Stormwater Discharges from Construction Activities? Yes	○ No
10	o. Has each Town, City and/or Village contributing to this report documented that the law equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? • Yes • No	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. • 09/2004 • 03/2006	O 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?	5
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? • Yes • No	O NT
	If Yes, how many public comments were received during this reporting period?	0
5.	Does your MS4/Coalition provide education and training for contractors about the loca SWPPP process? • Yes	ol 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	#	0	\bigcirc No Authority
Stop Work Orders	#	0	O No Authority
Criminal Actions	#	0	O No Authority
Termination of Contracts	#	0	O No Authority
Administrative Fines	#	0	O No Authority
Civil Penalties	#	0	O No Authority
 Administrative Orders 	#	0	O No Authority
• Enforcement Actions or Sanctions	#	0	
• Other	#	0	O No Authority

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

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

SPDES ID

● Yes ○ No ○ NT

○ Yes ○ No

Yes

Name of MS4/Coalition TOWN OF KINGSBURY	2 0 A 1 6 5
Minimum Control Measure 4. Construction Site Stormwater Ru	noff 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 or during this reporting period?	ne acre or more
2. How many construction projects disturbing at least one acre were active in y during this reporting period?	our jurisdiction
3. What percent of active construction sites were inspected during this reporting	ng period? ONT
	1 0 0 %
4. What percent of active construction sites were inspected more than once?	ONT
	7 5 %
5. Do all inspectors working on behalf of the MS4s contributing to this report u	ise the NYS

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

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?

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

Construction Stormwater Inspection Manual?

public review?

This report is being submitted for the reporting period ending March 9, 2 0 2 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 KINGSBURY	N Y R 2 0 A 1 6 5
6. con't.:	
Submit additional pages as needed.	
MS4/Coalition Office	
Department	
Building and Codes	
Address	
6 MICHIGAN STREET	
City	Zip
Hudson Fallls NY	1 2 8 3 9 -
Phone (5 1 8) 7 4 7 - 2 1 8 8	
O Library	
Address	
City	Zip
City	
Phone	
() -	
Other	
Address	
City	Zip
Phone	
O Web Page URL(s): Please provide specific address where SWPPPs	can be accessed - not home page.
URL	
LIDI	
URL	

Name of MS4/Coalition TOWN OF KINGSBURY

MS4 Annual Report Form

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

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

SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 4
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
Ensure that all contractors working on land development projects are informed and knowledgeable about the site's SWPPP and that all contractors sign "Contractor Certification Statement".
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
The Town will evaluate Construction Site Stormwater Runoff Control BMPs on a yearly basis to ensure compliance with MCM 4 requirements of the permit.
C. How many times was this observation measured or evaluated in this reporting period? (ex.: samples/participants.
D. Has your MS4 made progress toward this measurable goal during this reporting period?
Yes O 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).
Ensure all contractors working within the Town boundary are in compliance with NYS and Town stormwater regulations. Ongoing.
MCM 4 Page 2 of 2

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

				SPDES I	D
Name of MS4/Coalition	TOWN OF KINGSBI	URY		NA	2 0 A 1 6 5
<u>Minimum</u>	Control Mea	sure 5. Post-	-Constructio	n Stormwater	<u>Management</u>
The information in th	nis section is bein	g reported (chec	ck one):		
On behalf of an incOn behalf of a coaHow m		ributed to this 1	report?		
1. How many and MS4/Coalition is					es has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic	es				
O Filter Systems					
O Infiltration Basins					
Open Channels					
○ Ponds					
O Wetlands					
Other		2	2	0	
2. Do you use an BMPs, inspecti			abase, spreads	heet) to track pos	st-construction ● Yes ○ No
3. What types of Development/E		_			Impact
Building Codes	O Municipal C	omprehensive P	lans		
Overlay Districts	Open Space	Preservation Pro	ogram		
○ Zoning	O Local Law o	r Ordinance			
○ None	O Land Use R	egulation/Zoning	5		
O Watershed Plans	Other Comp	rehensive Plan			
Other:					

