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

4.a. If this report was made available on the internet, what date was it posted?
Leave blank if this report was not posted on the internet. 06 / 01 / 2015

4.b. For how many days was/will this report be posted? 999

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

5.a. Was an Annual Report public meeting held in this reporting period? ○ Yes ● No

If Yes, what was the date of the meeting? __ / __ / ____

If No, is one planned? ○ Yes ● No

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

If No, is one planned for each? ○ Yes ● No

6. Were comments received during this reporting period? ○ Yes ● No

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