



**MS4 Annual Report Cover Page**

MCC form for period ending March 9, 

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

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**MS4 Annual Report Cover Page**MCC form for period ending March 9, 

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**Required Forms**

- > Municipal Compliance Certification
- > Water Quality Trends
- > Minimum Measure 1
- > Minimum Measure 2
- > Minimum Measure 3
- > Minimum Measure 4
- > Minimum Measure 4 and 5
- > Minimum Measure 5
- > Minimum Measure 6
- > MS4s in impaired watersheds included in GP-0-08-002 Part IX must also complete the form *Additional Watershed Improvement Strategy Best Management Practices*.

**Reporting Requirements**

- \* **Permittees submitting an annual report for an individual MS4 must complete and submit all required forms.**
- \* **Joint reports may be submitted by permittees with legally binding agreements as follows:**
  - > *Each* MS4 contributing to a joint report must submit a Municipal Compliance Certification (MCC) form with an original signature. The MCC forms must be attached to the report.
  - > A coalition may submit information on behalf of its members as follows:
    1. Submit one form for each of the Minimum Measures (and if required, *Additional Watershed Improvement Strategy Best Management Practices*) on behalf of all the MS4s in the coalition, or
    2. Complete some of the required forms on behalf of all the MS4's in the coalition and for other Minimum Measures, attach completed forms from each of the MS4s.

For example, a joint report for a coalition including four permitted MS4s may contain one form for *each* of the Minimum Measures 1-5, representing the combined work of all four participating MS4s, and *in addition*, include four separate Minimum Measure 6 forms and four separate *Additional Watershed Improvement Strategy Best Management Practices* forms provided by each of the participating permittees.

**The Department will *not* accept a report form from a participating MS4 *in addition to* a combined report form submitted for the same Minimum Measure.**

**Instructions for completing forms**

These forms may be completed on a computer or by hand. If completing the forms by hand, fill in circles completely and print clearly.



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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 3 9 4

**Section 2 - Contact Information**

Provide contact information for *all* of the following contacts:

- 1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
- 3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 4. Report Preparer (Consultants may provide company name in the space provided).

**Submit a separate sheet for each contact.**

For each contact, select all that apply:

- Signatory Authority (choose one of the following)
  - Executive Officer or Ranking Elected Official
  - Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name  MI  Last Name

Title

Address

City  State  Zip  -

eMail

Phone  County

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

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

Name of MS4

SPDES ID  
N Y R 2 0 A

**Section 3 - Partner Information** - Submit a separate sheet for each partner.

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

If Yes, complete information below.

Yes  No

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0

Address

City

State

Zip

-

eMail

Phone

(  )  -

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G?

Yes  No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

MM1

MM2

MM3

MM4

MM5

MM6

Additional tasks/responsibilities

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

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

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

Name of MS4

SPDES ID  
N Y R 2 0 A 3 9 4

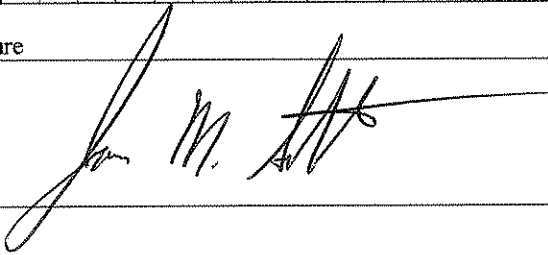
**Section 4 - Certification Statement**

"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  MI  Last Name

Title

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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

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### Water Quality Trends

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

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

How many MS4s are contributed to this report?

**1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater?**  Yes  No

If Yes, choose one of the following

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

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

URL


URL


URL


URL


URL






### MS4 Annual Report Form

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

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Name of MS4/Coalition 

City of Kingston
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SPDES ID  

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

<input type="radio"/> Construction Site Operators Trained		# Trained	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
<input checked="" type="radio"/> Direct Mailings		# Mailings	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">7</td><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td></tr></table>	7	5	0	0
7	5	0	0				
<input checked="" type="radio"/> Kiosks or Other Displays		# Locations	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px;"></td></tr></table>			2	
		2					
<input type="radio"/> List-Serves		# In List	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
<input type="radio"/> Mailing List		# In List	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
<input type="radio"/> Newspaper Ads or Articles		# Days Run	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
<input checked="" type="radio"/> Public Events/Presentations		# Attendees	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td></tr></table>	2	5	0	0
2	5	0	0				
<input checked="" type="radio"/> School Program		# Attendees	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">0</td></tr></table>	3	0	4	0
3	0	4	0				
<input type="radio"/> TV Spot/Program		# Days Run	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
<input checked="" type="radio"/> Printed Materials:		Total # Distributed	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td></tr></table>	1	0	0	0
1	0	0	0				