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

		SPD	ES I	D					
Naı	me of MS4/Coalition TOWN OF KINGSBURY	N	Y :	2	2 () I	A :	L 6	5
4a	. Are the MS4s contributing to this report involved in a regional/waters	ned w	ide	olan			effo Yes		• No
4b	o. Does the MS4 have a banking and credit system for stormwater manag	gemen	ıt pr	acti			1 05	•	110
						0	Yes		No
				_					
4c	. Do the SWMP Plans for each MS4 contributing to this report include a and approval of banking and credit of alternative siting of a stormwater.	ı prot er ma	ocol nag	for me	ev nt	alu pra	atio etic	n e?	
4c	. Do the SWMP Plans for each MS4 contributing to this report include a and approval of banking and credit of alternative siting of a stormwater.	i prot er ma	ocol nag	for eme	nt	pra	atio ection Yes	e?	No
	. Do the SWMP Plans for each MS4 contributing to this report include a and approval of banking and credit of alternative siting of a stormwate. How many stormwater management practices have been implemented reporting period?	er ma	nag	eme	nt	pra O	retic Yes	e?	nis

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

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SPDES ID

Name of MS4/Coalition TOWN OF KINGSBURY	N Y R 2 0 A 1 6 5
6. Evaluating Progress Toward Measurable Goals MCM 5	
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.
Prioritize all post-construction stormwater management practices schedule for each based on O&M manual developed for the SWF	
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
The Town will evaluate Post-Construction Stormwater Managemensure compliance with MCM 5 requirements of the permit.	nent BMPs on a yearly basis to
C. How many times was this observation measured or evalua	
	(ex.: samples/participants/events)
D. Has your MS4 made progress toward this measurable goa	
	● 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
Inspect all high priority post-construction bmps twice per year -	ongoing

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

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Name of MS4/Coalition	TOWN OF KINGSBURY	N	Y	R	2	0	A	1	6	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.

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

Operation/Activity/Facility	Addressed in	n SWMP?	years?	
Street Maintenance	• Yes	○ No	○ Yes	No
Bridge Maintenance	O Yes	No	○ Yes	No
Winter Road Maintenance		○ No	○ Yes	No
Salt Storage	• Yes	○ No	○ Yes	No
Solid Waste Management		○ No	○ Yes	No
New Municipal Construction and Land Disturban	nce • Yes	○ No	○ Yes	No
Right of Way Maintenance		○ No	○ Yes	No
Marine Operations		No	○ Yes	No
Hydrologic Habitat Modification		○ No	○ Yes	No
Parks and Open Space		○ No	○ Yes	No
Municipal Building		○ No	O Yes	No
Stormwater System Maintenance		○ No	○ Yes	No
Vehicle and Fleet Maintenance	1024 C	○ No	○ Yes	No
Other	O Voc	• No	∴ O Yes	No

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

	SPDI	ES ID					
Name of MS4/Coalition TOWN OF KINGSBURY	N.	Y R	2	0 7	1	6	5
2. Provide the following information about municipal operations good	od ho	usek	eepi	ing _]	prog	ran	ıs:
• Parking Lots Swept (Number of acres X Number of times swept)	i	# Acr	es				0
• Streets Swept (Number of miles X Number of times swept)	;	# Mil	es				8
Catch Basins Inspected and Cleaned Where Necessary			#			3	0
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 			# [2
Phosphorus Applied In Chemical Fertilizer		# Lt	s.				0
● Nitrogen Applied In Chemical Fertilizer		# Lt	os.				0
Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)		Acres	3			0.	0
3. How many stormwater management trainings have been provided	l to n	nunic	ipa	l em	ıploy	ees	
during this reporting period?							0
4. What was the date of the last training?	0	/[1	7	1	2 0	1	9
5. How many municipal employees have been trained in this reporting	ng pe	eriod	?				1
6. What percent of municipal employees in relevant positions and de stormwater management training?	epart	ment	s re	ceiv	re	0	%

