MS4 Annual Report Cover Page

MCC form for period ending March 9, 2018

SPDES ID: NYR20C006

This cover page must be completed by the report preparer.
Joint reports require only one cover page.

Choose one:

○ **This report is being submitted on behalf of an individual MS4.**

Fill in SPDES ID in upper right hand corner.

Name of MS4

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.

Name of Coalition

Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20A157	SPDES ID: NYR20A376	SPDES ID: NYR20A032
SPDES ID: NYR20A035	SPDES ID: NYR20A123	SPDES ID: NYR20A375
SPDES ID: NYR20A086	SPDES ID: NYR20A551	SPDES ID: NYR20A108
SPDES ID: NYR20A158	SPDES ID: NYR20A099	SPDES ID: NYR20A209
SPDES ID: NYR20A216	SPDES ID: NYR20A091	SPDES ID: NYR20A549
SPDES ID: NYR20A547	SPDES ID: NYR20A037	SPDES ID: NYR20A469

9714632978

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2018

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

SPDES ID	SPDES ID	SPDES ID
NYR20A114	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Saratoga County ISWM Program

SPDES ID: NYR20C006

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

○ 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 binding agreements.

If Joint Report, enter coalition name:

Saratoga County Intermunicipal Stormwater Management Program

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Town of Ballston

SPDES ID NYR20A157

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

◉ 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 binding agreements.

If Joint Report, enter coalition name:

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Ballston Spa

SPDES ID: NYR20A376

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

◉ 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 binding agreements.

If Joint Report, enter coalition name:

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Town of Charlton

SPDES ID NYR20A032

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

◉ 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 binding agreements.

If Joint Report, enter coalition name:

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: TOWN OF CLIFTON PARK

SPDES ID: NYR20A035

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- ● 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 binding agreements.

If Joint Report, enter coalition name:

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Greenfield

SPDES ID: NYR20A123

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- ◉ 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 binding agreements.

If Joint Report, enter coalition name:

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Town of Halfmoon

SPDES ID NYR20A375

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

◉ 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 binding agreements.

If Joint Report, enter coalition name:

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Town of Malta

SPDES ID NYR20A086

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

◉ 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 binding agreements.

If Joint Report, enter coalition name:

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 City of Mechanicville

SPDES ID: NYR20A551

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

◉ 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 binding agreements.

If Joint Report, enter coalition name:

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: TOWN OF MILTON

SPDES ID: NYR20A108

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

○ 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 binding agreements.

If Joint Report, enter coalition name:

Saratoga County Intermunicipal Stormwater Management Program

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 TOWN OF MOREAU

SPDES ID NYR20A158

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

◉ 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 binding agreements.

If Joint Report, enter coalition name:

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Round Lake

SPDES ID: NYR20A099

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- ● 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 binding agreements.

If Joint Report, enter coalition name:

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Saratoga County, Department of Public Works

SPDES ID NYR20A209

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

◉ 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 binding agreements.

If Joint Report, enter coalition name:

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: City of Saratoga Springs

SPDES ID: NYR20A216

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- ● 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 binding agreements.

If Joint Report, enter coalition name:

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: South Glens Falls

SPDES ID: NYR20A091

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- ● 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 binding agreements.

If Joint Report, enter coalition name:

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Stillwater

SPDES ID: NYR20A549

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

◉ 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 binding agreements.

If Joint Report, enter coalition name:

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Village of Stillwater

SPDES ID NYR20A547

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

◉ 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 binding agreements.

If Joint Report, enter coalition name:

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Waterford

SPDES ID: NYR20A037

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- ● 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 binding agreements.

If Joint Report, enter coalition name:

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Village of Waterford

SPDES ID NYR20A469

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- ◉ 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 binding agreements.

If Joint Report, enter coalition name:

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Town of Wilton

SPDES ID NYR20A114

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- ◉ 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 binding agreements.

If Joint Report, enter coalition name:

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Saratoga County ISWM Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Edward | MI: D | Last Name: Kinowski

Title: Chair of the Board of Supervisors

Address: 40 McMaster Street

City: Ballston Spa | State: NY | Zip: 12020-

eMail: ekinowski@stillwaterny.org

Phone: (518) 885-2240

County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Saratoga County ISWM Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Blue | MI: R | Last Name: Neils

Title: SC CCE ISWM Program Coordinator

Address: 50 West High Street

City: Ballston Spa | State: NY | Zip: 12020-

eMail: brn5@cornell.edu

Phone: (518) 885-8995

County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Ballston

SPDES ID: NYR20A157

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Tim | MI: | Last Name: Szczepaniak

Title: Town Supervisor

Address: 323 Charlton Road

City: Burnt Hills | State: NY | Zip: 12027-

eMail: tszczepaniak@townofballstonny.org

Phone: (518) 885-8502 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Town of Ballston

SPDES ID NYR20A157

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

First Name: Sophia | MI: | Last Name: Marruso

Title: Stormwater Management Officer

Address: 323 Charlton Road

City: Burnt Hills | State: NY | Zip: 12027-

eMail: smarruso@townofballstonny.org

Phone: (518) 885-8502 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Village of Ballston Spa

SPDES ID NYR20A376

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ● Local Stormwater Public Contact
- ● Stormwater Management Program (SWMP) Coordinator
- ● Report Preparer

First Name: John | MI: P | Last Name: Romano

Title: Mayor

Address: 66 Front Street

City: Ballston Spa | State: NY | Zip: 12020-

eMail: bspavillage@yahoo.com

Phone: (518) 885-5711 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Town of Charlton

SPDES ID NYR20A032

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Alan | MI: | Last Name: Grattidge

Title: Supervisor

Address: 758 Charlton Road

City: Charlton | State: NY | Zip: 12019-

eMail: supervisor@townofcharlton.org

Phone: (518) 384-0152 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Charlton, Saratoga County, N.Y.

SPDES ID: NYR20A032

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

First Name: Marshall | MI: | Last Name: Heritage

Title: Highway Superintendent

Address: 4008 Jockey Street

City: Charlton | State: NY | Zip: 12019-

eMail: highway@townofcharlton.org

Phone: (518) 399-3425 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Charlton, Saratoga County, N.Y.

SPDES ID: NYR20A032

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

○ Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

First Name: Marvin | MI: | Last Name: Schorr

Title: ECC Chairman

Address: 758 Charlton Road

City: Charlton | State: NY | Zip: 12019-

eMail: mschorrl@nycap.rr.com

Phone: (518) 399-4161 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Charlton, Saratoga County, N.Y.

SPDES ID: NYR20A032

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

○ Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Michael | MI: | Last Name: McNamara

Title: Town Engineer

Address: 900 Route 146

City: Clifton Park | State: NY | Zip: 12065-

eMail: mmcnamara@edpllp.com

Phone: (518) 371-7621 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 TOWN OF CLIFTON PARK

SPDES ID NYR20A035

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Philip | MI: | Last Name: Barrett

Title: Supervisor - Town of Clifton Park

Address: 1 Town Hall Plaza

City: Clifton Park | State: NY | Zip: 12065 -

eMail: pbarrett@cliftonpark.org

Phone: (518) 371-6651 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Clifton Park

SPDES ID: NYR20A035

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

● Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Steven | MI: M | Last Name: Myers

Title: Director Building and Zoning

Address: One Town Hall Plaza

City: Clifton Park | State: NY | Zip: 12065 -

eMail: stevemyers@cliftonpark.org

Phone: (518) 371-6702

County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Clifton Park

SPDES ID: NYR20A035

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

○ Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Scott MI: D Last Name: Reese

Title: Stormwater Management Technician

Address: One Town Hall Plaza

City: Clifton Park State: NY Zip: 12065-

eMail: sreese@cliftonpark.org

Phone: (518) 371-6054 County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Town of Greenfield

SPDES ID NYR20A123

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Daniel | MI: | Last Name: Pemerick

Title: Supervisor

Address: PO Box 10

City: Greenfield Center | State: NY | Zip: 12833 -

eMail:

Phone: (518) 893-7604 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Greenfield, Saratoga County, NY

SPDES ID: NYR20A123

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ○ Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ● Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Walt | MI: | Last Name: Barss

Title: Highway Superintendent

Address: PO Box 10

City: Greenfield Center | State: NY | Zip: 12833-

eMail:

Phone: (518) 893-7604 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Greenfield, Saratoga County, NY

SPDES ID: NYR20A123

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

○ Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Charles | MI: D | Last Name: Baker

Title: Environmental Design Ptr. LLP PE

Address: 900 Route 146

City: Clifton Park | State: NY | Zip: 12065 -

eMail: cbaker@edpllp.com

Phone: (518) 371-7621 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Greenfield, Saratoga County, NY

SPDES ID: NYR20A123

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

First Name: Gerry | MI: | Last Name: McKenna

Title: Zoning Enforcement Officer

Address: PO Box 10

City: Greenfield Center | State: NY | Zip: 12020-

eMail:

Phone: (518) 893-7604 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Town of Halfmoon

SPDES ID NYR20A375

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Kevin | MI: | Last Name: Tollisen

Title: Town Supervisor

Address: 2 Halfmoon Town Plaza

City: Halfmoon | State: NY | Zip: 12065-

eMail: ktollisen@townofhalfmoon.org

Phone: (518) 371-7410 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Halfmoon

SPDES ID: NYR20A375

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Paul | MI: M | Last Name: Marlow

Title: Planner/Stormwater Technician

Address: 2 Halfmoon Town Plaza

City: Halfmoon | State: NY | Zip: 12065-

eMail: pmarlow@townofhalfmoon.org

Phone: (518) 371-7410 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Town of Malta

SPDES ID NYR20A086

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ◉ Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Vincent | MI: | Last Name: DeLucia

Title: Town Supervisor

Address: 2540 Route 9

City: Malta | State: NY | Zip: 12020-

eMail: supervisor@malta-town.org

Phone: (518) 899-3434 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Town of Malta

SPDES ID NYR20A086

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Floria | MI: | Last Name: Huizinga

Title: Planner, SMO

Address: 2540 Route 9

City: Malta | State: NY | Zip: 12020 -

eMail: fhuizinga@malta-town.org

Phone: (518) 899-2685 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 City of Mechanicville

SPDES ID NYR20A551

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ◉ Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Dennis | MI: | Last Name: Baker

Title: Mayor

Address: 36 North Main Street

City: Mechanicville | State: NY | Zip: 12118 -

eMail: dennis.baker@mechanicvillleny.gov

Phone: (518) 664-8331 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: City of Mechanicville

SPDES ID: NYR20A551

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

◉ Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

First Name: Anthony | MI: | Last Name: Gotti

Title: Commissioner of Public Works

Address: 4 Industrial Park

City: Mechanicville | State: NY | Zip: 12118-

eMail: anthony.gotti@mechanicvilleny.gov

Phone: (518) 664-7171 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 City of Mechanicville

SPDES ID NYR20A551

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

○ Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

◉ Report Preparer

First Name: Nadine | MI: R | Last Name: Medina

Title: Engineer

Address: 10 Airline Drive, Suite 200

City: Albany | State: NY | Zip: 12205 -

eMail: nmedina@bartonandloguidice.com

Phone: (518) 218-1801 | County: ALBANY

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: TOWN OF MILTON

SPDES ID: NYR20A108

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Scott | MI: | Last Name: Ostrander

Title: Town Supervisor

Address: 503 Geyser Road

City: Ballston Spa | State: NY | Zip: 12020 -

eMail: supervisor@townofmiltonny.org

Phone: (518) 885-9220 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: TOWN OF MILTON

SPDES ID: NYR20A108

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

First Name: Wayne | MI: | Last Name: Howe

Title: Building Inspector

Address: 503 Geyser Road

City: Ballston Spa | State: NY | Zip: 12020 -

eMail: whowe@townofmiltonny.org

Phone: (518) 885-9220 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: TOWN OF MILTON

SPDES ID: NYR20A108

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

○ Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Joel | MI: | Last Name: Bianchi

Title: Consulting Engineer to Town

Address: 1533 Crescent Road

City: Clifton Park | State: NY | Zip: 12065 -

eMail: jbianchi@mjels.com

Phone: (518) 371 - 0799 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 TOWN OF MOREAU

SPDES ID NYR20A158

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Theodore | MI: T | Last Name: Kusnierz

Title: TOWN SUPERVIOSOR

Address: 351 REYNOLDS ROAD

City: MOREAU | State: NY | Zip: 12828 -

eMail: MOREAUSUPER@TOWNOFMOREAU.ORG

Phone: (518) 792-1030 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Moreau

SPDES ID: NYR20A158

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Maureen | MI: L | Last Name: Leerkes

Title: Stormwater Management Officer

Address: 351 Reynolds Road

City: Moreau | State: NY | Zip: 12828-

eMail: moreauhighway@townofmoreau.org

Phone: (518) 792-5675 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: TOWN OF MOREAU

SPDES ID: NYR20A158

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Matthew | MI: | Last Name: Dreimiller

Title: Building/Codes Enforcement

Address: 351 Reynolds Road

City: Moreau | State: NY | Zip: 12828-

eMail: buildinginspector@townofmoreau.or

Phone: (518) 792-4762 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Round Lake

SPDES ID: NYR20A099

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ● Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Gary | MI: | Last Name: Putman

Title: Mayor of Round Lake

Address: 49 Burlington Avenue

City: Round Lake | State: NY | Zip: 12151-

eMail: villagerl@roundlakevillage.org

Phone: (518) 899-2800 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Round Lake

SPDES ID: NYR20A099

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

○ Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Blue | MI: R | Last Name: Neils

Title: Stormwater Mgmt Officer - acting

Address: 50 West High Street

City: Ballston Spa | State: NY | Zip: 12020-

eMail: brn5@cornell.edu

Phone: (518) 885-8995 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Round Lake

SPDES ID: NYR20A099

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Peter | MI: | Last Name: Sheridan

Title: Code Enforcement Officer

Address: 49 Burlington Avenue

City: Round Lake | State: NY | Zip: 12151-

eMail: peterroundlake@yahoo.com

Phone: (518) 899-2800 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Saratoga County, Department of Public Works

SPDES ID NYR20A209

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ◉ Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Keith | MI: R | Last Name: Manz

Title: Commissioner,Dept.of Public Works

Address: 40 McMaster Street

City: Ballston Spa | State: NY | Zip: 12020-

eMail: kmanz@saratogacountyny.gov

Phone: (518) 885-2235 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Saratoga County, Department of Public Works

SPDES ID NYR20A209

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

◉ Local Stormwater Public Contact

◉ Stormwater Management Program (SWMP) Coordinator

◉ Report Preparer

First Name: James | MI: R | Last Name: Clark

Title: Engineering Technician

Address: 3654 Galway Road

City: Ballston Spa | State: NY | Zip: 12020-

eMail: dpw@saratogacountyny.gov

Phone: (518) 885-2235 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Saratoga County, Department of Public Works

SPDES ID NYR20A209

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

◉ Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

◉ Report Preparer

First Name: Blue | MI: R | Last Name: Neils

Title: SC CCE ISWM Program Coordinator

Address: 50 West High Street

City: Ballston Spa | State: NY | Zip: 12020-

eMail: brn5@cornell.edu

Phone: (518) 885-8995 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: City of Saratoga Springs

SPDES ID: NYR20A216

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Anthony | MI: J | Last Name: Sciroccco

Title: Commissioner of Public Works

Address: 5 Lake Avenue City Hall

City: Saratoga Springs | State: NY | Zip: 12866 -

eMail: skip.sciroccco@saratoga-springs.or

Phone: (518) 587-3550 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: City of Saratoga Springs

SPDES ID: NYR20A216

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

First Name: Timothy | MI: W | Last Name: Wales P.E.