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

C	i	t	y	H	a	l	l								
N	a	t	u	r	e	C	e	n	t	e	r				

Other:

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

URL

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**MS4 Annual Report Form**

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Name of MS4/Coalition 

City of Kingston
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SPDES ID

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**4. Evaluating/Measuring Progress MCM 1**

What indicators do you use to evaluate the overall effectiveness of your Education and Outreach Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Public phone survey
---------------------

**Began Tracking:**

2005
------

*(year)*

**Frequency:**

Annual
--------

*(ex.: annual, monthly, biweekly)*

**#**

1000
------

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

**Results:**

Increased awareness of issues related to use of fertilizers
---

*\* This indicator is provided as an example only.*

**Indicator:**

Pre and post watershed presentation quiz
--

**Began Tracking:**

2006
------

*(year)*

**Frequency:**

monthly
---------

*(ex.: annual, monthly, biweekly)*

**#**

233 total / 20 participants per presentation
--

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

**Results:**

- |  |
|--|
| <ul style="list-style-type: none"> <li>- before and after each watershed presentation participant knowledge of point and non-point source pollution was evaluated to gauge program effectiveness</li> <li>- program revisions based upon evaluation responses</li> <li>- program to be continued on a ongoing monthly basis</li> </ul> |
|--|

Submit additional pages as needed.



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2009

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  
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#### 2. URL(s) con't.:

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

URL

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**MS4 Annual Report Form**

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Name of MS4/Coalition 

City of Kingston																																							
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**2. URL(s) con't.:**

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

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### MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID

### 3. Where can the public access copies of the 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

Address

City  Zip   -

Phone  
(  )  -

Library  Annual Report  SWMP Plan  Comments

Address

City  Zip  -

Phone  
(  )  -

Other  Annual Report  SWMP Plan  Comments

Address

City  Zip   -

Phone  
(  )  -

Web Page URL:  Annual Report  SWMP Plan  Comments

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

eMail  Comments



**MS4 Annual Report Form**

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Name of MS4/Coalition 

City of Kingston
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**4. 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.

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

**5.a. Was an Annual Report public meeting held in this reporting period?**  Yes  No  
If Yes, what was the date of the meeting? 

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If No, is one planned?  Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**  Yes  No

If No, is one planned for each?  Yes  No

**MS4 Annual Report Form**

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

Name of MS4/Coalition: <table border="1" style="display: inline-table;"><tr><td>City of Kingston</td></tr></table>	City of Kingston	SPDES ID <table border="1" style="display: inline-table;"><tr><td>N</td><td>Y</td><td>R</td><td>2</td><td>0</td><td>A</td><td>3</td><td>9</td><td>4</td></tr></table>	N	Y	R	2	0	A	3	9	4
City of Kingston											
N	Y	R	2	0	A	3	9	4			

**6. Evaluating/Measuring Progress MCM 2**

What indicators do you use to evaluate the overall effectiveness of your Public Involvement/Participation Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Number of attendees at public events
--------------------------------------

**Began Tracking:**

2005
------

*(year)*      **Frequency:**

Annual
--------

*(ex.: annual, monthly, biweekly)*

# 

1000
------

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

**Results:**

Attendance at public events has increased 200% since 2005.
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*\* This indicator is provided as an example only.*

**Indicator:**

Number of storm drains marked
-------------------------------

**Began Tracking:**

2007
------

*(year)*      **Frequency:**

annually
----------

*(ex.: annual, monthly, biweekly)*

# 

50
----

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

**Results:**

Marker installation by K-12 student body within the MS4 to raise public awareness of drainage connections between storm drains and surface water bodies. Markers feature fish stencil with "DONT DUMP - Drains to Rondout/Esopus.
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**Submit additional pages as needed.**



