4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2015

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

Name of MS4/Coalition: Saratoga County ISWM Program

SPDES ID: NYR20C006

Minimum Control Measure 2. Public Involvement/Participation

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

○ On behalf of an individual MS4
● On behalf of a coalition

How many MS4s contributed to this report? 16

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

● Cleanup Events — # Events: 93

○ Comments on SWMP Received — # Comments:

● Community Hotlines — Phone # ( ) -

Phone # (518) 885-8995 — Phone # ( ) -

Phone # ( ) - — Phone # ( ) -

Phone # ( ) - — Phone # ( ) -

Phone # ( ) - — Phone # ( ) -

Phone # ( ) - — Phone # ( ) -

○ Community Meetings — # Attendees:

○ Plantings — Sq. Ft.:

○ Storm Drain Markings — # Drains:

○ Stakeholder Meetings — # Attendees:

○ Volunteer Monitoring — # Events:

○ Other:

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ● Yes ○ No

● List-Serve — # In List: 612

○ Newspaper Advertising — # Days Run:

○ TV/Radio Notices — # Days Run:

○ Other:

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