Title: City Engineer

Address: 474 Broadway

City: Saratoga Springs | State: NY | Zip: 12866-

eMail: tim.wales@saratoga-springs.org

Phone: (518) 587-7098 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: City of Saratoga Springs

SPDES ID: NYR20A216

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Albert | MI: C | Last Name: Flick

Title: Sr. Engineering Technician

Address: 5 Lake Avenue City Hall

City: Saratoga Springs | State: NY | Zip: 12866 -

eMail: al.flick@saratoga-springs.org

Phone: (518) 587-3550 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: South Glens Falls

SPDES ID: NYR20A091

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Harry | MI: | Last Name: Gutheil

Title: Mayor

Address: 46 Saratoga Avenue

City: South Glens Falls | State: NY | Zip: 12803-

eMail:

Phone: (518) 793-1455 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: South Glens Falls

SPDES ID: NYR20A091

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Timothy | MI: J | Last Name: Chagnon

Title: Highway Maintenance Supervisor

Address: 46 Saratoga Avenue

City: South Glens Falls | State: NY | Zip: 12803 -

eMail: dpwchagnon@sgfny.com

Phone: (518) 792-4033 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Stillwater

SPDES ID: NYR20A549

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Edward | MI: D | Last Name: Kinowski

Title: Town Supervisor

Address: 881 Hudson Avenue

City: Stillwater | State: NY | Zip: 12170-

eMail: ekinowski@stillwaterny.org

Phone: (518) 664-6148 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Town of Stillwater

SPDES ID NYR20A549

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

● Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Lindsay | MI: | Last Name: Zepko

Title: Director of Building and Planning

Address: 881 Hudson Avenue

City: Stillwater | State: NY | Zip: 12170 -

eMail: lzepko@stillwaterny.org

Phone: (518) 664-6148 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Stillwater

SPDES ID: NYR20A547

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Frank | MI: | Last Name: Tatum

Title: Village Mayor

Address: 1 School Street

City: Stillwater | State: NY | Zip: 12170-

eMail: frank.tatum@villageofstillwaterny

Phone: (518) 664-6148 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Village of Stillwater

SPDES ID NYR20A547

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

● Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Lindsay | MI: | Last Name: Zepko

Title: Director of Building and Planning

Address: 881 Hudson Avenue

City: Stillwater | State: NY | Zip: 12170-

eMail: lzepko@stillwaterny.org

Phone: (518) 664-6148 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Waterford

SPDES ID: NYR20A037

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: John | MI: E | Last Name: Lawler

Title: Town Supervisor

Address: 65 Broad Street

City: Waterford | State: NY | Zip: 12188 -

eMail:

Phone: ( ) -

County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Waterford

SPDES ID: NYR20A037

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

First Name: Dominick | MI: J | Last Name: Gabriel

Title: Town Engineer

Address: 65 Broad Street

City: Waterford | State: NY | Zip: 12188-

eMail: gabrieldd@town.waterford.ny.us

Phone: (518) 527-4164 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Waterford

SPDES ID: NYR20A037

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

○ Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Nadine | MI: R | Last Name: Medina

Title: Sr. Project Engineer

Address: 10 Airline Drive, Suite 200

City: Albany | State: NY | Zip: 12205-

eMail: nmedina@bartonandloguidice.com

Phone: (518) 218-1801 | County: ALBANY

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Village of Waterford

SPDES ID NYR20A469

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ● Local Stormwater Public Contact
- ● Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: BERT | MI: | Last Name: MAHONEY

Title: MAYOR

Address: 65 Broad Street

City: Waterford | State: NY | Zip: 12188-

eMail: rvillage@nycap.rr.com

Phone: (518) 235-9898 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Waterford

SPDES ID: NYR20A469

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

● Duly Authorized Representative

○ Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

First Name: Russell | MI: | Last Name: VanDerVoort

Title: Deputy Mayor

Address: 65 Broad Street

City: Waterford | State: NY | Zip: 12188-

eMail: rvillage@nycap.rr.com

Phone: (518) 235-9898 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: VILLAGE OF WATERFORD

SPDES ID: NYR20A469

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

First Name: Craig | MI: | Last Name: Falcone

Title: Director of Public Works

Address: 65 Broad Street

City: Waterford | State: NY | Zip: 12188 -

eMail: rvillage@nycap.rr.com

Phone: (518) 235-9898 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: VILLAGE OF WATERFORD

SPDES ID: NYR20A469

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

○ Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: BLUE | MI: R | Last Name: NEILS

Title: ISWM PROGRAM COORDINATOR

Address: 50 WEST HIGH STREET

City: BALLSTON SPA | State: NY | Zip: 12020 -

eMail: brn5@cornell.edu

Phone: (518) 885 - 8995 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Town of Wilton

SPDES ID NYR20A114

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

- ● Principal Executive Officer/Chief Elected Official
- ○ Duly Authorized Representative
- ○ Local Stormwater Public Contact
- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

First Name: Arthur | MI: J | Last Name: Johnson

Title: Supervisor, Town of Wilton

Address: 22 Traver Road

City: Wilton | State: NY | Zip: 12831 -

eMail: ajhons@townofwilton.com

Phone: (518) 587-1939 | County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Wilton

SPDES ID: NYR20A114

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** 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.

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Ryan | MI: | Last Name: Riper

Title: Town Engineer

Address: 22 Traver Road

City: Wilton | State: NY | Zip: 12831 -

eMail: rriper@townofwilton.com

Phone: (518) 587 - 1939 | County: SARATOGA

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Town of Ballston

SPDES ID NYR20A157

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name
Saratoga County CCE ISWM Program

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable
NYR20C006

Address

City
Ballston Spa

State NY

Zip 12020 -

eMail
brn5@cornell.edu

Phone
(518) 885 - 8995

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 County-wide Ed/Outreach
- ● MM2 Material/Technical Support
- ● MM3 Material/Tech/Training Support
- ● MM4 Material/Tech/Training Support
- ● MM5 Material/Tech/Training Support
- ● MM6 Material/Tech/Training Support

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Ballston Spa

SPDES ID: NYR20A376

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County CCE ISWM Program

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20C006

Address:

City: Ballston Spa

State: NY

Zip: 12020 -

eMail: brn5@cornell.edu

Phone: (518) 885 - 8995

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 County-wide Ed/Outreach
- ● MM2 Material/Technical Support
- ● MM3 Material/Tech/Training Support
- ● MM4 Material/Tech/Training Support
- ● MM5 Material/Tech/Training Support
- ● MM6 Material/Tech/Training Support

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Charlton

SPDES ID: NYR20A032

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County CCE ISWM Program

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20C006

Address:

City: Ballston Spa

State: NY

Zip: 12020 -

eMail: brn5@cornell.edu

Phone: (518) 885 - 8995

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 County-wide Ed/Outreach
- ● MM2 Material/Technical Support
- ● MM3 Material/Tech/Training Support
- ● MM4 Material/Tech/Training Support
- ● MM5 Material/Tech/Training Support
- ● MM6 Material/Tech/Training Support

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: TOWN OF CLIFTON PARK

SPDES ID: NYR20A035

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County CCE ISWM Program

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20A006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020 -

eMail: brn5@cornell.edu

Phone: (518) 885 - 8995

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: County-wide Ed / Outreach
- ● MM2: Material/Technical Support
- ● MM3: Material/Tech/Training Support
- ● MM4: Material/Tech/Training Support
- ● MM5: Material/Tech/Training Support
- ● MM6: Material/Tech/Training Support

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Greenfield

SPDES ID: NYR20A123

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County CCE ISWM Program

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20C006

Address:

City: Ballston Spa State: NY Zip: 12020 -

eMail: brn5@cornell.edu

Phone: (518) 885 - 8995

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: County-wide Ed/Outreach
- ● MM2: Material/Technical Support
- ● MM3: Material/Tech/Training Support
- ● MM4: Material/Tech/Training Support
- ● MM5: Material/Tech/Training Support
- ● MM6: Material/Tech/Training Support

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Halfmoon

SPDES ID: NYR20A375

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County CCE ISWM Program

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20C006

Address:

City: Ballston Spa

State: NY

Zip: 12020 -

eMail: brn5@cornell.edu

Phone: (518) 885 - 8995

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 County-wide Ed/Outreach
- ● MM2 Material/Technical Support
- ● MM3 Material/Tech/Training Support
- ● MM4 Material/Tech/Training Support
- ● MM5 Material/Tech/Training Support
- ● MM6 Material/Tech/Training Support

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Town of Malta

SPDES ID NYR20A086

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name
Saratoga County CCE ISWM Program

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable NYR20C006

Address

City Ballston Spa State NY Zip 12020-

eMail brn5@cornell.edu

Phone (518) 885-8995

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 County-wide Ed/Outreach
- ● MM2 Material/Technical Support
- ● MM3 Material/Tech/Training Support
- ● MM4 Material/Tech/Training Support
- ● MM5 Material/Tech/Training Support
- ● MM6 Material/Tech/Training Support

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: City of Mechanicville

SPDES ID: NYR20A551

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ☐ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County CCE ISWM Program

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20C006

Address:

City: Ballston Spa State: NY Zip: 12020 -

eMail: brn5@cornell.edu

Phone: (518) 885 - 8995

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: County-wide Ed/Outreach
- ● MM2: Material/Technical Support
- ● MM3: Material/Tech/Training Support
- ● MM4: Material/Tech/Training Support
- ● MM5: Material/Tech/Training Support
- ● MM6: Material/Tech/Training Support

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: TOWN OF MILTON

SPDES ID: NYR20A108

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County CCE ISWM Program

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020 -

eMail: brn5@cornell.edu

Phone: (518) 885 - 8995

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: County-wide Ed/outreach
- ● MM2: Materials/Technical Support
- ● MM3: Material/Tech/Training Support
- ● MM4: Material/Tech/Training Support
- ● MM5: Material/Tech/Training Support
- ● MM6: Material/Tech/Training Support

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 TOWN OF MOREAU

SPDES ID NYR20A158

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name
Saratoga County CCE ISWM Program

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable NYR20C006

Address

City Ballston Spa State NY Zip 12020 -

eMail brn5@cornell.edu

Phone (518) 885 - 8995

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 County-wide Ed/Outreach
- ● MM2 Material/Technical Support
- ● MM3 Material/Tech/Training Support
- ● MM4 Material/Tech/Training Support
- ● MM5 Material/Tech/Training Support
- ● MM6 Material/Tech/Training Support

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Round Lake

SPDES ID: NYR20A099

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County Intermunicipal

Partner/Coalition Name (con't.): SWM Program

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020 -

eMail: brn5@cornell.edu

Phone: (518) 885 - 8995

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: County-wide Ed/Outreach
- ● MM2: Material & Tech Support
- ● MM3: Material/tech/training support
- ● MM4: Material/tech/training support
- ● MM5: Material/tech/training support
- ● MM6: Material/tech/training support

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Saratoga County, Department of Public Works

SPDES ID: NYR20A209

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ☐ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County CCE ISWM Program

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20C006

Address:

City: Ballston Spa State: NY Zip: 12020 -

eMail: brn5@cornell.edu

Phone: (518) 885 - 8995

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 County-wide Ed/Outreach
- ● MM2 Material/Technical Support
- ● MM3 Material/Tech/Training Support
- ● MM4 Material/Tech/Training Support
- ● MM5 Material/Tech/Training Support
- ● MM6 Material/Tech/Training Support

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: City of Saratoga Springs

SPDES ID: NYR20A216

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ○ Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County CCE ISWM Program

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020 -

eMail: brn5@cornell.edu

Phone: (518) 885 - 8995

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: County-wide Ed/Outreach
- ● MM2: Material/Technical Support
- ● MM3: Material/Tech Training Support
- ● MM4: Material/Tech Training Support
- ● MM5: Material/Tech Training Support
- ● MM6: Material/Tech Training Support

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: South Glens Falls

SPDES ID: NYR20A091

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County CCE ISWM Program

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20C006

Address:

City: Ballston Spa

State: NY

Zip: 12020 -

eMail: brn5@cornell.edu

Phone: (518) 885 - 8995

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: County-Wide Ed/Outreach
- ● MM2: Material/Technical Support
- ● MM3: Matreial/Tech/Training Support
- ● MM4: Material/Tech/Training Support
- ● MM5: Material/Tech/Training Support
- ● MM6: Material/Tech/Training support

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Town of Stillwater

SPDES ID NYR20A549

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County CCE ISWM Program

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20C006

Address:

City: Ballston Spa State: NY Zip: 12020 -

eMail: brn5@cornell.edu

Phone: (518) 885 - 8995

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 County-wide Ed/Outreach
- ● MM2 Material/Technical Support
- ● MM3 Material/Tech/Training Support
- ● MM4 Material/Tech/Training Support
- ● MM5 Material/Tech/Training Support
- ● MM6 Material/Tech/Training Support

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Stillwater

SPDES ID: NYR20A547

Section 3 - Partner Information

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

● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County CCE ISWM Program

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20C006

Address:

City: Ballston Spa

State: NY

Zip: 12020 -

eMail: brn5@cornell.edu

Phone: (518) 885 - 8995

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: County-wide Ed/Outreach
- ● MM2: Material/Technical Support
- ● MM3: Material/Tech/Training Support
- ● MM4: Material/Tech/Training Support
- ● MM5: Material/Tech/Training Support
- ● MM6: Material/Tech/Training Support

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Waterford

SPDES ID: NYR20A037

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County CCE ISCM Program

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020 -

eMail: brn5@cornell.edu

Phone: (518) 885 - 8995

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: County-wide Ed/Outreach
- ● MM2: Material/Technical Support
- ● MM3: Material/Tech/Traning Support
- ● MM4: Material/Tech/Training Support
- ● MM5: Material/Tech/Training Support
- ● MM6: Material/Tech/Training Support

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Waterford

SPDES ID: NYR20A469

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County CCE ISWM Program

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20C006

Address:

City: Ballston Spa

State: NY

Zip: 12020 -

eMail: brn5@cornell.edu

Phone: (518) 885 - 8995

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 County-wide Ed/Outreach
- ● MM2 Material/Technical Support
- ● MM3 Material/Tech/Training Support
- ● MM4 Material/Tech/Training Support
- ● MM5 Material/Tech/Training Support
- ● MM6 Material/Tech/Training Support

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Wilton

SPDES ID: NYR20A114

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? ● Yes ○ No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County CCE ISWM Program

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20C006

Address:

City: Ballston Spa

State: NY

Zip: 12020 -

eMail: brn5@cornell.edu

Phone: (518) 885 - 8995

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 County-wide Ed/Outreach
- ● MM2 Material/Technical Support
- ● MM3 Material/Tech/Training Support
- ● MM4 Material/Tech/Training Support
- ● MM5 Material/Tech/Training Support
- ● MM6 Material/Tech/Training Support

Additional tasks/responsibilities

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Saratoga County ISWM Program

SPDES ID NYR20C006

Section 4 - Certification Statement

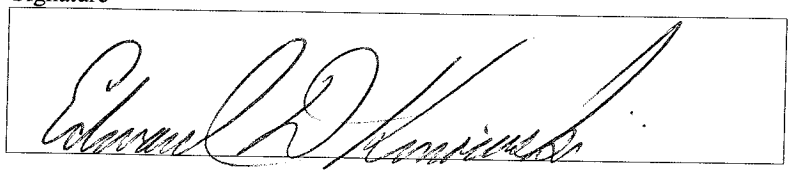
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage 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: Edward | MI: D | Last Name: Kinowski

Title (Clearly print title of individual signing report): Chair of the Board of Supervisors

Signature



Date: 06 / 05 / 2018

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Ballston

SPDES ID: NYR20A157

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: Tim

MI:

Last Name: Szczepaniak

Title (Clearly print title of individual signing report): Town Supervisor

Signature: Timothy Szczepaniak

Date: 05/10/2018

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Ballston Spa

SPDES ID: NYR20A376

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: John | MI: P | Last Name: Romano

Title (Clearly print title of individual signing report): Mayor

Signature: John P. Romano

Date: 05/11/2018

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Charlton

SPDES ID: NYR20A032

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: Alan | MI: | Last Name: Grattidge

Title (Clearly print title of individual signing report): Supervisor

Signature: Alan R Grattidge

Date: 05/10/2018

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: TOWN OF CLIFTON PARK

SPDES ID: NYR20A035

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.

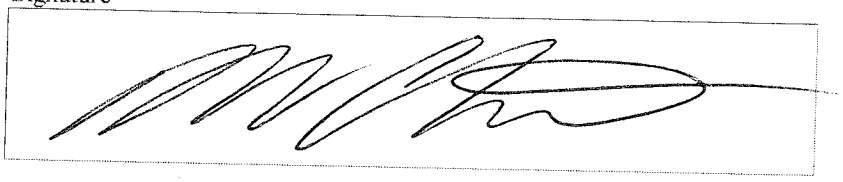
First Name: Philip

MI: C

Last Name: Barrett

Title (Clearly print title of individual signing report): Supervisor - Town of Clifton Park

Signature:



Date: 05/09/2018

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Greenfield

SPDES ID: NYR20A123

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: Daniel

MI:

Last Name: Pemerick

Title (Clearly print title of individual signing report): Supervisor

Signature: /daniel Pemerick

Date: 05 / 10 / 2018

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Halfmoon

SPDES ID: NYR20A375

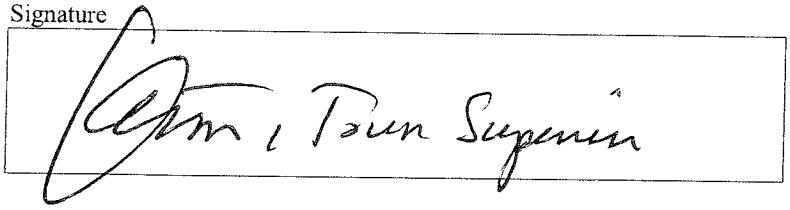
Section 4 - Certification Statement

"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: Kevin | MI: | Last Name: Tollisen

Title (Clearly print title of individual signing report): Town Supervisor

Signature: 

Date: 05/04/2018

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Malta

SPDES ID: NYR20A086

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: Vincent | MI: R | Last Name: DeLucia

Title (Clearly print title of individual signing report): Town Supervisor

Signature: Vincent R. DeLucia

Date: 05/09/2018

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 City of Mechanicville

SPDES ID NYR20A551

Section 4 - Certification Statement

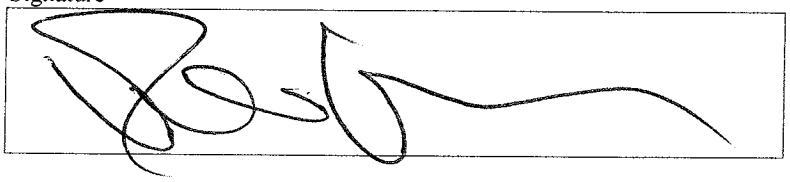
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage 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: Dennis | MI: M | Last Name: Baker

Title (Clearly print title of individual signing report): Mayor

Signature



Date: 05/31/2018

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: TOWN OF MILTON

SPDES ID: NYR20A108

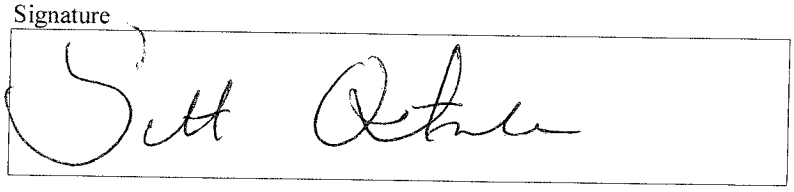
Section 4 - Certification Statement

"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: Scott | MI: | Last Name: Ostrander

Title (Clearly print title of individual signing report): Town Supervisor

Signature: 

Date: 05 / 22 / 2017

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 TOWN OF MOREAU

SPDES ID NYR20A158

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: Theodore | MI: T | Last Name: Kusnierz

Title (Clearly print title of individual signing report): TOWN SUPERVISOR

Signature: Theodore J. Kusnierz

Date: 05/08/2018

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Round Lake

SPDES ID: NYR20A099

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."