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

	SPDES ID
Name of MS4/Coalition TOWN OF KINGSBURY	N Y R 2 0 A 1 6 5
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward achieved identified in your Stormwater Management Program Plan (SWMPP), in III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMF	PP in this reporting period.
Perform self assessments of all operations on a rotating 3 year schedule	2.
B. Briefly summarize the observations that indicated the overall efformal.	fectiveness of this Measurable
The Town will evaluate Municipal Good Housekeeping and Pollution basis to ensure compliance with MCM 6 requirements of the permit.	Prevention BMPs on a yearly
C. How many times was this observation measured or evaluated in	this reporting period?
-	1
	(ex.: samples/participants/e
D. Has your MS4 made progress toward this measurable goal duri	ng this reporting period: ○ Yes • No
E. Is your MS4 on schedule to meet the deadline set forth in the SV	VMPP?
	● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule)	
Perform self assessment on Town operations by August 2023.	

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

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	SPDES ID									
Name of MS4/Coalition TOWN OF KINGSBURY	N	Y	R	2	0	A	1	6	5	

Additional Watershed Improvement Strategy Best Management Practices

On behalf of an individual M On behalf of a coalition How many MS ²	4s contributed to this re	eport?	
S4s must answer the que	estions or check NA a	s indicated in the table	below.
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed			
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed		=	*
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed		-	
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay		545	H
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6.8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	•	7	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	+	0.0.501.10.11.10	
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1.4,6.7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments			D. (1
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
Non-Traditional Does your MS4/Coaliti phosphorus/nitrogen/p	1,2,3,4,7a-d,9 ion have an education	5,6,8a,8b,10,11,12 program addressing in	Pathogens mpacts of O Yes O No

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

Estimate what percentage was mapped in this reporting period.

%

%

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

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		SPDES ID		
Naı	me of MS4/Coalition TOWN OF KINGSBURY	N Y R 2	0 A 1	6 5
3.	Does your MS4/Coalition have a Stormwater Conveyance S and Maintenance Plan Program?	ystem (infrastructu ○ Yes	re) Inspe	ection • N/A
4.	Estimate the percentage of on-site wastewater treatment sys and maintained or rehabilitated as necessary in this reporting		1 inspect	ted %
5.	Has your MS4/Coalition developed a program that provided NYSDEC SPDES General Permit for Stormwater Discharg (GP-0-08-001) to reduce pollutants in stormwater runoff frod disturb five thousand square feet or more?	es from Construction	on Activi	ities
6.	Has your MS4/Coalition developed a program to address por runoff from new development and redevelopment projects to equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Active the New York State Stormwater Design Manual Enhanced Standards?	that disturb greater NYS DEC SPDES (vities (GP-0-08-001)	than or General , includi	
7a	Does your MS4/Coalition have a retrofitting program to rec phosphorus/nitrogen/pathogen loading?	duce erosion or ○ Yes	O 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 comp	pleted in this report	ing peri	od?
7d	.What percent of projects planned in previous years have be	een completed?		%
			Projects	
8a	.Has your MS4/Coalition developed and implemented a turf procedures policy that addresses proper fertilizer application lands?	management pract on on municipally o ○ Yes	ices and wned O No	• N/A
8b	o. Has your MS4/Coalition developed and implemented a turf procedures policy that addresses proper disposal of grass claudicipally owned lands?	management pract lippings and leaves ○ Yes	ices and from	• N/A

populations?

MS4 Annual Report Form

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

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Name of MS4/Coalition TOWN OF KINGSBURY

SPDES ID

N Y R 2 0 A 1 6 5

9. Has your MS4/Coalition developed and implemented a program of native planting?

○ Yes ○ No ● N/A

10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding? ○ Yes ○ No ● N/A

11. Does your MS4/Coalition have a pet waste bag program? ○ Yes ○ No ● N/A

12. Does your MS4/Coalition have a program to manage goose

○ Yes ○ No ● N/A