**MS4 Annual Report Form**

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

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Name of MS4/Coalition

City of Kingston

SPDES ID

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**3.b. What types of illicit discharges have been found during this reporting period?**

- |  |  |
|--|--|
| <input type="radio"/> Broken Lines From Sanitary Sewer       | <input type="radio"/> Industrial Connections         |
| <input type="radio"/> Cross Connections                      | <input type="radio"/> Inflow/Infiltration            |
| <input type="radio"/> Failing Septic Systems                 | <input type="radio"/> Pump Station Failure           |
| <input type="radio"/> Floor Drains Connected To Storm Sewers | <input type="radio"/> Sanitary Sewer Overflows       |
| <input type="radio"/> Illegal Dumping                        | <input type="radio"/> Straight Pipe Sewer Discharges |
| <input type="radio"/> Other:                                 | <input checked="" type="radio"/> None                |

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

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

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

		0
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**7. Has the storm sewershed mapping been completed?**  
If No, approximately what percent has been completed?

Yes     No  

	5	0
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 %

**8. Is the above information available in GIS?**  
**Is this information available on the web?**  
If Yes, provide URL(s):

Yes     No  
 Yes     No

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

URL


URL


URL


**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 

City of Kingston									
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SPDES ID

N	Y	R	2	0	A	3	9	4
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**8. URL(s) con't.:**

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

URL


URL


URL


URL


URL


URL


URL


**9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report?**      Yes     No

**10. Has an attorney certified law(s) adopted by traditional MS4s to be equivalent to the NYS Model IDDE law?**      Yes     No

**11. What percent of staff in relevant positions and departments has received IDDE training?**

9	0
---	---

 %

**MS4 Annual Report Form**

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

2	0	0	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: 

City of Kingston									
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 SPDES ID: 

N	Y	R	2	0	A	3	9	4
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**12. Evaluating/Measuring Progress MCM 3**

What indicators do you use to evaluate the overall effectiveness of your Illicit Discharge Elimination Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Number of illicit discharges identified/eliminated
--

**Began Tracking:**

2005
<i>(year)</i>

**Frequency:**

Monthly inspections
<i>(ex.: annual, monthly, biweekly)</i>

# 

25 illicit discharges identified/24 eliminated
<i>(ex.: samples/participants/events)</i>

**Results:** Since 2005, the number of annual inspections has doubled. We have developed a tracking system and illicit discharges that have been identified are being eliminated, on average, within a week of discovery.

*\* This indicator is provided as an example only.*

**Indicator:**

number of employees trained
-----------------------------

**Began Tracking:**

2007
<i>(year)</i>

**Frequency:**

bi-annually
<i>(ex.: annual, monthly, biweekly)</i>

# 

107
<i>(ex.: samples/participants/events)</i>

**Results:** Since 2007, when the employee training program was established, a total of 107 city employees have been trained by our Storm-water Educator. New employees are trained during the next regularly schedule bi-annual training.

Submit additional pages as needed.

**MS4 Annual Report Form**

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

2	0	0	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 

City of Kingston									
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SPDES ID  

N	Y	R	2	0	A	3	9	4
---	---	---	---	---	---	---	---	---

**12. Evaluating/Measuring Progress MCM 3**

What indicators do you use to evaluate the overall effectiveness of your Illicit Discharge Elimination Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Number of illicit discharges identified/eliminated									
--	--	--	--	--	--	--	--	--	--

**Began Tracking:**

2005	
<i>(year)</i>	

**Frequency:**

Monthly inspections									
<i>(ex.: annual, monthly, biweekly)</i>									

# 

25 illicit discharges identified/24 eliminated									
<i>(ex.: samples/participants/events)</i>									

**Results:**

Since 2005, the number of annual inspections has doubled. We have developed a tracking system and illicit discharges that have been identified are being eliminated, on average, within a week of discovery.									
--	--	--	--	--	--	--	--	--	--

*\* This indicator is provided as an example only.*

**Indicator:**

6% of outfalls surveyed, no ID detected									
---	--	--	--	--	--	--	--	--	--

**Began Tracking:**

2007	
<i>(year)</i>	

**Frequency:**

ongoing									
<i>(ex.: annual, monthly, biweekly)</i>									

# 

12									
<i>(ex.: samples/participants/events)</i>									

**Results:**

City departments (Engineering, DPW and Parks) are working together to identify and eliminate illicit discharges. DPW conducts the dry weather survey. Over 6% of the outfalls have been screened for dry weather discharges during this reporting period.									
---	--	--	--	--	--	--	--	--	--

Submit additional pages as needed.