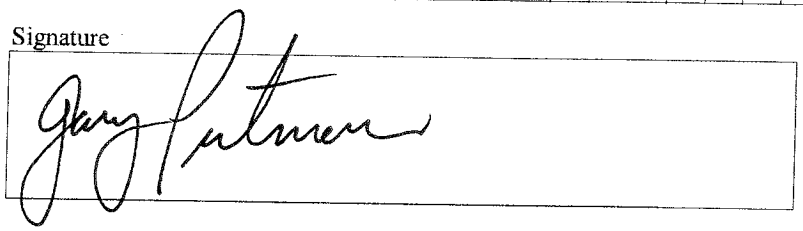
This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name: Gary

MI:

Last Name: Putman

Title (Clearly print title of individual signing report): Mayor Village of Round Lake

Signature: 

Date: 05/31/2018

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 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Saratoga County, Department of Public Works

SPDES ID: NYR20A209

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: Keith | MI: R | Last Name: Manz

Title (Clearly print title of individual signing report): Commissioner, Dept. of Public Works

Signature: Keith R. Manz

Date: 04 / 03 / 2018

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: City of Saratoga Springs

SPDES ID: NYR20A216

Section 4 - Certification Statement

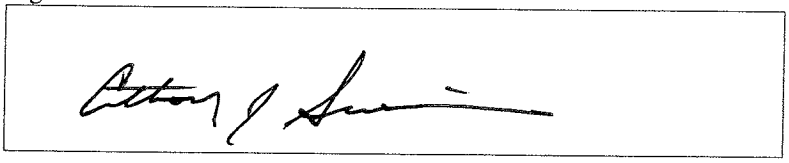
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage 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: Anthony | MI: J | Last Name: Sciroccco

Title (Clearly print title of individual signing report): Commissioner of Public Works

Signature:



Date: 05 / 09 / 2018

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village Of South Glens Falls

SPDES ID: NYR20A

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.

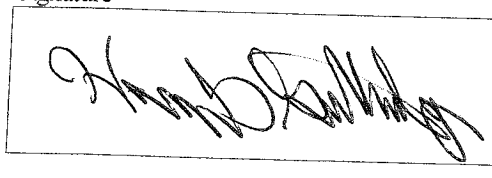
First Name: Harry

MI:

Last Name: Guthrie JR

Title (Clearly print title of individual signing report): Mayor

Signature:



Date: 05 / 02 / 2018

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Stillwater

SPDES ID: NYR20A549

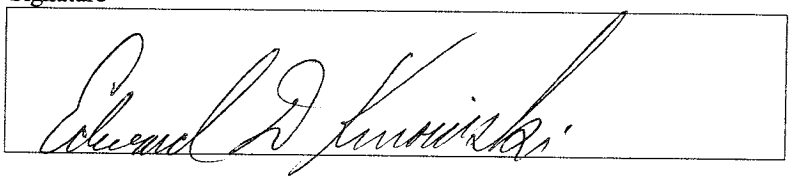
Section 4 - Certification Statement

"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: Edward | MI: | Last Name: Kinowski

Title (Clearly print title of individual signing report): Town Supervisor

Signature: 

Date: 05/09/2018

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Village of Stillwater

SPDES ID: NYR20A547

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.

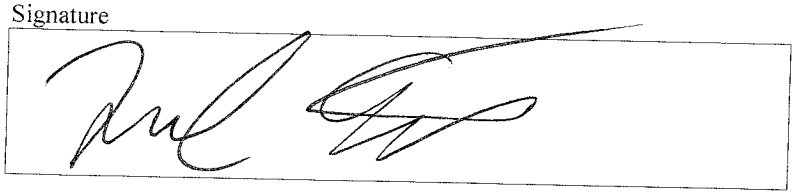
First Name: Frank

MI:

Last Name: Tatum

Title (Clearly print title of individual signing report): Village Mayor

Signature:



Date: 05/07/2016

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Waterford

SPDES ID: NYR20A037

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: John | MI: E | Last Name: Lawler

Title (Clearly print title of individual signing report): Town Supervisor

Signature: John E Lawler

Date: 06/01/2018

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 Village of Waterford

SPDES ID NYR20A469

Section 4 - Certification Statement

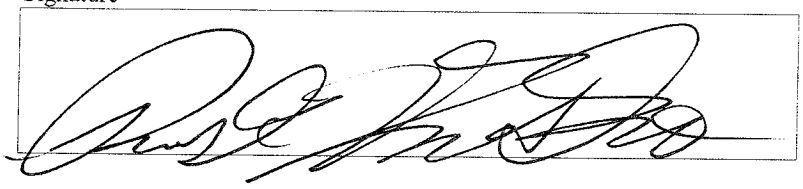
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage 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: Russell | MI: J | Last Name: VanDerVoort

Title (Clearly print title of individual signing report): Deputy Mayor

Signature



Date: 06/01/2018

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4: Town of Wilton

SPDES ID: NYR20A114

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: Arthur

MI: J

Last Name: Johnson

Title (Clearly print title of individual signing report): Supervisor, Town of Wilton

Signature: Arthur Johnson

Date: 04 / 26 / 2018

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

1100364151

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

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 One.

○ 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

1100364151

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

Water Quality Trends

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

- [x] 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 One.

- [ ] Yes
- [x] 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

1100364151

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

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 One.

● 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

Adirondack Environmental Services Inc.®
Experience is the solution
314 North Pearl Street ♦ Albany, New York 12207
(800) 848-4983 ♦ (518) 434-4546 ♦ Fax (518) 434-0891

November 06, 2017

Michael McNamara-Envir. Design
Charlton, Town of
Town Hall
758 Charlton Road
Charlton, NY 12019

TEL: (518) 384-0152

Work Order No: 171020042

RE: Stage Road/Alplaus Kill

Dear Michael McNamara-Envir. Design:

Adirondack Environmental Services, Inc received 2 samples on 10/20/2017 for the analyses presented in the following report.

Please see case narrative for specifics on analysis.

If you have any questions regarding these tests results, please feel free to call.

Sincerely,

ELAP#: 10709

Krzysztof Trafalski
Laboratory Manager

CC:
Mike McNamara-Envir. Design

Adirondack Environmental Services, Inc

CASE NARRATIVE

CLIENT: Charlton, Town of
Date: *06-Nov-17*
Project: Stage Road/Alplaus Kill
Lab Order: 171020042

Sample containers were supplied by Adirondack Environmental Services.

Qualifiers:
ND - Not Detected at reporting limit
J - Analyte detected below quantitation limit
B - Analyte detected in Blank
X - Exceeds maximum contamination limit
H - Hold time exceeded
N - Matrix Spike below acceptable limits
N+ - Matrix Spike is above acceptable limits
C - Details are above in Case Narrative
S - LCS Spike recovery is below acceptable limits
S+ - LCS Spike recovery is above acceptable limits
Z - Duplication outside acceptable limits
T - Tentatively Identified Compound-Estimated
E -Above quantitation range-Estimated

Note : All Results are reported as wet weight unless noted

The results relate only to the items tested. Information supplied by the client is assumed to be correct.

Adirondack Environmental Services, Inc

Date: *06-Nov-17*

CLIENT: Charlton, Town of
Project: Stage Road/Alplaus Kill

LabWork Order: **171020042**
PO#:

Lab SampleID: 171020042-001
Client Sample ID: Alplaus Kill

Collection Date: 10/20/2017
Matrix: WATER

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed
ICP METALS - EPA 200.7 REV 4.4 (**Prep: E200.7 - 10/23/2017**)						Analyst: **WB**
Sodium	**30.2**	0.500		mg/L	10	10/26/2017 6:10:40 PM
ANIONS BY ION CHROMATOGRAPHY - EPA 300.0 REV 2.1						Analyst: **CS**
Chloride	**44.6**	2.00		mg/L	2	10/20/2017 5:58:00 PM
Nitrate, Nitrogen (As N)	**0.06**	0.04		mg/L	2	10/20/2017 5:58:00 PM
ALKALINITY TO PH 4.5 -SM 2320B-97,-11						Analyst: **CC**
Alkalinity, Total (As CaCO3)	**140**	10		mg/L CaCO3	1	11/3/2017
TOTAL PHOSPHATE - SM 4500 P E-99,-11 (**Prep: SM 4500 P E - 10/31/2017**)						Analyst: **SH**
Phosphorus, Total (as P)	**0.02**	0.02		mg/L	1	10/31/2017
TOTAL DISSOLVED SOLIDS - SM 2540C-97,-11						Analyst: **CS**
TDS (Residue, Filterable)	**295**	5		mg/L	1	10/24/2017
NITRITE - SM4500 NO2 B-01,-11						Analyst: **CC**
Nitrite Nitrogen (as N)	**ND**	0.01		mg/L	1	10/20/2017 3:55:00 PM
PH - SM4500 H B - NOT CERTIFIABLE PARAMETER						Analyst: **CC**
pH	**7.9**	1.0	H	pH Units@73F	1	10/20/2017 4:30:00 PM
SILICA GEL TREATED HEM (SGT-HEM) - EPA 1664A (**Prep: E1664 - 10/26/2017**)						Analyst: **AB**
Total Petroleum Hydrocarbons	**ND**	5.4		mg/L	1	10/26/2017

Adirondack Environmental Services, Inc

Date: *06-Nov-17*

CLIENT: Charlton, Town of
Project: Stage Road/Alplaus Kill

LabWork Order: **171020042**
PO#:

Lab SampleID: 171020042-002
Client Sample ID: Stage Road

Collection Date: 10/20/2017
Matrix: WATER

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed
ICP METALS - EPA 200.7 REV 4.4 (**Prep: E200.7 - 10/24/2017**)						Analyst: **WB**
Sodium	**64.5**	0.500		mg/L	10	10/26/2017 6:18:10 PM
ANIONS BY ION CHROMATOGRAPHY - EPA 300.0 REV 2.1						Analyst: **CS**
Chloride	**105**	2.00		mg/L	2	10/20/2017 6:10:06 PM
Nitrate, Nitrogen (As N)	**0.98**	0.04		mg/L	2	10/20/2017 6:10:06 PM
ALKALINITY TO PH 4.5 -SM 2320B-97,-11						Analyst: **CC**
Alkalinity, Total (As CaCO3)	**160**	10		mg/L CaCO3	1	11/3/2017
TOTAL PHOSPHATE - SM 4500 P E-99,-11 (**Prep: SM 4500 P E - 10/31/2017**)						Analyst: **SH**
Phosphorus, Total (as P)	**0.03**	0.02		mg/L	1	10/31/2017
TOTAL DISSOLVED SOLIDS - SM 2540C-97,-11						Analyst: **CS**
TDS (Residue, Filterable)	**650**	5		mg/L	1	10/24/2017
NITRITE - SM4500 NO2 B-01,-11						Analyst: **CC**
Nitrite Nitrogen (as N)	**ND**	0.01		mg/L	1	10/20/2017 3:55:00 PM
PH - SM4500 H B - NOT CERTIFIABLE PARAMETER						Analyst: **CC**
pH	**2.6**	1.0	H	pH Units@71F	1	10/20/2017 4:30:00 PM
SILICA GEL TREATED HEM (SGT-HEM) - EPA 1664A (**Prep: E1664 - 10/26/2017**)						Analyst: **AB**
Total Petroleum Hydrocarbons	**ND**	5.7		mg/L	1	10/26/2017

Adirondack Environmental Services Inc.
314 North Pearl Street
Albany, New York 12207
518-434-4546/434-0891 FAX

CHAIN OF CUSTODY RECORD

AES Work Order # 171020042

Experience is the solution

A full service analytical research laboratory offering solutions to environmental concerns

Client Name: Town of CHARLTON	**Address:** ENVIRONMENTAL DESIGN c/o 900 Route 146 Clifton Park NY 12065		
Send Report To: MIKE McNAMARA →	**Project Name (Location)** STAGE ROAD \ AIPLAUS KILL	**Samplers: (Names)** MIKE McNAMARA	
Client Phone No: 518 371-7621 x115	**Client Email:** MMCNAMARA @ EDPLLP.COM	**PO Number:**	**Samplers: (Signature)** Michael McNamara

AES Sample Number	Client Sample Identification & Location	Date Sampled	Time A=a.m. P=p.m.	Sample Type: Matrix	Comp	Grab	Number of Cont's	Analysis Required
001	Alplaus Kill	10/20/17	A					See bottle
002	Stage Road	1	A					see bottle
		J.M.	A					
		10/20/17	A					
			A					
			A					
			A					
			A					
			A					
			A					
			A					
			A					
			A					
			A					
			A					

Shipment Arrived Via: FedEx UPS (Client) AES Other:_____

CC Report To / Special Instructions/Remarks: Sample date as per containers J.M. 10/20/17

Turnaround Time Request:
☐ 1 Day ☐ 3 Day ☐ Normal
☐ 2 Day ☐ 5 Day
Note: Samples received after 3:30 pm are considered next business day

Relinquished by: (Signature) Michael McNamara	**Received by: (Signature)**	**Date/Time**
Relinquished by: (Signature)	**Received by: (Signature)**	**Date/Time**
Relinquished by: (Signature)	**Received for Laboratory by:** Kaylee	**Date/Time** 10/20/17 1:37pm

TEMPERATURE	AES Bottles	PROPERLY PRESERVED	RECEIVED WITHIN HOLDING TIMES
Ambient or (Chilled)	Y ☒ N ☐	(Y) N	(Y) N
Notes: 2°		Notes:	

WHITE - Lab Copy YELLOW - Sampler Copy

Adirondack Environmental Service

Demo
171020042

Adirondack Environmental Services
Experience is the solution
314 North Pearl Street • Albany, New York 12207 • (518) 434-4546 • Fax (518) 434-0891

TERMS, CONDITIONS & LIMITATIONS

All service rendered by the **Adirondack Environmental Services, Inc.** are undertaken and all rates are based upon the following terms:

(a) Neither **Adirondack Environmental Services, Inc.,** nor any of its employees, agents or sub-contractors shall be liable for any loss or damage arising out of **Adirondack Environmental Services, Inc.'s** performance or nonperformance, whether by way of negligence or breach of contract, or otherwise, in any amount greater than twice the amount billed to the customer for the work leading to the claim of the customer. Said remedy shall be the sole and exclusive remedy against **Adirondack Environmental Services, Inc.** arising out of its work.

(b) All claims made must be in writing within forty-five (45) days after delivery of the **Adirondack Environmental Services, Inc.** report regarding said work or such claim shall be deemed or irrevocably waived.

(c) **Adirondack Environmental Services, Inc.** reports are submitted in writing and are for our customers only. Our customers are considered to be only those entities being billed for our services. Acquisition of an **Adirondack Environmental Services, Inc.** report by other than our customer does not constitute a representation of **Adirondack Environmental Services, Inc.** as to the accuracy of the contents thereof.

(d) In no event shall **Adirondack Environmental Services, Inc.,** its employees, agents or sub-contractors be responsible for consequential or special damages of any kind or in any amount.

(e) No deviation from the terms set forth herein shall bind **Adirondack Environmental Services, Inc.** unless in writing and signed by a Director of **Adirondack Environmental Services, Inc.**

(f) Results pertain only to items analyzed. Information supplied by client is assumed to be correct. This information may be used on reports and in calculations and **Adirondack Environmental Services, Inc.** is not responsible for the accuracy of this information.

(g) Payments by Credit Card/Purchase Cards are subject to a 3% additional charge.

Adirondack Environmental Services Inc.®
Experience is the solution
314 North Pearl Street ♦ Albany, New York 12207
(800) 848-4983 ♦ (518) 434-4546 ♦ Fax (518) 434-0891

November 22, 2017

Michael McNamara-Envir. Design
Charlton, Town of
Town Hall
758 Charlton Road
Charlton, NY 12019

TEL: (518) 384-0152

Work Order No: 171115063

RE: Stage Road Re-Test

Dear Michael McNamara-Envir. Design:

Adirondack Environmental Services, Inc received 1 sample on 11/15/2017 for the analyses presented in the following report.

Please see case narrative for specifics on analysis.

If you have any questions regarding these tests results, please feel free to call.

Sincerely,

ELAP#: 10709

Krzysztof Trafalski
Laboratory Manager

CC:
Mike McNamara-Envir. Design

Adirondack Environmental Services, Inc

CASE NARRATIVE

CLIENT: Charlton, Town of
Date: *22-Nov-17*
Project: Stage Road Re-Test
Lab Order: 171115063

Sample containers were supplied by Adirondack Environmental Services.

