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: Town of Malta

SPDES ID: NYR20A086

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? ___

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 ___

○ 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.