**MS4 Annual Report Form**

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

2	0	0	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 

City of Kingston
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SPDES ID  

N	Y	R	2	0	A	3	9	4
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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? 

--	--	--

1. Has each Town, City and/or Village contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equal protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?  Yes  No

If Yes, provide date of equivalent NYS Sample Local Law.  09/2004  03/2006

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? 

			3
--	--	--	---

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

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

			0
--	--	--	---

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

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

- Notices of Violation # 

--	--	--	--	--

 No Authority
- Stop Work Orders # 

				1
--	--	--	--	---

 No Authority
- Criminal Actions # 

--	--	--	--	--

 No Authority
- Termination of Contracts # 

--	--	--	--	--

 No Authority
- Administrative Fines # 

--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--

 No Authority
- Other # 

--	--	--	--	--

 No Authority



**MS4 Annual Report Form**

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

2	0	0	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 

City of Kingston									
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SPDES ID  

N	Y	R	2	0	A	3	9	4
---	---	---	---	---	---	---	---	---

**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? 

		0
--	--	---

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

		2
--	--	---

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

1	0	0
---	---	---

 %

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

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No

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

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, 2009

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

-

Phone

(  )  -

**○ Library**

Address

City

Zip

-

Phone

(  )  -

**○ Other**

Address

City

Zip

-

Phone

(  )  -

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

URL

URL

**MS4 Annual Report Form**

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

2	0	0	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 

City of Kingston
------------------

SPDES ID  

N	Y	R	2	0	A	3	9	4
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 4**

What indicators do you use to evaluate the overall effectiveness of your Construction Site Stormwater Management Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Percent SWPPPs reviewed
-------------------------

  
**Began Tracking:**

2005
------

*(year)*      **Frequency:**

Upon submission
-----------------

*(ex.: annual, monthly, biweekly)*  
**#**

50 SWPPPs
-----------

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

**Results:**

100% of SWPPPs were reviewed. 50% of the SWPPPs reviewed were returned with comments. All of these were returned with modifications reflecting NYS Standards.
---

*\* This indicator is provided as an example only.*

**Indicator:**

100% of SWPPPs reviewed
-------------------------

  
**Began Tracking:**

2008
------

*(year)*      **Frequency:**

ongoing
---------

*(ex.: annual, monthly, biweekly)*  
**#**

3
---

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

**Results:**

100% of SWPPPs were reviewed. 100% of the SWPPPs reviewed were returned with comments. All of these were returned with modifications reflecting NYS Standards.
--

Submit additional pages as needed.

**MS4 Annual Report Form**

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

2	0	0	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 

City of Kingston
------------------

SPDES ID  

N	Y	R	2	0	A	3	9	4
---	---	---	---	---	---	---	---	---

**7. Evaluating/Measuring Progress MCM 4**

What indicators do you use to evaluate the overall effectiveness of your Construction Site Stormwater Management Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Percent SWPPPs reviewed
-------------------------

**Began Tracking:**

2005
------

*(year)*      **Frequency:**

Upon submission
-----------------

*(ex.: annual, monthly, biweekly)*

# 

50 SWPPPs
-----------

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

**Results:**

100% of SWPPPs were reviewed. 50% of the SWPPPs reviewed were returned with comments. All of these were returned with modifications reflecting NYS Standards.
---

*\* This indicator is provided as an example only.*

**Indicator:**

Employees were trained
------------------------

**Began Tracking:**

2007
------

*(year)*      **Frequency:**

Ongoing
---------

*(ex.: annual, monthly, biweekly)*

# 

2
---

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

**Results:**

Attended GP-0-08-001 Erosion and sediment Control Card Certificate.
---

Submit additional pages as needed.