Qualifiers:
ND - Not Detected at reporting limit
J - Analyte detected below quantitation limit
B - Analyte detected in Blank
X - Exceeds maximum contamination limit
H - Hold time exceeded
N - Matrix Spike below acceptable limits
N+ - Matrix Spike is above acceptable limits
C - Details are above in Case Narrative
S - LCS Spike recovery is below acceptable limits
S+ - LCS Spike recovery is above acceptable limits
Z - Duplication outside acceptable limits
T - Tentatively Identified Compound-Estimated
E -Above quantitation range-Estimated

Note : All Results are reported as wet weight unless noted

The results relate only to the items tested. Information supplied by the client is assumed to be correct.

Adirondack Environmental Services, Inc

Date: *22-Nov-17*

CLIENT: Charlton, Town of
Project: Stage Road Re-Test

LabWork Order: **171115063**
PO#:

Lab SampleID: 171115063-001
Client Sample ID: Stage Road

Collection Date: 11/15/2017 2:30:00 PM
Matrix: WATER

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed
TOTAL DISSOLVED SOLIDS - SM 2540C-97,-11						Analyst: **CS**
TDS (Residue, Filterable)	**355**	5		mg/L	1	11/16/2017
PH - SM4500 H B - NOT CERTIFIABLE PARAMETER						Analyst: **CC**
pH	**7.7**	1.0	H	pH Units@69F	1	11/15/2017 4:25:00 PM

Adirondack Environmental Services Inc.
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314 North Pearl Street
Albany, New York 12207
518-434-4546/434-0891 FAX

CHAIN OF CUSTODY RECORD

AES Work Order # 171115063

A full service analytical research laboratory offering solutions to environmental concerns

Client Name:	Address:	
Town of Clifton	c/o ENV. Design 900 Rte 146 Clifton Park NY	
Send Report To:	**Project Name (Location)**	**Samplers: (Names)**
Town Engineer	Stage Road Re-test	Michael McNamara
Client Phone No:	**Client Email:**	**PO Number:**
518 371-7621	MMCNAMARA@EDPLLP.COM	**Samplers: (Signature)** Michael McNamara

AES Sample Number	Client Sample Identification & Location	Date Sampled	Time A=a.m. P=p.m.	Sample Type: Matrix	Comp	Grab	Number of Cont's	Analysis Required
001	Stage Road	11/15/17	2:20 A	W		X		PH
			A					TDS
			P					
			A					
			P					
			A					
			P					
			A					
			P					
			A					
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			P					
			A					
			P					
			A					
			P					

Shipment Arrived Via:
FedEx UPS (Client) AES Other:_____

CC Report To / Special Instructions/Remarks:

Turnaround Time Request:
☐ 1 Day ☐ 3 Day ☐ Normal
☐ 2 Day ☐ 5 Day
Note: Samples received after 3:30 pm are considered next business day

Relinquished by: (Signature)	Received by: (Signature)	Date/Time
Michael McNamara		
Relinquished by: (Signature)	**Received by: (Signature)**	**Date/Time**
Relinquished by: (Signature)	**Received for Laboratory by:**	**Date/Time**
	J	11/15/17 3:30 PM

Temperature: (Ambient) or Chilled
Notes: 6° C

AES Bottles: Y ☒ N ☐

Properly Preserved: (Y) N
Notes:

Received Within Holding Times: (Y) N
Notes:

WHITE - Lab Copy

YELLOW - Sampler Copy

Adirondack Environmental Services,

171115063

Adirondack Environmental Services Inc.
Experience is the solution
314 North Pearl Street • Albany, New York 12207 • (518) 434-4546 • Fax (518) 434-0891

TERMS, CONDITIONS & LIMITATIONS

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(b) All claims made must be in writing within forty-five (45) days after delivery of the **Adirondack Environmental Services, Inc.** report regarding said work or such claim shall be deemed or irrevocably waived.

(c) **Adirondack Environmental Services, Inc.** reports are submitted in writing and are for our customers only. Our customers are considered to be only those entities being billed for our services. Acquisition of an **Adirondack Environmental Services, Inc.** report by other than our customer does not constitute a representation of **Adirondack Environmental Services, Inc.** as to the accuracy of the contents thereof.

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(e) No deviation from the terms set forth herein shall bind **Adirondack Environmental Services, Inc.** unless in writing and signed by a Director of **Adirondack Environmental Services, Inc.**

(f) Results pertain only to items analyzed. Information supplied by client is assumed to be correct. This information may be used on reports and in calculations and **Adirondack Environmental Services, Inc.** is not responsible for the accuracy of this information.

(g) Payments by Credit Card/Purchase Cards are subject to a 3% additional charge.

1100364151

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

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

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 One.

○ 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

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

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 One.

○ 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

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

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 One.

○ 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

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Water Quality Trends

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

- [x] 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 One.

☐ 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.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

Water Quality Trends

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

- [x] 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 One.

- [ ] Yes
- [x] 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.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

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

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 One.

○ 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.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

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 One.

○ 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.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

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 One.

○ 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.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

Water Quality Trends

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

- [x] 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 One.

[x] 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.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

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 One.

○ 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.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

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 One.

○ 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

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

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 One.

○ 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.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

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 One.

○ 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.

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1100364151

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

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 One.

If Yes, choose one of the following ○ Yes ● No

○ 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.

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1100364151

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

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 One.

○ 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

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

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 One.

○ 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

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 1. Public Education 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? 19

1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ● Construction Sites
- ● General Stormwater Management Information
- ● Household Hazardous Waste Disposal
- ● Illicit Discharge Detection and Elimination
- ● Infrastructure Maintenance
- ● Smart Growth
- ● Storm Drain Marking
- ● Green Infrastructure/Better Site Design/Low Impact Development
- ● Other: Lawn/Organic Debris
  Other
- ○ Pesticide and Fertilizer Application
- ● Pet Waste Management
- ○ Recycling
- ○ Riparian Corridor Protection/Restoration
- ○ Trash Management
- ● Vehicle Washing
- ● Water Conservation
- ○ Wetland Protection
- ○ None

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ● Residential
- ● Businesses
- ○ Restaurants
- ● Other: Planning and Zoning Boards
  Other
- ● Contractors
- ● Developers
- ● General Public
- ○ Industries
- ○ Agricultural

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

Minimum Control Measure 1. Public Education 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 Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ● Construction Sites
- ● General Stormwater Management Information
- ○ Household Hazardous Waste Disposal
- ● Illicit Discharge Detection and Elimination
- ● Infrastructure Maintenance
- ● Smart Growth
- ○ Storm Drain Marking
- ● Green Infrastructure/Better Site Design/Low Impact Development
- ○ Other:

Other: _____

- ○ Pesticide and Fertilizer Application
- ○ Pet Waste Management
- ○ Recycling
- ● Riparian Corridor Protection/Restoration
- ○ Trash Management
- ● Vehicle Washing
- ○ Water Conservation
- ○ Wetland Protection
- ○ None

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ● Residential
- ● Businesses
- ○ Restaurants
- ○ Other:

Other: _____

- ● Contractors
- ● Developers
- ● General Public
- ○ Industries
- ○ Agricultural

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

Minimum Control Measure 1. Public Education and Outreach

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

- [x] 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 Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ● Construction Sites
- ● General Stormwater Management Information
- ○ Household Hazardous Waste Disposal
- ● Illicit Discharge Detection and Elimination
- ● Infrastructure Maintenance
- ● Smart Growth
- ● Storm Drain Marking
- ● Green Infrastructure/Better Site Design/Low Impact Development
- ○ Other:

Other

- ○ Pesticide and Fertilizer Application
- ● Pet Waste Management
- ○ Recycling
- ○ Riparian Corridor Protection/Restoration
- ○ Trash Management
- ○ Vehicle Washing
- ○ Water Conservation
- ○ Wetland Protection
- ○ None

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ● Residential
- ○ Businesses
- ○ Restaurants
- ○ Other:

Other

- ● Contractors
- ● Developers
- ● General Public
- ○ Industries
- ○ Agricultural

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

Minimum Control Measure 1. Public Education 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 Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ● Construction Sites
- ● General Stormwater Management Information
- ● Household Hazardous Waste Disposal
- ● Illicit Discharge Detection and Elimination
- ○ Infrastructure Maintenance
- ○ Smart Growth
- ● Storm Drain Marking
- ● Green Infrastructure/Better Site Design/Low Impact Development
- ○ Other:
- ● Pesticide and Fertilizer Application
- ● Pet Waste Management
- ● Recycling
- ○ Riparian Corridor Protection/Restoration
- ○ Trash Management
- ● Vehicle Washing
- ○ Water Conservation
- ○ Wetland Protection
- ○ None

Other

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ● Residential
- ○ Businesses
- ○ Restaurants
- ● Other:
- ● Contractors
- ● Developers
- ● General Public
- ○ Industries
- ○ Agricultural

Planning Zoning & Town Board

Other

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

Minimum Control Measure 1. Public Education 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

1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ● Construction Sites
- ● General Stormwater Management Information
- ● Household Hazardous Waste Disposal
- ○ Illicit Discharge Detection and Elimination
- ○ Infrastructure Maintenance
- ○ Smart Growth
- ○ Storm Drain Marking
- ● Green Infrastructure/Better Site Design/Low Impact Development
- ○ Other:
- ○ Pesticide and Fertilizer Application
- ● Pet Waste Management
- ○ Recycling
- ○ Riparian Corridor Protection/Restoration
- ○ Trash Management
- ○ Vehicle Washing
- ○ Water Conservation
- ○ Wetland Protection
- ○ None

Other

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ● Residential
- ○ Businesses
- ○ Restaurants
- ○ Other:
- ● Contractors
- ● Developers
- ● General Public
- ○ Industries
- ○ Agricultural

Other

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

Minimum Control Measure 1. Public Education 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 Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

● Construction Sites	○ Pesticide and Fertilizer Application
● General Stormwater Management Information	○ Pet Waste Management
○ Household Hazardous Waste Disposal	● Recycling
● Illicit Discharge Detection and Elimination	● Riparian Corridor Protection/Restoration
○ Infrastructure Maintenance	● Trash Management
○ Smart Growth	○ Vehicle Washing
○ Storm Drain Marking	○ Water Conservation
● Green Infrastructure/Better Site Design/Low Impact Development	○ Wetland Protection
○ Other:	○ None

Other: ___

2. Specific audiences targeted during this reporting period:

● Public Employees	● Contractors
○ Residential	● Developers
○ Businesses	● General Public
○ Restaurants	○ Industries
● Other:	○ Agricultural

Other: Planning Board

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

Minimum Control Measure 1. Public Education 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 Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ● Construction Sites
- ● General Stormwater Management Information
- ○ Household Hazardous Waste Disposal
- ○ Illicit Discharge Detection and Elimination
- ● Infrastructure Maintenance
- ● Smart Growth
- ● Storm Drain Marking
- ● Green Infrastructure/Better Site Design/Low Impact Development
- ● Other: Lawn/organic waste management

Other

- ○ Pesticide and Fertilizer Application
- ● Pet Waste Management
- ○ Recycling
- ○ Riparian Corridor Protection/Restoration
- ○ Trash Management
- ○ Vehicle Washing
- ○ Water Conservation
- ○ Wetland Protection
- ○ None

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ● Residential
- ○ Businesses
- ○ Restaurants
- ○ Other:

Other

- ● Contractors
- ● Developers
- ● General Public
- ○ Industries
- ○ Agricultural

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 1. Public Education and Outreach

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

- [x] 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 Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- [x] Construction Sites
- [x] General Stormwater Management Information
- [x] Household Hazardous Waste Disposal
- [x] Illicit Discharge Detection and Elimination
- [ ] Infrastructure Maintenance
- [ ] Smart Growth
- [x] Storm Drain Marking
- [ ] Green Infrastructure/Better Site Design/Low Impact Development
- [ ] Other:
- [x] Pesticide and Fertilizer Application
- [x] Pet Waste Management
- [ ] Recycling
- [ ] Riparian Corridor Protection/Restoration
- [ ] Trash Management
- [ ] Vehicle Washing
- [ ] Water Conservation
- [ ] Wetland Protection
- [ ] None

Other:

2. Specific audiences targeted during this reporting period:

- [ ] Public Employees
- [x] Residential
- [ ] Businesses
- [ ] Restaurants
- [x] Other: Saratoga Lake Association members
- [x] Contractors
- [x] Developers
- [x] General Public
- [ ] Industries
- [ ] Agricultural

Other:

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

Minimum Control Measure 1. Public Education and Outreach

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

- [x] 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 Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- [x] Construction Sites
- [x] General Stormwater Management Information
- [x] Household Hazardous Waste Disposal
- [x] Illicit Discharge Detection and Elimination
- [ ] Infrastructure Maintenance
- [ ] Smart Growth
- [x] Storm Drain Marking
- [ ] Green Infrastructure/Better Site Design/Low Impact Development
- [ ] Other:
- [x] Pesticide and Fertilizer Application
- [ ] Pet Waste Management
- [x] Recycling
- [ ] Riparian Corridor Protection/Restoration
- [x] Trash Management
- [x] Vehicle Washing
- [ ] Water Conservation
- [ ] Wetland Protection
- [ ] None

Other

2. Specific audiences targeted during this reporting period:

- [ ] Public Employees
- [x] Residential
- [ ] Businesses
- [ ] Restaurants
- [ ] Other:
- [ ] Contractors
- [ ] Developers
- [ ] General Public
- [ ] Industries
- [ ] Agricultural

Other

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

Minimum Control Measure 1. Public Education 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

1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ● Construction Sites
- ● General Stormwater Management Information
- ○ Household Hazardous Waste Disposal
- ● Illicit Discharge Detection and Elimination
- ○ Infrastructure Maintenance
- ○ Smart Growth
- ○ Storm Drain Marking
- ○ Green Infrastructure/Better Site Design/Low Impact Development
- ○ Other:
- ● Pesticide and Fertilizer Application
- ● Pet Waste Management
- ○ Recycling
- ○ Riparian Corridor Protection/Restoration
- ○ Trash Management
- ○ Vehicle Washing
- ○ Water Conservation
- ○ Wetland Protection
- ○ None

Other

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ● Residential
- ○ Businesses
- ○ Restaurants
- ○ Other:
- ● Contractors
- ● Developers
- ● General Public
- ○ Industries
- ○ Agricultural

Other

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

Minimum Control Measure 1. Public Education 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 Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ● Construction Sites
- ● General Stormwater Management Information
- ○ Household Hazardous Waste Disposal
- ● Illicit Discharge Detection and Elimination
- ○ Infrastructure Maintenance
- ○ Smart Growth
- ○ Storm Drain Marking
- ○ Green Infrastructure/Better Site Design/Low Impact Development
- ○ Other:

Other

- ○ Pesticide and Fertilizer Application
- ● Pet Waste Management
- ○ Recycling
- ○ Riparian Corridor Protection/Restoration
- ○ Trash Management
- ○ Vehicle Washing
- ○ Water Conservation
- ○ Wetland Protection
- ○ None

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ○ Residential
- ● Businesses
- ○ Restaurants
- ○ Other:

Other

- ● Contractors
- ● Developers
- ● General Public
- ○ Industries
- ○ Agricultural

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

Minimum Control Measure 1. Public Education 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 Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ● Construction Sites
- ● General Stormwater Management Information
- ● Household Hazardous Waste Disposal
- ● Illicit Discharge Detection and Elimination
- ○ Infrastructure Maintenance
- ○ Smart Growth
- ● Storm Drain Marking
- ○ Green Infrastructure/Better Site Design/Low Impact Development
- ○ Other:

Other: _____

- ○ Pesticide and Fertilizer Application
- ○ Pet Waste Management
- ● Recycling
- ○ Riparian Corridor Protection/Restoration
- ○ Trash Management
- ○ Vehicle Washing
- ○ Water Conservation
- ○ Wetland Protection
- ○ None

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ● Residential
- ○ Businesses
- ○ Restaurants
- ○ Other:
- ○ Contractors
- ○ Developers
- ● General Public
- ○ Industries
- ○ Agricultural

Other: _____

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

Minimum Control Measure 1. Public Education and Outreach

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

- [x] 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 Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- [x] Construction Sites
- [x] General Stormwater Management Information
- [ ] Household Hazardous Waste Disposal
- [x] Illicit Discharge Detection and Elimination
- [x] Infrastructure Maintenance
- [ ] Smart Growth
- [ ] Storm Drain Marking
- [ ] Green Infrastructure/Better Site Design/Low Impact Development
- [ ] Other:
- [ ] Pesticide and Fertilizer Application
- [ ] Pet Waste Management
- [x] Recycling
- [ ] Riparian Corridor Protection/Restoration
- [ ] Trash Management
- [ ] Vehicle Washing
- [ ] Water Conservation
- [ ] Wetland Protection
- [ ] None

Other

2. Specific audiences targeted during this reporting period:

- [x] Public Employees
- [ ] Residential
- [ ] Businesses
- [ ] Restaurants
- [ ] Other:
- [x] Contractors
- [x] Developers
- [x] General Public
- [ ] Industries
- [ ] Agricultural

Other

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

Minimum Control Measure 1. Public Education 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 Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ● Construction Sites
- ● General Stormwater Management Information
- ● Household Hazardous Waste Disposal
- ● Illicit Discharge Detection and Elimination
- ○ Infrastructure Maintenance
- ○ Smart Growth
- ● Storm Drain Marking
- ○ Green Infrastructure/Better Site Design/Low Impact Development
- ○ Other:

Other

- ● Pesticide and Fertilizer Application
- ● Pet Waste Management
- ● Recycling
- ○ Riparian Corridor Protection/Restoration
- ○ Trash Management
- ○ Vehicle Washing
- ● Water Conservation
- ○ Wetland Protection
- ○ None

2. Specific audiences targeted during this reporting period:

- ○ Public Employees
- ● Residential
- ● Businesses
- ○ Restaurants
- ○ Other:

Other

- ● Contractors
- ● Developers
- ● General Public
- ○ Industries
- ○ Agricultural

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

Minimum Control Measure 1. Public Education 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 Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ● Construction Sites
- ● General Stormwater Management Information
- ○ Household Hazardous Waste Disposal
- ● Illicit Discharge Detection and Elimination
- ○ Infrastructure Maintenance
- ○ Smart Growth
- ○ Storm Drain Marking
- ○ Green Infrastructure/Better Site Design/Low Impact Development
- ○ Other:

Other

- ○ Pesticide and Fertilizer Application
- ● Pet Waste Management
- ○ Recycling
- ○ Riparian Corridor Protection/Restoration
- ○ Trash Management
- ○ Vehicle Washing
- ○ Water Conservation
- ○ Wetland Protection
- ○ None

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ● Residential
- ○ Businesses
- ○ Restaurants
- ○ Other:

Other

- ● Contractors
- ● Developers
- ● General Public
- ○ Industries
- ○ Agricultural

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

Minimum Control Measure 1. Public Education 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 Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ● Construction Sites
- ● General Stormwater Management Information
- ○ Household Hazardous Waste Disposal
- ○ Illicit Discharge Detection and Elimination
- ● Infrastructure Maintenance
- ● Smart Growth
- ○ Storm Drain Marking
- ○ Green Infrastructure/Better Site Design/Low Impact Development
- ○ Other:

Other: ___

- ○ Pesticide and Fertilizer Application
- ○ Pet Waste Management
- ○ Recycling
- ○ Riparian Corridor Protection/Restoration
- ○ Trash Management
- ○ Vehicle Washing
- ○ Water Conservation
- ● Wetland Protection
- ○ None

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ● Residential
- ● Businesses
- ○ Restaurants
- ○ Other:

Other: ___

- ● Contractors
- ● Developers
- ● General Public
- ○ Industries
- ○ Agricultural

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

Minimum Control Measure 1. Public Education 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 Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ● Construction Sites
- ● General Stormwater Management Information
- ○ Household Hazardous Waste Disposal
- ○ Illicit Discharge Detection and Elimination
- ● Infrastructure Maintenance
- ● Smart Growth
- ○ Storm Drain Marking
- ○ Green Infrastructure/Better Site Design/Low Impact Development
- ○ Other:

Other: _____

- ○ Pesticide and Fertilizer Application
- ○ Pet Waste Management
- ○ Recycling
- ○ Riparian Corridor Protection/Restoration
- ○ Trash Management
- ○ Vehicle Washing
- ○ Water Conservation
- ● Wetland Protection
- ○ None

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ● Residential
- ○ Businesses
- ○ Restaurants
- ○ Other:

Other: _____

- ● Contractors
- ● Developers
- ● General Public
- ○ Industries
- ○ Agricultural

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

Minimum Control Measure 1. Public Education 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 Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ● Construction Sites
- ● General Stormwater Management Information
- ● Household Hazardous Waste Disposal
- ● Illicit Discharge Detection and Elimination
- ○ Infrastructure Maintenance
- ○ Smart Growth
- ● Storm Drain Marking
- ● Green Infrastructure/Better Site Design/Low Impact Development
- ● Other:

Other

- ● Pesticide and Fertilizer Application
- ● Pet Waste Management
- ● Recycling
- ● Riparian Corridor Protection/Restoration
- ○ Trash Management
- ● Vehicle Washing
- ○ Water Conservation
- ○ Wetland Protection
- ○ None

2. Specific audiences targeted during this reporting period:

- ● Public Employees
- ● Residential
- ● Businesses
- ○ Restaurants
- ○ Other:
- ● Contractors
- ○ Developers
- ○ General Public
- ○ Industries
- ○ Agricultural

Other

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

Minimum Control Measure 1. Public Education 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 Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ○ Construction Sites
- ● General Stormwater Management Information
- ○ Household Hazardous Waste Disposal
- ○ Illicit Discharge Detection and Elimination
- ○ Infrastructure Maintenance
- ○ Smart Growth
- ○ Storm Drain Marking
- ○ Green Infrastructure/Better Site Design/Low Impact Development
- ○ Other:
- ○ Pesticide and Fertilizer Application
- ○ Pet Waste Management
- ○ Recycling
- ○ Riparian Corridor Protection/Restoration
- ○ Trash Management
- ○ Vehicle Washing
- ○ Water Conservation
- ○ Wetland Protection
- ○ None

Other

2. Specific audiences targeted during this reporting period:

- ○ Public Employees
- ● Residential
- ○ Businesses
- ○ Restaurants
- ○ Other:
- ○ Contractors
- ○ Developers
- ● General Public
- ○ Industries
- ○ Agricultural

Other

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

Minimum Control Measure 1. Public Education 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 Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- ● Construction Sites
- ● General Stormwater Management Information
- ○ Household Hazardous Waste Disposal
- ○ Illicit Discharge Detection and Elimination
- ○ Infrastructure Maintenance
- ● Smart Growth
- ○ Storm Drain Marking
- ○ Green Infrastructure/Better Site Design/Low Impact Development
- ○ Other:

Other

- ● Pesticide and Fertilizer Application
- ● Pet Waste Management
- ○ Recycling
- ○ Riparian Corridor Protection/Restoration
- ○ Trash Management
- ○ Vehicle Washing
- ○ Water Conservation
- ○ Wetland Protection
- ○ None

2. Specific audiences targeted during this reporting period:

- ○ Public Employees
- ○ Residential
- ○ Businesses
- ○ Restaurants
- ○ Other:

Other

- ○ Contractors
- ● Developers
- ● General Public
- ○ Industries
- ○ Agricultural

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

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

●	Construction Site Operators Trained	# Trained: 184
○	Direct Mailings	# Mailings:
●	Kiosks or Other Displays	# Locations: 21
●	List-Serves	# In List: 597
○	Mailing List	# In List:
○	Newspaper Ads or Articles	# Days Run:
●	Public Events/Presentations	# Attendees: 435
○	School Program	# Attendees:
○	TV Spot/Program	# Days Run:
●	Printed Materials:	Total # Distributed: UNKN

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

T/C/V Offices,
County Building 5

○ Other:

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

URL
www.saratogastormwater.org/residents-public-education.htm

URL
www.saratogastormwater.org/residents-public-involvement.htm

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

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

- ● Construction Site Operators Trained — # Trained: 12
- ○ Direct Mailings — # Mailings:
- ● Kiosks or Other Displays — # Locations: 1
- ○ List-Serves — # In List:
- ○ Mailing List — # In List:
- ○ Newspaper Ads or Articles — # Days Run:
- ○ Public Events/Presentations — # Attendees:
- ○ School Program — # Attendees:
- ○ TV Spot/Program — # Days Run:
- ● Printed Materials: — Total # Distributed: 20

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

  Town Hall/Building Department

- ○ Other:

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

  URL: http://www.saratogastormwater.org/saratoga-county-residents.htm

  URL: http://www.saratogastormwater.org/saratoga-county-contractors-de

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

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

○ Construction Site Operators Trained	# Trained
○ Direct Mailings	# Mailings
● Kiosks or Other Displays	# Locations: 2
○ List-Serves	# In List
○ Mailing List	# In List
○ Newspaper Ads or Articles	# Days Run
○ Public Events/Presentations	# Attendees
○ School Program	# Attendees
○ TV Spot/Program	# Days Run
● Printed Materials:	Total # Distributed

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

Village Hall
ISWM Program Office

○ Other:

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

URL
http://www.saratogastormwater.org/saratoga-county-residents.htm

URL
http://www.saratogastormwater.org/saratoga-county-contractors-de

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

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

- ● Construction Site Operators Trained — # Trained: 2
- ● Direct Mailings — # Mailings: 1200
- ● Kiosks or Other Displays — # Locations: 2
- ○ List-Serves — # In List:
- ○ Mailing List — # In List:
- ○ Newspaper Ads or Articles — # Days Run:
- ○ Public Events/Presentations — # Attendees:
- ○ School Program — # Attendees:
- ○ TV Spot/Program — # Days Run:
- ● Printed Materials: — Total # Distributed: 50

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

  Town Hall

  Founders Day event

- ● Other:

  Town Newsletter

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

  URL

  http://www.townofcharlton.org/Pages/charltonny-press/spring%2020/17%20newsletter.pdf

  URL

  http://www.saratoga.stormwater.org/residents-public-education.htm

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

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

●	Construction Site Operators Trained	# Trained: 6
○	Direct Mailings	# Mailings:
●	Kiosks or Other Displays	# Locations: 1
○	List-Serves	# In List:
○	Mailing List	# In List:
○	Newspaper Ads or Articles	# Days Run:
○	Public Events/Presentations	# Attendees:
○	School Program	# Attendees:
○	TV Spot/Program	# Days Run:
●	Printed Materials:	Total # Distributed: 3707

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

Building / Zoning Department

○ Other:

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

URL: http://www.saratogastormwater.org/saratoga-county-residents.htm

URL: http://www.saratogastormwater.org/saratoga-county-contractors-de

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

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

○ Construction Site Operators Trained	# Trained	
○ Direct Mailings	# Mailings	
● Kiosks or Other Displays	# Locations	1
○ List-Serves	# In List	
○ Mailing List	# In List	
○ Newspaper Ads or Articles	# Days Run	
○ Public Events/Presentations	# Attendees	
○ School Program	# Attendees	
○ TV Spot/Program	# Days Run	
● Printed Materials:	Total # Distributed	08

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

Town Hall

○ Other:

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

URL

www.townoffgreenfield.com/departm
ents/ms4-stormwater-management.h
tml

URL

http://www.saratogastormwater.or
g/saratoga-county-contractors-de

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

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

○ Construction Site Operators Trained	# Trained
○ Direct Mailings	# Mailings
● Kiosks or Other Displays	# Locations: 1
○ List-Serves	# In List
○ Mailing List	# In List
○ Newspaper Ads or Articles	# Days Run
○ Public Events/Presentations	# Attendees
○ School Program	# Attendees
○ TV Spot/Program	# Days Run
● Printed Materials:	Total # Distributed

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

Halfmoon Town Hall

● Other:

Application handouts

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

URL

http://www.saratogastormwater.org/saratoga-county-residents.htm

URL

http://www.saratogastormwater.org/saratoga-county-contractors-dem

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

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

◉ Construction Site Operators Trained	# Trained	13
◉ Direct Mailings	# Mailings	2
◉ Kiosks or Other Displays	# Locations	1
○ List-Serves	# In List	
○ Mailing List	# In List	
○ Newspaper Ads or Articles	# Days Run	
○ Public Events/Presentations	# Attendees	
○ School Program	# Attendees	
○ TV Spot/Program	# Days Run	
◉ Printed Materials:	Total # Distributed	

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

Building Department

Town Clerk

○ Other:

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

URL

www.malta-town.org/222/stormwater-management

URL

http://www.saratoga.stormwater.org/residents-public-education.htm

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

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

○ Construction Site Operators Trained	# Trained
○ Direct Mailings	# Mailings
◉ Kiosks or Other Displays	# Locations: 1
○ List-Serves	# In List
○ Mailing List	# In List
○ Newspaper Ads or Articles	# Days Run
○ Public Events/Presentations	# Attendees
○ School Program	# Attendees
○ TV Spot/Program	# Days Run
◉ Printed Materials:	Total # Distributed: 1500

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

Utility Bill Mailers

○ Other:

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

URL

URL

http://www.saratoga.stormwater.org/residents-public-education.htm

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

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

- ● Construction Site Operators Trained — # Trained: 1
- ○ Direct Mailings — # Mailings:
- ○ Kiosks or Other Displays — # Locations:
- ○ List-Serves — # In List:
- ○ Mailing List — # In List:
- ○ Newspaper Ads or Articles — # Days Run:
- ○ Public Events/Presentations — # Attendees:
- ○ School Program — # Attendees:
- ○ TV Spot/Program — # Days Run:
- ● Printed Materials: — Total # Distributed:

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

  Town of Milton
  Building Dept.

- ○ Other:

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

  URL: http://www.saratogastormwater.org/saratoga-county-residents.htm

  URL: http://www.saratogastormwater.org/saratoga-county-contractors-developers.htm

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

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

● Construction Site Operators Trained	# Trained: 8
○ Direct Mailings	# Mailings:
● Kiosks or Other Displays	# Locations: 2
○ List-Serves	# In List:
○ Mailing List	# In List:
○ Newspaper Ads or Articles	# Days Run:
○ Public Events/Presentations	# Attendees:
○ School Program	# Attendees:
○ TV Spot/Program	# Days Run:
● Printed Materials:	Total # Distributed:

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

Town Hall

Highway Department

○ Other:

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

URL

www.townofmoreau.org/ms4_report.asp

URL

http://www.saratoga.stormwater.org/residents-public-education.htm

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

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

○ Construction Site Operators Trained	# Trained
○ Direct Mailings	# Mailings
○ Kiosks or Other Displays	# Locations
○ List-Serves	# In List
○ Mailing List	# In List
○ Newspaper Ads or Articles	# Days Run
○ Public Events/Presentations	# Attendees
○ School Program	# Attendees
○ TV Spot/Program	# Days Run
● Printed Materials:	Total # Distributed

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

Village Hall

Round Lake Library

○ Other:

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

URL

URL

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

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

○ Construction Site Operators Trained	# Trained
○ Direct Mailings	# Mailings
◉ Kiosks or Other Displays	# Locations: 1
○ List-Serves	# In List
○ Mailing List	# In List
○ Newspaper Ads or Articles	# Days Run
○ Public Events/Presentations	# Attendees
○ School Program	# Attendees
○ TV Spot/Program	# Days Run
◉ Printed Materials:	Total # Distributed

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

ISWM Program Offices

○ Other:

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

URL

https://www.saratogastormwater.org/municipalities.htm

URL

http://www.saratogastormwater.org/residents-public-education.htm

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

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

○ Construction Site Operators Trained	# Trained	
○ Direct Mailings	# Mailings	
● Kiosks or Other Displays	# Locations	3
○ List-Serves	# In List	
● Mailing List	# In List	20
○ Newspaper Ads or Articles	# Days Run	
○ Public Events/Presentations	# Attendees	
○ School Program	# Attendees	
○ TV Spot/Program	# Days Run	
● Printed Materials:	Total # Distributed	

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

City Engineer Office
Public Works Office
Council Room Lobby

○ Other:

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

URL

http://www.saratoga-springs.org/156/stormwater-management-program

URL

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

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

○ Construction Site Operators Trained	# Trained	
● Direct Mailings	# Mailings	3333
● Kiosks or Other Displays	# Locations	2
○ List-Serves	# In List	
○ Mailing List	# In List	
○ Newspaper Ads or Articles	# Days Run	
○ Public Events/Presentations	# Attendees	
○ School Program	# Attendees	
○ TV Spot/Program	# Days Run	
● Printed Materials:	Total # Distributed	

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

Public Works Garage and Offices, Village Office

○ Other:

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

URL

http://www.saratogastormwater.org/Saratoga-county-residents.htm

URL

http://www.saratogastormwater.org/saratoga-county-contractors-de

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

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

○ Construction Site Operators Trained	# Trained
○ Direct Mailings	# Mailings
● Kiosks or Other Displays	# Locations: 1
○ List-Serves	# In List
○ Mailing List	# In List
○ Newspaper Ads or Articles	# Days Run
○ Public Events/Presentations	# Attendees
○ School Program	# Attendees
○ TV Spot/Program	# Days Run
● Printed Materials:	Total # Distributed

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

Information sheets distributed with all applications

● Other:

Pamphlets available

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

URL

http://www.saratogastormwater.org/saratoga-county-residents.htm

URL

http://www.saratogastormwater.org/saratoga-county-contractors-de

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

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

○ Construction Site Operators Trained	# Trained
○ Direct Mailings	# Mailings
○ Kiosks or Other Displays	# Locations
○ List-Serves	# In List
○ Mailing List	# In List
○ Newspaper Ads or Articles	# Days Run
○ Public Events/Presentations	# Attendees
○ School Program	# Attendees
○ TV Spot/Program	# Days Run
○ Printed Materials:	Total # Distributed

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

○ Other:

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

URL
http://www.saratogastormwater.org/saratoga-county-residents.htm

URL
http://www.saratogastormwater.org/saratoga-county-contractors-de

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

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

○ Construction Site Operators Trained	# Trained
○ Direct Mailings	# Mailings
● Kiosks or Other Displays	# Locations: 2
○ List-Serves	# In List
○ Mailing List	# In List
○ Newspaper Ads or Articles	# Days Run
○ Public Events/Presentations	# Attendees
○ School Program	# Attendees
○ TV Spot/Program	# Days Run
● Printed Materials:	Total # Distributed: 5