**MS4 Annual Report Form**

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

2	0	0	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 

City of Kingston
------------------

SPDES ID  

N	Y	R	2	0	A	3	9	4
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**Minimum Control Measure 5. Post-Construction Stormwater Management**

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 and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?**

	# Inventoried	# Inspections	# Times Maintained									
<input type="radio"/> Alternative Practices	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Filter Systems	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Infiltration Basins	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Open Channels	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input checked="" type="radio"/> Ponds	<table border="1"><tr><td> </td><td> </td><td>4</td></tr></table>			4	<table border="1"><tr><td> </td><td> </td><td>4</td></tr></table>			4	<table border="1"><tr><td> </td><td> </td><td>1</td></tr></table>			1
		4										
		4										
		1										
<input type="radio"/> Wetlands	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input checked="" type="radio"/> Other	<table border="1"><tr><td> </td><td> </td><td>1</td></tr></table>			1	<table border="1"><tr><td> </td><td> </td><td>1</td></tr></table>			1	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
		1										
		1										

**2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?**  Yes  No

**3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?**

- Building Codes
- Comprehensive Planning
- Overlay Districts
- Zoning
- None

Other: 

P	l	a	n		r	e	v	i	e	w		b	y		P	l	a	n	n	i	n	g		B	o	a	r	d
---	---	---	---	--	---	---	---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---

**MS4 Annual Report Form**

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

2	0	0	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 

City of Kingston
------------------

SPDES ID  

N	Y	R	2	0	A	3	9	4
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**4. Evaluating/Measuring Progress MCM 5**

What indicators do you use to evaluate the overall effectiveness of your Post-Construction Stormwater Management Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Number of reports of flooding during storm events from business district
--

**Began Tracking:**

2005
------

*(year)*      **Frequency:**

Annual Summary
----------------

*(ex.: annual, monthly, biweekly)*

# 

18
----

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

**Results:**

During this reporting period, we experienced average rainfall, but DPW records show that the number of incidences of flooding in the business district fell 25%. This is attributable to increased inspection and maintenance of post construction BMPs.
--

*\* This indicator is provided as an example only.*

**Indicator:**

Number of reports of flooding during storm events from residential area
---

**Began Tracking:**

2008
------

*(year)*      **Frequency:**

ongonig
---------

*(ex.: annual, monthly, biweekly)*

# 

1
---

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

**Results:**

During this reporting period, we experienced average rainfall. Records indicate that no complaints of flooding in the residential area and contiguous area. This is attributable to increased inspection and maintenance of post construction BMPs.
---

Submit additional pages as needed.

**MS4 Annual Report Form**

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

2	0	0	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: 

City of Kingston
------------------

SPDES ID  

N	Y	R	2	0	A	3	9	4
---	---	---	---	---	---	---	---	---

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

**MS4 Annual Report Form**

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

2	0	0	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 

City of Kingston
------------------

SPDES ID

N	Y	R	2	0	A	3	9	4
---	---	---	---	---	---	---	---	---

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

- |   |         |  |   |   |   |   |   |
|---|---------|--|---|---|---|---|---|
| <input checked="" type="radio"/> Parking Lots Swept   | # Acres | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td>1</td><td>0</td></tr></table> |   |   |   | 1 | 0 |
|   |         |  | 1 | 0 |   |   |   |
| <input checked="" type="radio"/> Streets Swept  | # Miles | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td>2</td><td>7</td><td>0</td></tr></table> |   |   | 2 | 7 | 0 |
|   |         | 2  | 7 | 0 |   |   |   |
| <input checked="" type="radio"/> Catch Basins Inspected and Cleaned Where Necessary                                   | #       | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td>1</td><td>0</td><td>0</td></tr></table> |   |   | 1 | 0 | 0 |
|   |         | 1  | 0 | 0 |   |   |   |
| <input type="radio"/> Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary | #       | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td>4</td></tr></table> |   |   |   |   | 4 |
|   |         |  |   | 4 |   |   |   |
| <input type="radio"/> Phosphorus Applied In Chemical Fertilizer   | # Lbs.  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |   |   |   |   | 0 |
|   |         |  |   | 0 |   |   |   |
| <input type="radio"/> Nitrogen Applied In Chemical Fertilizer   | # Lbs.  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |   |   |   |   | 0 |
|   |         |  |   | 0 |   |   |   |
| <input type="radio"/> Pesticide/Herbicide Applied As Pure Product   | # Lbs.  | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td>5</td><td>0</td><td>0</td></tr></table> |   |   | 5 | 0 | 0 |
|   |         | 5  | 0 | 0 |   |   |   |