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

Town Hall

Harbor Center

○ Other:

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

URL

http://www.saratogastormwater.org/saratoga-county-residents.htm

URL

http://www.saratogastormwater.org/saratoga-county-business-owners.htm

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

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

○ Construction Site Operators Trained	# Trained	
○ Direct Mailings	# Mailings	
● Kiosks or Other Displays	# Locations	1
○ List-Serves	# In List	
○ Mailing List	# In List	
○ Newspaper Ads or Articles	# Days Run	
○ Public Events/Presentations	# Attendees	
○ School Program	# Attendees	
○ TV Spot/Program	# Days Run	
● Printed Materials:	Total # Distributed	

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

Village Hall

○ Other:

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

URL

http://www.saratogastormwater.org/saratoga-county-residents.htm

URL

http://www.saratogastormwater.org/saratoga-county-contractors-de

7870299956

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

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

●	Construction Site Operators Trained	# Trained: 2
○	Direct Mailings	# Mailings:
●	Kiosks or Other Displays	# Locations: 2
○	List-Serves	# In List:
●	Mailing List	# In List: 1003
○	Newspaper Ads or Articles	# Days Run:
●	Public Events/Presentations	# Attendees: 500
○	School Program	# Attendees:
○	TV Spot/Program	# Days Run:
●	Printed Materials:	Total # Distributed: 35

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

Town Hall

Town Community Day

○ Other:

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

URL

http://www.saratogastormwater.org/saratoga-county-residents.htm

URL

http://www.saratogastormwater.org/saratoga-county-contractors-de

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

3. Web Page con't.: Provide specific web addresses - not home page.

URL
www.saratogastormwater.org/residents-illicit-discharge.htm

URL
www.saratogastormwater.org/residents-construction-runoff.htm

URL
www.saratogastormwater.org/residents-post-construction.htm

URL
www.saratogastormwater.org/residents-good-housekeeping.htm

URL
www.saratogastormwater.org/contractors-developers-construction-r

URL
www.saratogastormwater.org/contractors-developers-post-construct

URL
www.saratogastormwater.org/municipalities-public-education.htm

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

3. Web Page con't.: Provide specific web addresses - not home page.

URL
http://www.saratogastormwater.org/saratoga-county-municipalities.htm

URL
http://www.saratogastormwater.org/residents-illicit-discharge.htm

URL
http://www.saratogastormwater.org/residents-construction-runoff.htm

URL
http://www.saratogastormwater.org/residents-post-construction.htm

URL
http://www.saratogastormwater.org/contractors-developers-construction-runoff.htm

URL
http://www.saratogastormwater.org/contractors-developers-post-construction.htm

URL
http://www.saratogastormwater.org/municipalities-public-education.htm

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

3. Web Page con't.: Provide specific web addresses - not home page.

URL
http://www.saratogastormwater.org/saratoga-county-municipalities.htm

URL
http://www.saratogastormwater.org/residents-illicit-discharge.htm

URL
http://www.saratogastormwater.org/residents-construction-runoff.htm

URL
http://www.saratogastormwater.org/residents-post-construction.htm

URL
http://www.saratogastormwater.org/contractors-developers-construction-runoff.htm

URL
http://www.saratogastormwater.org/contractors-developers-post-construction.htm

URL
http://www.saratogastormwater.org/municipalities-public-education.htm

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

3. Web Page con't.: Provide specific web addresses - not home page.

URL
http://www.saratogastormwater.org/residents-public-involvement.htm

URL
http://www.saratogastormwater.org/residents-illicit-discharge.htm

URL
http://www.saratogastormwater.org/residents-construction-runoff.htm

URL
http://www.saratogastormwater.org/residents-post-construction.htm

URL
http://www.saratogastormwater.org/contractors-developers-construction-runoff.htm

URL
http://www.saratogastormwater.org/contractors-developers-post-construction.htm

URL
http://www.saratogastormwater.org/municipalities-public-education.htm

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

3. Web Page con't.: Provide specific web addresses - not home page.

URL
http://www.saratogastormwater.org/saratoga-county-municipalities.htm

URL
http://www.saratogastormwater.org/residents-illicit-discharge.htm

URL
http://www.saratogastormwater.org/residents-construction-runoff.htm

URL
http://www.saratogastormwater.org/residents-post-construction.htm

URL
http://www.saratogastormwater.org/contractors-developers-construction-runoff.htm

URL
http://www.saratogastormwater.org/contractors-developers-post-construction.htm

URL
http://www.saratogastormwater.org/municipalities-public-education.htm

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

3. Web Page con't.: Provide specific web addresses - not home page.

URL
http://www.saratogastormwater.org/saratoga-county-municipalities.htm

URL
http://www.saratogastormwater.org/residents-illicit-discharge.htm

URL
http://www.saratogastormwater.org/residents-construction-runoff.htm

URL
http://www.saratogastormwater.org/residents-post-construction.htm

URL
http://www.saratogastormwater.org/contractors-developers-construction-runoff.htm

URL
http://www.saratogastormwater.org/contractors-developers-post-construction.htm

URL
http://www.saratogastormwater.org/municipalities-public-education.htm

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

3. Web Page con't.: Provide specific web addresses - not home page.

URL
http://www.saratogastormwater.org/saratoga-county-municipalities.htm

URL
http://www.saratogastormwater.org/residents-illicit-discharge.htm

URL
http://www.saratogastormwater.org/residents-construction-runoff.htm

URL
http://www.saratogastormwater.org/residents-post-construction.htm

URL
http://www.saratogastormwater.org/contractors-developers-construction-runoff.htm

URL
http://www.saratogastormwater.org/contractors-developers-post-construction.htm

URL
http://www.saratogastormwater.org/municipalities-public-education.htm

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

3. Web Page con't.: Provide specific web addresses - not home page.

URL
http://www.saratogastormwater.org/residents-public-involvement.htm

URL
http://www.saratogastormwater.org/residents-illicit-discharge.htm

URL
http://www.saratogastormwater.org/residents-construction-runoff.htm

URL
http://www.saratogastormwater.org/residents-post-construction.htm

URL
http://www.saratogastormwater.org/contractors-developers-construction-runoff.htm

URL
http://www.saratogastormwater.org/contractors-developers-post-construction.htm

URL
http://www.saratogastormwater.org/municipalities-public-education.htm

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

3. Web Page con't.: Provide specific web addresses - not home page.

URL
http://www.saratogastormwater.org/residents-public-involvement.htm

URL
http://www.saratogastormwater.org/residents-illicit-discharge.htm

URL
http://www.saratogastormwater.org/residents-construction-runoff.htm

URL
http://www.saratogastormwater.org/residents-post-construction.htm

URL
http://www.saratogastormwater.org/contractors-developers-construction-runoff.htm

URL
http://www.saratogastormwater.org/contractors-developers-post-construction.htm

URL
http://www.saratogastormwater.org/municipalities-public-education.htm

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

3. Web Page con't.: Provide specific web addresses - not home page.

URL
http://www.saratogastormwater.org/saratoga-county-municipalities.htm

URL
http://www.saratogastormwater.org/residents-illicit-discharge.htm

URL
http://www.saratogastormwater.org.residents-construction-runoff.htm

URL
http://www.saratogastormwater.org/residents-post-construction.htm

URL
http://www.saratogastormwater.org/contractors-developers-construction-runoff.htm

URL
http://www.saratogastormwater.org/contractors-developers-post-construction.htm

URL
http://www.saratogastormwater.org/municipalities-public-education.htm

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

3. Web Page con't.: Provide specific web addresses - not home page.

URL
http://www.saratogastormwater.org/residents-public-involvement.htm

URL
http://www.saratogastormwater.org/residents-illicit-discharge.htm

URL
http://www.saratogastormwater.org/residents-construction-runoff.htm

URL
http://www.saratogastormwater.org/residents-post-construction.htm

URL
http://www.saratogastormwater.org/contractors-developers-construction-runoff.htm

URL
http://www.saratogastormwater.org/contractors-developers-post-construction.htm

URL
http://www.saratogastormwater.org/municipalities-public-education.htm

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

3. Web Page con't.: Provide specific web addresses - not home page.

URL
http://www.saratogastormwater.org/saratoga-county-municipalities.htm

URL
http://www.saratogastormwater.org/residents-illicit-discharge.htm

URL
http://www.saratogastormwater.org/residents-construction-runoff.htm

URL
http://www.saratogastormwater.org/residents-post-construction.htm

URL
http://www.saratogastormwater.org/contractors-developers-construction-runoff.htm

URL
http://www.saratogastormwater.org/contractors-developers-post-construction.htm

URL
http://www.saratogastormwater.org/municipalities-public-education.htm

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

3. Web Page con't.: Provide specific web addresses - not home page.

URL
http://www.saratogastormwater.org/residents-public-involvement.htm

URL
http://www.saratogastormwater.org/residents-illicit-discharge.htm

URL
http://www.saratogastormwater.org/residents-construction-runoff.htm

URL
http://www.saratogastormwater.org/residents-post-construction.htm

URL
http://www.saratogastormwater.org/contractors-developers-construction-runoff.htm

URL
http://www.saratogastormwater.org/contractors-developers-post-construction.htm

URL
http://www.saratogastormwater.org/municipalities-public-education.htm

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

3. Web Page con't.: Provide specific web addresses - not home page.

URL

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

3. Web Page con't.: Provide specific web addresses - not home page.

URL
http://www.saratogastormwater.org/saratoga-county-municipalities,htm

URL
http://www.saratogastormwater.org/residents-illicit-discharge.htm

URL
http://www.saratogastormwater.org/residents-construction-runoff.htm

URL
http://www.saratogastormwater.org/residents-post-construction.htm

URL
http://www.saratogastormwater.org/contractors-developers-construction-runoff.htm

URL
http://www.saratogastormwater.org/contractors-developers-post-construction.htm

URL
http://www.saratogastormwater.org/municipalities-public-education.htm

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

3. Web Page con't.: Provide specific web addresses - not home page.

URL
http://www.saratogastormwater.org/saratoga-county-municipalities.htm

URL
http://www.saratogastormwater.org/residents-illicit-discharge.htm

URL
http://www.saratogastormwater.org/residents-construction-runoff.htm

URL
http://www.saratogastormwater.org/residents-post-construction.htm

URL
http://www.saratogastormwater.org/contractors-developers-construction-runoff.htm

URL
http://www.saratogastormwater.org/contractors-developers-post-construction.htm

URL
http://www.saratogastormwater.org/municipalities-public-education.htm

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

3. Web Page con't.: Provide specific web addresses - not home page.

URL
http://www.saratogastormwater.org/saratoga-county-municipalities.htm

URL
http://www.saratogastormwater.org/residents-illicit-discharge.htm

URL
http://www.saratogastormwater.org/residents-construction-runoff.htm

URL
http://www.saratogastormwater.org/residents-post-construction.htm

URL
http://www.saratogastormwater.org/contractors-developers-construction-runoff.htm

URL
http://www.saratogastormwater.org/contractors-developers-post-construction.htm

URL
http://www.saratogastormwater.org/municipalities-public-education.htm

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

3. Web Page con't.: Provide specific web addresses - not home page.

URL
http://www.saratogastormwater.org/saratoga-county-contractors-developers.htm

URL
http://www.saratogastormwater.org/saratoga-county-municipalities.htm

URL

URL

URL

URL

URL

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

3. Web Page con't.: Provide specific web addresses - not home page.

URL
http://www.saratogastormwater.org/saratoga-county-municipalities.htm

URL
http://www.saratogastormwater.org/residents-illicit-discharge.htm

URL
http://www.saratogastormwater.org/residents-construction-runoff.htm

URL
http://www.saratogastormwater.org/residents-post-construction.htm

URL
http://www.saratogastormwater.org/contractors-developers-construction-runoff.htm

URL
http://www.saratogastormwater.org/contractors-developers-post-construction.htm

URL
http://www.saratogastormwater.org/municipalities-public-education.htm

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

3. Web Page con't.: Provide specific web addresses - not home page.

URL
http://www.saratogastormwater.org/saratoga-county-municipalities.htm

URL
http://www.saratogastormwater.org/residents-illicit-discharge.htm

URL
http://www.saratogastormwater.org/residents-construction-runoff.htm

URL
http://www.saratogastormwater.org/residents-post-construction.htm

URL
http://www.saratogastormwater.org/contractors-developers-construction-runoff.htm

URL
http://www.saratogastormwater.org/contractors-developers-post-construction.htm

URL
http://www.saratogastormwater.org/municipalities-public-education.htm

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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. Evaluating Progress Toward Measurable Goals MCM 1

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.

Maintain/continue all selected BMPs detailed in the ISWM Program Plan.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All kiosks/information displays continue to be maintained at all local MS4 locations; the Eastern NY SW RTC continues to offer professional-level accredited stormwater management practice, regulatory compliance, and SWMP Planning education; the ISWM Program is maintained as the online source for information - updated as needed/when possible; ISWM Program Coordinator continues to conduct direct education/outreach to groups/individuals throughout Saratoga County.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

● Yes ○ 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).

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program
-Maintain website; ongoing throughout the year
-Maintain "Town Hall" displays/kiosks; ongoing throughout the year
-Continue direct education/outreach programming; ongoing throughout the year
-Continue SW Regional Training Center w/ John Dunkle; ongoing throughout the year

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

4. Evaluating Progress Toward Measurable Goals MCM 1

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.

Continue participation in and support of the Saratoga County ISWM Program Education and Outreach Program as detailed in the ISWM Program Plan. ISWM Meetings and Watershed Management Plan meetings are to be attended on a monthly basis, or as scheduled. Continuation of and participation in the WAVE program with NYSDEC.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Monthly ISWM meetings were attended in addition to the Watershed Management Plan meetings. The WAVE program was continued through volunteer efforts outside of the stormwater management program.

C. How many times was this observation measured or evaluated in this reporting period?

12

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

● Yes ○ 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).

Staff will continue to attend ISWM meetings and Watershed Management Plan meetings. The Town of Ballston will publish and distribute at least one town newsletter, which will contain stormwater educational content. The informational kiosk within the Town Hall will be refreshed with informational materials.

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

4. Evaluating Progress Toward Measurable Goals MCM 1

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.

Continue participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All selected BMPs detailed in the ISWM Program Plan continue to be implemented.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period? ☐ Yes ☐ 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).

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program
- Maintain website; ongoing throughout the year
- Maintain "Town Hall" display/kiosks; ongoing throughout the year
- Continue direct educaiton/outreach programming; ongoing throughout the year
- Continue SW Regional Training Center w/John Dunkle; ongoing throughout the year

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

4. Evaluating Progress Toward Measurable Goals MCM 1

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.

Actively participate in the Saratoga County Intermunicipal program. Continue providing articles in Town Newsletter. Continue to educate Board members. Continue signage on catch basins and pet wastes, continue attendance at Saratoga County Planning & Zoning Conference and New York Planning Federation.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Attendance at road cleanups increases yearly. Planning Board has a greater understanding of Stormwater management techniques and has increased focus in this area. Planning Board has designated 1 member to concentrate on storm and SWPPP related issues

C. How many times was this observation measured or evaluated in this reporting period?

4

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

● Yes ○ 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).

Road cleanup events in spring. Continue participation in County program. Continue town newsletter, rerun MS4 informational article, continue annual MS4 agenda meeting with relevant town officials to review SWMP committments

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

4. Evaluating Progress Toward Measurable Goals MCM 1

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.

Continue participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All selected BMPs detailed in the ISWM Program Plan continue to be implemented.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

● Yes ○ 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).

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program
- Maintain website; ongoing throughout the year
- Maintain "Town Hall" display/kiosks; ongoing throughout the year
- Continue direct education/outreach programming; ongoing throughout the year
- Continue SW Regional Training Center w/John Dunkle; ongoing throughout the year

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

4. Evaluating Progress Toward Measurable Goals MCM 1

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.

Actively participate in the Saratoga County Intermunicipal program. Continue providing information brochures at town hall. Continue to educate Board members.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Attendance at road and stream cleanups is abundant.

C. How many times was this observation measured or evaluated in this reporting period?

2

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

● Yes ○ 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).

Road and stream cleanup events will continue in the spring. In 2017 the town held eight road side cleanups. Home household waste collection was held twice in 2017, 128.9 tons of household waste material, 45.5 tons of recycled material and 2.5 tons of electronic recyclables where collected and disposed of by the town. In 2018 the Town will continue participation in County program.

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

4. Evaluating Progress Toward Measurable Goals MCM 1

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.

Provide information accessible to the general public at the Town Hall, on the website, and distribute printed materials as handouts.
Continue participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

A Stormwater Kiosk is permanently set up at the Town Hall. Pamphlets are available for the general public. A Stormwater facts sheet is distributed with various applications.
All selected BMPs detailed in the ISWM Program Plan continue to be implemented.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

● Yes ○ 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).

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program
- Information will be continually available to the general public via handouts, kiosks, and links on the Town's Planning Department webpage: www.townofhalfmoon-ny.gov/planning-department
- Continue direct education/outreach programming; ongoing throughout the year
- Continue SW Regional Training Center w/John Dunkle; ongoing throughout the year

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

4. Evaluating Progress Toward Measurable Goals MCM 1

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.

Maintain all ongoing efforts in conjunction with the County I-SWM Program.
Evaluate the program every five years using the following metrics: 1) SMO tracks the number of printed materials distributed. 2) SMO tracks the website page visits annually. 3) Applicants for dog licenses reviewed stormwater educational literature. 4) Town newsletter will include one stormwater educational article per year. 5) All new employees will receive minimum training on town as MS4.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

County education program continued and maintained. Town Hall kiosk maintained with 14 brochures taken this year. 371 pet waste flyers distributed with dog licenses. Will continue to ensure that Town Clerk is distributing literature with pet licenses and renewals. Website completed and has received 57 page views. Article included in mailing distributed to all residents. Information for new employees has been distributed to all department heads.

C. How many times was this observation measured or evaluated in this reporting period?

2

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period? ☑ Yes ☐ 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).

Track page visits and downloads from the stormwater website. New personnel to receive basic training on Malta MS4 status and requirements. Maintain Town Hall displays/kiosks and track number of printed materials distributed. Continue to work with Clerk's Office to ensure pet owner education. Stormwater article included in annual town newsletter mailing to all residents.

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

4. Evaluating Progress Toward Measurable Goals MCM 1

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.

The City provided access to educational stormwater brochures at the DPW, outside the clerk's office.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Most of the pamphlets that were made available to the public were taken during the reporting year.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period? ☑ Yes ☐ 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).

The City will continue to provide access to educational stormwater brochures.

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

4. Evaluating Progress Toward Measurable Goals MCM 1

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.

Continued participation in Saratoga Co. CCE ISWM Programs including Public Education and Outreach.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Selected BMPs detailed in ISWM Program Plan continue to be implemented

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period? ● Yes ○ 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).

Ongoing implementation of Saratoga Co. 1-SWM Program Education and Outreach Program to include:
-updating / maintaining website
-maintain town hall informational handouts
-participate in annual county and regional training held for educational purposes.

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

4. Evaluating Progress Toward Measurable Goals MCM 1

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.

Continue implementation of the Saratoga County I-WM Program Education/Outreach Program
-Maintain website
-Maintain "Town Hall" display/kiosk
-Continue direct education/outreach programming
-Continue SW Regional Training Center w/ John Dunkle

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

MCM1 implementation primarily relied upon the Saratoga County ISWM Program's website for outreach and educational materials. The Town website provided a link to their annual report. The past years goal of direct ed/outreach and training metrics will be dropped as not yet effective. It is anticipated that as the program improves these goals will be revisited.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period? ● Yes ○ 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).

Maintain all on-going program elements.

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

4. Evaluating Progress Toward Measurable Goals MCM 1

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.

Maintain constant stock of literature available at Village Hall and the Round Lake Library generally available to the interested public.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Stock of materials was checked and determined adequate.

C. How many times was this observation measured or evaluated in this reporting period?

2

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

● Yes ○ 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).

The Round Lake Village newsletter (e-letter; distributed via email and available for viewing at our website) will include a 4-part series of homeowner/resident tips/techniques covering 1) Pet Waste; 2) Lawn/Organic Debris disposal and Property Maintenance; 3) Illicit Discharges; 4) Rain Barrels, Cisterning, & Rain Gardens. One article will appear in each of the Village's Quarterly newsletters.

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

4. Evaluating Progress Toward Measurable Goals MCM 1

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.

Maintain public access to stormwater management information.
Continue cooperation and participation with the Saratoga County ISWM Program
Continue ongoing employee training and education efforts

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All resources described in the SC DPW SWMP &/or ISWM Plans have been implemented and are ongoing.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period? ☑ Yes ☐ 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).

Maintain all measures described in the SC DPW &/or ISWM Plans. Continue all ongoing programs.

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

4. Evaluating Progress Toward Measurable Goals MCM 1

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.

Provide the general public with access to information and educational materials related to stormwater management and pollution prevention.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- (365) days SW Management Program web page posted on City of Saratoga Springs web site.
- (10,344) utility bills mailed quarterly with information about stormwater pollution prevention.
- (41) "Don't Pollute" catch basin decals installed at high-visibility locations around City.
- Pet waste and waterfowl feeding signs posted at Congress Park and other public gatherings.
- Brochures and other printed material made available at several locations in City Hall.
- Continued participation in Saratoga Co. ISWM Program public ed. & outreach activities.

C. How many times was this observation measured or evaluated in this reporting period?

365

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period? ● Yes ○ 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).

- Maintain and update stormwater web page on the City's web site.
- Continue to provide stormwater information on quarterly utility bills.
- Install additional catch basin decals.
- Maintain signage promoting pet waste disposal and not feeding waterfowl.
- Maintain public accessibility to information and educational materials.
- Continue participation in Saratoga Co. ISWM Program public ed. & outreach activities.

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

4. Evaluating Progress Toward Measurable Goals MCM 1

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.

Continue participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All selected BMP's detailed in the ISWM Program Plan continue to be implemented.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period? ● Yes ○ 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).

Continue implementation of the Saratoga County ISWM Program Education/Outreach Program
-Maintain website: ongoing throughout the year
-Maintain "Town Hall" display/kiosks; ongoing throughout the year
-Continue direct education/outreach programming; ongoing throughout the year
-Continue SW Regional Training Center w/John Dunkle; ongoing throughout the year

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

4. Evaluating Progress Toward Measurable Goals MCM 1

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.

During this reporting period the Town continued to develop forms to be used by Town officials for record keeping through its continued participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach where Standard Operating Procedures for all members of the Coalition are being drafted.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Area sites were maintained to a satisfactory level with no violations occurring.
All selected BMPs detailed in the ISWM Program Plan continue to be implemented.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

● Yes ○ 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).

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program with activities to include:
- Maintain website; ongoing throughout the year
- Continue direct educaiton/outreach programming; ongoing throughout the year
- Continue creation of Standard Operation Procedures for Coalition members to create a consistent approach

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

4. Evaluating Progress Toward Measurable Goals MCM 1

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.

During this reporting period the Village continued to develop forms to be used by Town officials for record keeping through its continued participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach where Standard Operating Procedures for all members of the Coalition are being drafted.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Area sites were maintained to a satisfactory level with no violations occurring.
All selected BMPs detailed in the ISWM Program Plan continue to be implemented.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

● Yes ○ 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).

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program with activities to include:
- Maintain website; ongoing throughout the year
- Continue direct educaiton/outreach programming; ongoing throughout the year
- Continue SW Regional Training Center w/John Dunkle; ongoing throughout the year
- Create a "Village Hall" display/kiosk with written materials; ongoing throughout the year

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

4. Evaluating Progress Toward Measurable Goals MCM 1

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.

The Town maintained educational kiosks at the Town Hall and Harbor Center which includes, among other pamphlets and brochures, information about stormwater.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Four different stormwater pamphlets/brochures are made available to the public at Town Hall: "Where does all the Dirty Water Go?"; "10 Things You Can do to Prevent Stormwater Runoff Pollution"; "Stormwater Regulations and the Construction Industry"; and "After the Storm". The Town recently contacted NYDSEC requesting additional materials for distribution. The Town maintains approximately one dozen pamphlets at each location.

C. How many times was this observation measured or evaluated in this reporting period?

4

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

● Yes ○ 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).

The Town will continue to maintain the educational kiosk.

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

4. Evaluating Progress Toward Measurable Goals MCM 1

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.

Continue participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All selected BMPs detailed in the ISWM Program Plan continue to be implemented.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

● Yes ○ 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).

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program
- Maintain website; ongoing throughout the year
- Maintain "Town Hall" display/kiosks; ongoing throughout the year
- Continue direct educaiton/outreach programming; ongoing throughout the year
- Continue SW Regional Training Center w/John Dunkle; ongoing throughout the year

6932504403

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

4. Evaluating Progress Toward Measurable Goals MCM 1

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.

Continue participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All selected BMPs detailed in the ISWM Program Plan continue to be implemented.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period? ● Yes ○ 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).

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program
- Maintain website; ongoing throughout the year
- Maintain "Town Hall" display/kiosks; ongoing throughout the year
- Continue direct education/outreach programming; ongoing throughout the year
- Continue SW Regional Training Center w/John Dunkle; ongoing throughout the year

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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? 19

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: 88

○ Comments on SWMP Received — # Comments:

● Community Hotlines

Phone # (518) 885-8995

Phone #

Phone #

Phone #

Phone #

Phone #

Phone #

Phone #

Phone #

Phone #

○ Community Meetings — # Attendees:

○ Plantings — Sq. Ft.:

● Storm Drain Markings — # Drains: UNKN

○ 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: 597

○ Newspaper Advertising — # Days Run:

○ TV/Radio Notices — # Days Run:

○ Other:

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

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

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 # (518) 885 - 8502
  - Phone # (518) 885 - 8995
  - 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: Watershed Management Plan

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

- ● List-Serve — # In List: 597
- ○ Newspaper Advertising — # Days Run: ___
- ○ TV/Radio Notices — # Days Run: ___
- ● Other: Town Board Mtg Announcement
- ● Web Page URL: Enter URL(s) on the following two pages.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

Minimum Control Measure 2. Public Involvement/Participation

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

- [x] 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 # (518) 885-8995; Phone # (518) 885-5711
  - Phone # ( ) - ; 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: Literature Distribution

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

- ● List-Serve — # In List: 597
- ○ Newspaper Advertising — # Days Run: ___
- ○ TV/Radio Notices — # Days Run: ___
- ○ Other: ___
- ● Web Page URL: Enter URL(s) on the following two pages.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

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: 2

● Comments on SWMP Received — # Comments: 0

● Community Hotlines

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

○ Community Meetings — # Attendees:

● Plantings — Sq. Ft.: 1000

● Storm Drain Markings — # Drains: 15

○ Stakeholder Meetings — # Attendees:

○ Volunteer Monitoring — # Events:

● Other: 1 resident complaint 2017

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

● List-Serve — # In List: 1200

○ Newspaper Advertising — # Days Run:

○ TV/Radio Notices — # Days Run:

● Other: Copy at Town Hall

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

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

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

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: 1
- ○ Comments on SWMP Received — # Comments:
- ● Community Hotlines
  - 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: 12 Stewardship Walks

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.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

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: 8

○ Comments on SWMP Received — # Comments: 0

● Community Hotlines

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: Town & Planning Board mts. 35

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

○ List-Serve — # In List

● Newspaper Advertising — # Days Run: 1

○ TV/Radio Notices — # Days Run

● Other: copy at town hall

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

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

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: 3
- ○ Comments on SWMP Received — # Comments:
- ● Community Hotlines
  - Phone # (518) 885-8995
  - Phone # (518) 371-7410
  - 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: 597
- ○ Newspaper Advertising — # Days Run:
- ○ TV/Radio Notices — # Days Run:
- ○ Other:
- ● Web Page URL: Enter URL(s) on the following two pages.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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):

- [x] 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 # (518) 885-8995
  - Phone # (518) 899-2685
  - 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: 597
- ○ Newspaper Advertising — # Days Run: ___
- ○ TV/Radio Notices — # Days Run: ___
- ○ Other: ___
- ● Web Page URL: Enter URL(s) on the following two pages.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

Minimum Control Measure 2. Public Involvement/Participation

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

- [x] 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 # (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: 597
- ○ Newspaper Advertising — # Days Run: ___
- ○ TV/Radio Notices — # Days Run: ___
- ○ Other: ___
- ● Web Page URL: Enter URL(s) on the following two pages.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

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

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 # (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: 597
- ○ Newspaper Advertising — # Days Run
- ○ TV/Radio Notices — # Days Run
- ○ Other:
- ○ Web Page URL: Enter URL(s) on the following two pages.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

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 # (518) 885-8995
  - Phone # (518) 792-4762
  - 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: 597
- ○ Newspaper Advertising — # Days Run: ___
- ○ TV/Radio Notices — # Days Run: ___
- ○ Other: ___
- ● Web Page URL: Enter URL(s) on the following two pages.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

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: 1
- ○ Comments on SWMP Received — # Comments:
- ○ Community Hotlines
  - Phone # ( ) -
  - 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: 597
- ○ Newspaper Advertising — # Days Run:
- ○ TV/Radio Notices — # Days Run:
- ● Other: Posted sign in Village Office
- ● Web Page URL: Enter URL(s) on the following two pages.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

Minimum Control Measure 2. Public Involvement/Participation

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

- [x] 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:

- [x] Cleanup Events — # Events: 44
- [ ] Comments on SWMP Received — # Comments:
- [x] Community Hotlines
  - Phone # (518) 885-8995
  - Phone # (518) 885-2235
  - 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? [x] Yes [ ] No

- [x] List-Serve — # In List: 597
- [ ] Newspaper Advertising — # Days Run:
- [ ] TV/Radio Notices — # Days Run:
- [ ] Other:
- [x] Web Page URL: Enter URL(s) on the following two pages.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

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 # (518) 587-3550
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
- ○ Community Meetings — # Attendees: ___
- ○ Plantings — Sq. Ft.: ___
- ● Storm Drain Markings — # Drains: 41
- ○ Stakeholder Meetings — # Attendees: ___
- ○ Volunteer Monitoring — # Events: ___
- ● Other: Tree Planting

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

- ○ List-Serve — # In List: ___
- ○ Newspaper Advertising — # Days Run: ___
- ○ TV/Radio Notices — # Days Run: ___
- ○ Other: ___
- ● Web Page URL: Enter URL(s) on the following two pages.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

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 # (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: 597
- ○ Newspaper Advertising — # Days Run
- ○ TV/Radio Notices — # Days Run
- ○ Other:
- ● Web Page URL: Enter URL(s) on the following two pages.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

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 # (518) 885-8995
  - Phone # (518) 664-6148
  - 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: Information flyers available

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

- ● List-Serve — # In List: 597
- ○ Newspaper Advertising — # Days Run
- ○ TV/Radio Notices — # Days Run
- ○ Other:
- ● Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

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 # (518) 885-8995
  - Phone # (518) 664-6148
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
- ● Community Meetings — # Attendees: 0
- ○ 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: 597
- ○ Newspaper Advertising — # Days Run: ___
- ○ TV/Radio Notices — # Days Run: ___
- ○ Other: ___

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

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

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: 2
- ● Comments on SWMP Received — # Comments: 0
- ● Community Hotlines
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
  - Phone # ( ) -
- ○ Community Meetings — # Attendees:
- ○ Plantings — Sq. Ft.:
- ● Storm Drain Markings — # Drains: 12
- ○ Stakeholder Meetings — # Attendees:
- ○ Volunteer Monitoring — # Events:
- ● Other: Recycling Days, HHHW Days

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

- ● List-Serve — # In List: 597
- ○ Newspaper Advertising — # Days Run:
- ○ TV/Radio Notices — # Days Run:
- ● Other: Announce at Town Board Mtg.
- ● Web Page URL: Enter URL(s) on the following two pages.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

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 # (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: 597
- ○ Newspaper Advertising — # Days Run: ___
- ○ TV/Radio Notices — # Days Run: ___
- ○ Other: ___
- ● Web Page URL: Enter URL(s) on the following two pages.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

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 # (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: 597
- ○ Newspaper Advertising — # Days Run
- ○ TV/Radio Notices — # Days Run
- ● Other: Town Board Meeting
- ● Web Page URL: Enter URL(s) on the following two pages.