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

				0
--	--	--	--	---

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

0	2
---	---

 / 

0	1
---	---

 / 

2	0	0	8
---	---	---	---

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

		0
--	--	---

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

1	0	0
---	---	---

 %



**MS4 Annual Report Form**

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

2	0	0	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 

City of Kingston
------------------

SPDES ID  

N	Y	R	2	0	A	3	9	4
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**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Catch basins inspected and cleaned
------------------------------------

**Began Tracking:**

2005
------

*(year)*      **Frequency:**

monthly
---------

*(ex.: annual, monthly, biweekly)*

# 

40 catch basins cleaned
-------------------------

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

**Results:**

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.
---

*\* This indicator is provided as an example only.*

**Indicator:**

Increase street sweeping 50%
------------------------------

**Began Tracking:**

2007
------

*(year)*      **Frequency:**

annually
----------

*(ex.: annual, monthly, biweekly)*

# 

270 Miles
-----------

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

**Results:**

sweeping activities have increased 50%
--

Submit additional pages as needed.

**MS4 Annual Report Form**

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

2	0	0	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 

City of Kingston
------------------

SPDES ID  

N	Y	R	2	0	A	3	9	4
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**7. Evaluating/Measuring Progress MCM 6**

What indicators do you use to evaluate the overall effectiveness of your Municipal Stormwater Management and Good Housekeeping Program, how long have you been tracking them and at what frequency?

*Example\*:*

**Indicator:**

Catch basins inspected and cleaned
------------------------------------

**Began Tracking:**

2005
<i>(year)</i>

**Frequency:**

monthly
<i>(ex.: annual, monthly, biweekly)</i>

# 

40 catch basins cleaned
<i>(ex.: samples/participants/events)</i>

**Results:**

In this reporting period scheduled inspections were increased by 50%. Maintenance was performed 50% more often than last year. This resulted in a 40% decrease in deployment of personnel during storm events to perform emergency maintenance.
---

*\* This indicator is provided as an example only.*

**Indicator:**

catch basins cleaned and repaired
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**Began Tracking:**

2007
<i>(year)</i>

**Frequency:**

ongoing
<i>(ex.: annual, monthly, biweekly)</i>

# 

6
<i>(ex.: samples/participants/events)</i>

**Results:**

City DPW conducts ongoing drainage survey of City Owned properties to ensure proper function of their drainage systems. Catch basins are cleaned and repaired as needed.
--

Submit additional pages as needed.

### MS4 Annual Report Form

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

2	0	0	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 

City of Kingston
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SPDES ID  

N	Y	R	2	0	A	3	9	4
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### 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? 

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**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	1,2,3,4,5,6,7,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,7,8a,8b,9	3,4,5,10,11,12	Phosphorus
<b>Onondaga Lake Watershed</b>			
	-	-	-
Traditional Land Use	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
<b>Greenwood Lake Watershed</b>			
	-	-	-
Traditional Land Use	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>Oyster Bay</b>			
	-	-	-
Traditional Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens
Traditional Non-Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens
Non-Traditional	1,4,7,8a,9	2,3,4,5,8b,10,11,12	Pathogens
<b>Peconic Estuary</b>			
	-	-	-
Traditional Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen

**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. 

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 %

Estimate what percentage was mapped in this reporting period. 

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 %

**3. Does your MS4/Coalition have a Stormwater Conveyance System(infrastructure) Inspection and Maintenance Plan Program?**  Yes  No  N/A

**MS4 Annual Report Form**

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

2	0	0	9
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Name of MS4/Coalition

City of Kingston

SPDES ID

N	Y	R	2	0	A	3	9	4
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4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? 

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 %
5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP0-08-001) 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
7. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?  Yes  No  N/A
- 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
9. Has your MS4/Coalition developed and implemented a program of native planting?  Yes  No  N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?  Yes  No  N/A
11. Does your MS4/Coalition have a pet waste bag program?  Yes  No  N/A
12. Does your MS4/Coalition have a program to manage goose populations?  Yes  No  N/A