1693183102

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

2. URL(s) con't.:

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

URL: http://www.saratogastormwater.org/municipalities-additional-resources.htm

URL:

URL:

URL:

URL:

URL:

URL:

1693183102

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

2. URL(s) con't.:

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

URL
http://townofballstonny.org/buildingDep.html

URL
http://www.saratogastormwater.org/municipalities-additional-resources.htm

URL

URL

URL

URL

URL

1693183102

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

2. URL(s) con't.:

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

URL: www.villageofballstonspa.org

URL: http://www.saratogastormwater.org/municipalities-additional-resources.htm

URL:

URL:

URL:

URL:

URL:

1693183102

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

2. URL(s) con't.:

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

URL
http://www.townofcharlton.org/PaGES/CHARLTONNY-MS4/REPORTS/

URL
http://www.saratogastormwater.org/municipalities-additional-resources.htm

URL

URL

URL

URL

URL

1693183102

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

2. URL(s) con't.:

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

URL
http://www.saratogastormwater.org/municipalities-additional-resources.htm

URL

URL

URL

URL

URL

URL

URL

1693183102

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

2. URL(s) con't.:

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

URL: http://www.saratogastormwater.org/municipalities-additional-resources.htm

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

2. URL(s) con't.:

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

URL: http://www.saratogastormwater.org/municipalities-additional-resources.htm

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

2. URL(s) con't.:

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

URL: www.malta-town.org/337/toolbox

URL: http://www.saratogastormwater.org/municipalities-additional-resources.htm

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1693183102

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

2. URL(s) con't.:

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

URL
http://www.mechanicville.com/index.aspx?NID=980

URL
http://www.saratogastormwater.org/municipalities-additional-resources.htm

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

2. URL(s) con't.:

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

URL: http://www.saratogastormwater.org/municipalities-additional-resources.htm

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

2. URL(s) con't.:

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

URL: www.townofmoreau.org/ms4_report.asp

URL: http://www.saratogastormwater.org/municipalities-additional-resources.htm

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

2. URL(s) con't.:

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

URL: www.saratogastormwater.org/municipalities-additional-resources.htm

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

2. URL(s) con't.:

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

URL
http://www.saratogastormwater.org/municipalities-additional-resources.htm

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

2. URL(s) con't.:

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

URL: http://www.saratoga-springs.org

URL: http://www.saratogastormwater.org/municipalities-additional-resources.htm

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

2. URL(s) con't.:

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

URL: http://www.Saratogastormwater.org/municipalities-additional-resources,htm

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

2. URL(s) con't.:

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

URL: http://www.saratogastormwater.org/municipalities-additional-resources.htm

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

2. URL(s) con't.:

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

URL: http://www.saratogastormwater.org/municipalities-additional-resources.htm

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

2. URL(s) con't.:

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

URL
http://www.town.waterford.ny.us/government/town-services/stormwater-management.html

URL
http://www.saratogastormwater.org/municipalities-additional-resources.htm

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

2. URL(s) con't.:

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

URL: http://www.saratogastormwater.org/municipalities-additional-resources.htm

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

2. URL(s) con't.:

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

URL
http://www.townofwilton.com/department/engineering-department/stormwater-management/annual-ms4-

URL
http://www.saratogastormwater.org/municipalities-additional-resources.htm

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3714183108

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

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

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

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

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

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

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

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

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

2. URL(s) con't.:

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

2. URL(s) con't.:

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

2. URL(s) con't.:

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

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

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

2. URL(s) con't.:

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

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

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

2. URL(s) con't.:

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

2. URL(s) con't.:

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

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

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

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

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

2. URL(s) con't.:

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

2. URL(s) con't.:

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

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

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

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

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

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

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

2. URL(s) con't.:

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

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5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

3. Where can the public access copies of this 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: Saratoga CCE ISWM Program

Address: 50 West High Street

City: Ballston Spa NY Zip: -

Phone: ( ) -

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

○ Other ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

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● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

http://www.saratogastormwater.org/municipalities-additional-resources.htm

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

● eMail ● Comments

brn5@cornell.edu

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

3. Where can the public access copies of this 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: Building

Address: 323 Charlton Road

City: Burnt Hills NY Zip: 12027 -

Phone: (518) 885-8502

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: NY Zip: -

Phone: (518) -

● Other ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street

City: Ballston Spa NY Zip: 12020 -

Phone: (518) 885-8995

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

http://www.saratogastormwater.org/municipalities-additional-resources.htm

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

● eMail ✓ Comments

building@townofballstonny.org

brn5@cornell.edu

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

3. Where can the public access copies of this 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: Village Hall

Address: 66 Front Street

City: Ballston Spa — NY — Zip: 12020-

Phone: (518) 885-5711

○ Library — ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: — NY — Zip: -

Phone: (518) -

● Other — ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street

City: Ballston Spa — NY — Zip: 12020-

Phone: (518) 885-8995

● Web Page URL: — ● Annual Report ○ SWMP Plan ○ Comments

http://www.saratogastormwater.org/municipalities-additional-resources.htm

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

● eMail — ✓ Comments

bspavillage@yahoo.com

brn5@cornell.edu

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

3. Where can the public access copies of this 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: Town Hall

Address: 758 Charlton Road

City: Charlton NY Zip: 12019 -

Phone: (518) 384 - 0152

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: NY Zip: -

Phone: (518) -

● Other ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street

City: Ballston Spa NY Zip: 12020 -

Phone: (518) 885 - 8995

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

www.townofcharlton.org/pages/charltonny-ms4/reports/

www.saratogastormwater.org/muni

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

● eMail ✆ Comments

brn5@cornell.edu

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

3. Where can the public access copies of this 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: Building and Zoning

Address: 1 Town Hall Plaza

City: Clifton Park NY Zip: 12065-

Phone: (518) 371-6702

○ Library — ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Other — ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street

City: Ballston Spa NY Zip: 12020-

Phone: (518) 885-8995

● Web Page URL: — ● Annual Report ○ SWMP Plan ○ Comments

http://www.saratogastormwater.org/municipalities-additional-resources.htm

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

● eMail — ● Comments

stevemyers@cliftonpark.org

brn5@cornell.edu

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

3. Where can the public access copies of this 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: Greenfield Town Hall

Address: 7 Wilton Road

City: Greenfield Ctr NY Zip: 12833-

Phone: (518) 893-7432

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: NY Zip: -

Phone: (518) -

● Other ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street

City: Ballston Spa NY Zip: 12020-

Phone: (518) 885-8995

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

http://www.saratogastormwater.org/municipalities-additional-resources.htm

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

● eMail Ø Comments

brn5@cornell.edu

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

3. Where can the public access copies of this 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: Planning Department

Address: 2 Halfmoon Town Hall Plaza

City: Halfmoon NY Zip: 12065-

Phone: (518) 371-7410

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: NY Zip: -

Phone: (518) -

● Other ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street

City: Ballston Spa NY Zip: 12020-

Phone: (518) 885-8995

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

http://www.saratogastormwater.org/municipalities-additional-resources.htm

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

● eMail ✓ Comments

pmarlow@townofhalfmoon-ny.gov

brn5@cornell.edu

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

3. Where can the public access copies of this 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: Building and Planning Dept.

Address: 2540 Route 9

City: Malta NY Zip: 12020 -

Phone: (518) 899 - 2685

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: NY Zip: -

Phone: (518) -

● Other ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street

City: Ballston Spa NY Zip: 12020 -

Phone: (518) 885 - 8995

● Web Page URL: ● Annual Report ○ SWMP Plan ● Comments

http://www.saratogastormwater.org/municipalities-additional-resources.htm

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

● eMail ☑ Comments

fhuizinga@malta-town.org

brn5@cornell.edu

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

3. Where can the public access copies of this 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: Mayor's Office

Address: 36 North Main Street

City: Mechanicville NY Zip: 12118 -

Phone: (518) 664 - 8331

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: NY Zip: -

Phone: (518) - -

● Other ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street

City: Ballston Spa NY Zip: 12020 -

Phone: (518) 885 - 8995

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

http://www.saratogastormwater.org/municipalities-additional-resources.htm

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

● eMail ☐ Comments

anthony.gotti@mechanicvillleny.gov

brn5@cornell.edu

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

3. Where can the public access copies of this 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: Building Department

Address: 503 Geyser Road

City: Ballston Spa — NY — Zip: 12020-

Phone: (518) 884-2764

○ Library — ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: — Zip: -

Phone: ( ) -

● Other — ○ Annual Report ○ SWMP Plan ○ Comments

Address: 50 West High Street

City: Ballston Spa — NY — Zip: 12020-

Phone: (518) 885-8995

● Web Page URL: — ○ Annual Report ○ SWMP Plan ○ Comments

http://www.saratogastormwater.org/municipalities-additional-resources.htm

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

● eMail — ○ Comments

whowe@townofmiltonny.org

brn5@cornell.edu

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

3. Where can the public access copies of this 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: Town Hall

Address: 351 Reynolds Road

City: Moreau NY Zip: 12828 -

Phone: (518) 792 - 4762

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: NY Zip: -

Phone: (518) - -

● Other ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street

City: Ballston Spa NY Zip: 12020 -

Phone: (518) 885 - 8995

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

http://www.saratogastormwater.org/municipalities-additional-resources.htm

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

● eMail ✓ Comments

moreauhighway@townoffmoreau.org

brn5@cornell.edu

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

3. Where can the public access copies of this 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: Round Lake Village Hall

Address: 49 Burlington Avenue

City: Round Lake NY Zip: 12151 -

Phone: (518) 899-2800

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Other ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street

City: Ballston Spa NY Zip: 12020 -

Phone: (518) 885-8995

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

www.saratogastormwater.org/municipalities-additional-resources.htm

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

● eMail ● Comments

villagerl@roundlakevillage.org

brn5@cornell.edu

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

3. Where can the public access copies of this 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: Department of Public Works

Address: 3654 Galway Road

City: Ballston Spa NY Zip: 12020-

Phone: (518) 885-2235

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: NY Zip: -

Phone: (518) -

● Other ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street

City: Ballston Spa NY Zip: 12020-

Phone: (518) 885-8995

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

http://www.saratogastormwater.org/municipalities-additional-resources.htm

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

● eMail ☑ Comments

dpw@saratogacountyny.gov

brn5@cornell.edu

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

3. Where can the public access copies of this 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: City Engineers Office

Address: 474 Broadway

City: Saratoga Springs NY Zip: 12866-

Phone: (518) 587-7098

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Other ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street

City: Ballston Spa NY Zip: 12020-

Phone: (518) 885-8995

● Web Page URL: ● Annual Report ○ SWMP Plan ● Comments

http://www.saratoga-springs.org/156/stromwater-management-program

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

● eMail ● Comments

al.flick@saratoga-springs.org

brn5@cornell.edu

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

3. Where can the public access copies of this 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: Public Works

Address: 1161/2 Saratoga Avenue

City: South Glens Fall | NY | Zip: 12803-

Phone: (518) 793-1455

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: | Zip: -

Phone: ( ) -

● Other ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street

City: Ballston Spa | NY | Zip: 12020-

Phone: (518) 885-8995

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

http://www.Saratogastormwater.org/municipalities-additional-resources

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

● eMail ● Comments

sgfdpw@sgfny.com

brn5@cornell.edu

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

3. Where can the public access copies of this 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: Building and Planning Dept
Address: 881 Hudson Avenue
City: Stillwater NY Zip: 12170 -
Phone: (518) 664 - 6148

○ Library — ○ Annual Report ○ SWMP Plan ○ Comments

Address:
City: NY Zip: -
Phone: (518) - -

● Other — ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street
City: Ballston Spa NY Zip: 12020 -
Phone: (518) 885 - 8995

● Web Page URL: — ● Annual Report ○ SWMP Plan ○ Comments

http://www.saratogastormwater.org/municipalities-additional-resources.htm

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

● eMail — ✓ Comments

lzepko@stillwaterny.org
brn5@cornell.edu

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

3. Where can the public access copies of this 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: Town Building and Planning Dept

Address: 881 Hudson Avenue

City: Stillwater NY Zip: 12170-

Phone: (518) 664-6148

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: NY Zip: -

Phone: (518) -

● Other ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street

City: Ballston Spa NY Zip: 12020-

Phone: (518) 885-8995

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

http://www.saratogastormwater.org/municipalities-additional-resources.htm

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

● eMail ✓ Comments

lzepko@stillwatерny.org

brn5@cornell.edu

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

3. Where can the public access copies of this 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: Town Hall

Address: 65 Broad Street

City: Waterford NY Zip: 12188 -

Phone: ( ) -

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Other ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street

City: Ballston Spa NY Zip: 12020 -

Phone: (518) 885 - 8995

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

http://www.town.waterford.ny.us
government/town-services/storm-
water-management.html

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

● eMail ● Comments

brn5@cornell.edu

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

3. Where can the public access copies of this 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: Village Hall

Address: 65 Broad Street

City: Waterford NY Zip: 12188 -

Phone: (518) 235-9898

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: NY Zip: -

Phone: (518) -

● Other ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street

City: Ballston Spa NY Zip: 12020 -

Phone: (518) 885-8995

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

http://www.saratogastormwater.org/municipalities-additional-resources.htm

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

● eMail Ø Comments

rvillage@nycap.rr.com

brn5@cornell.edu

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

3. Where can the public access copies of this 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: Engineering Dept. & Town Clerk

Address: 22 Traver Road

City: Wilton NY Zip: 12831-

Phone: (518) 587-1939

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Other ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street

City: Ballston Spa NY Zip: 12020-

Phone: (518) 885-8995

● Web Page URL: ● Annual Report ○ SWMP Plan ○ Comments

http://www.saratogastormwater.org/municipalities-additional-resources.htm

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

● eMail ✓ Comments

brn5@cornell.edu

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 / 08 / 2018

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.

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

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. 04 / 03 / 2018

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.

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

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 / 2018

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.

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

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. 04 / 04 / 2018

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.

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

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. 04 / 02 / 2018

4.b. For how many days was/will this report be posted? 365

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.

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

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. ___ / ___ / ____

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

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? 04 / 06 / 2017

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.

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

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 / 2018

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? 04 / 04 / 2018

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.

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

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. 03 / 28 / 2018

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.

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

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 / 2018

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.

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

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. 05 / 29 / 2017

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.

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

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. 05 / 30 / 2017

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.

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

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. 05 / 30 / 2014

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.

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

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. 05 / 31 / 2017

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.

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

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. 04 / 02 / 2018

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.

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

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. 04 / 07 / 2017

4.b. For how many days was/will this report be posted? 365

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.

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

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 / 2018

4.b. For how many days was/will this report be posted? 365

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.

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

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. 05 / 01 / 2017

4.b. For how many days was/will this report be posted? 365

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.

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

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. 04 / 04 / 2017

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.

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

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 / 04 / 2018

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.

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

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. 04 / 27 / 2018

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.

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

7. Evaluating Progress Toward Measurable Goals MCM 2

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.

On-time publication of the Combined Annual Report (Y14) and 90% (or better) participation in clean up events by all groups.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Annual Report was 5 days overdue - this goal was unmet;
100% Participation by all registered groups - this goal has been met.

C. How many times was this observation measured or evaluated in this reporting period?

2

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

The Saratoga County Biological Monitoring & Assessment - Kayaderosseras Ck (BioMAK) and the Dwaas Kill (BioMAD) in coordination with the NYS DEC WAVE Program was implemented (06 - 09/2014); 10 volunters/groups, results pending at this time;
Continue administration of all Adopt-A-Highway Programs;
Continue current ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

7. Evaluating Progress Toward Measurable Goals MCM 2

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.

Revise SWMP once NYSDEC's new MS4 permit is released to reflect more specific measurable goals for public participation and involvement, including target audiences.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The ISWM program participants are coordinating monthly to discuss the strategy for implementing the potential changes to the MS4 permit within their respective programs. Draft language is reviewed nearly monthly in an effort to address the new potential requirements.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue to work with the ISWM program to discuss strategy for implementing the potential changes to the MS4 permit within their respective programs. Draft language will be continued to be reviewed to address the new potential requirements.

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

7. Evaluating Progress Toward Measurable Goals MCM 2

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.

Continue to sponsor and support of the Friends of the Kayaderosseras;
Continued cooperation and coordination with the Town of Milton Hazardous Household clean-up and recycling event;
Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Village of Ballston Spa MS4 Annual Report was delivered complete and on-time to the ISWM Program Coordinator;
Continued to support the Friends of the Kayaderosseras annual Spring (5/6/17) and Fall (10/7/17) Clean Ups;
Continued to see good participation at Village events.

C. How many times was this observation measured or evaluated in this reporting period?

3

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☑ Yes ☐ 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).

Continue all specified measures detailed in the Village of Ballston Spa SWMP Plan;
Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report;
Continue to support the Friends of the Kayaderosseras stewardship events.

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

7. Evaluating Progress Toward Measurable Goals MCM 2

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.

Participate in Saratoga County Intermunicipal Storm program. Continue free tree plantings giveaway. Continue waste collection and recycling events as possible, continue proportional funding of County MS4 program

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Attendance at tree planting giveaway and roadside pickup events increases annually.

C. How many times was this observation measured or evaluated in this reporting period?

2

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue participation in County program and town wide cleanup events. Events are typically done in late April on a weekend

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

7. Evaluating Progress Toward Measurable Goals MCM 2

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.

Continue to sponsor and support local stewardship activities.
Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

12 stewardship activities were conducted during this reporting year.
The Town of Clifton Park MS4 Annual Report was delivered complete and on-time to the ISWM Program Coordinator.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue all specified measures detailed in the Town of Clifton Park SWMP Plan.
Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

7. Evaluating Progress Toward Measurable Goals MCM 2

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.

Continue to sponsor and support local stewardship activities.
Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.
Continue to offer residents opportunity to dispose of home household waste (twice per year).

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Road and stream cleanup events will continue in the spring. In 2017 the town held eight road side cleanups. Home household waste collection was offered twice in 2017, 128.8 tons of household waste material, 45.5 tons of recycled material and 2.5 tons of electronic recyclables where collected and disposed of by the town. In 2018 the Town will continue participation in County program.

C. How many times was this observation measured or evaluated in this reporting period?

2

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue all specified measures detailed in the Town of Greenfield SWMP Plan.
Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

7. Evaluating Progress Toward Measurable Goals MCM 2

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.

Continue Clean-up events including Annual Spring Cleanup Event, Annual Fall Cleanup Event (6 days each), and the Mohawk River Cleanup Event. The SWMPP and annual reports (all) to be available for review at the Planning Department, during regular business hours to the general public or upon request for review.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Clean up events were held throughout the reporting year. The SWMPP and annual reports are available for review at the Planning Department. No requests to review documents this reporting period

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue all specified measures detailed in the Town of Halfmoon SWMP Plan.
Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

7. Evaluating Progress Toward Measurable Goals MCM 2

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.

The Town of Malta will endeavor to continue outreach for volunteers for drain marking.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Notice in the Saratoga Lake Association newsletter for volunteers for drain inlet marking for 2017 has received some response and garnered interest from potential volunteers. However, no one was able to commit.

C. How many times was this observation measured or evaluated in this reporting period?

2

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☑ Yes ☐ 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).

The Town of Malta will continue outreach for volunteers for drain marking. There will be continued effort in reaching out to the local high school Participation in Government program and posting notices for volunteer opportunities on the Town website and the Saratoga Lake Association newsletter.

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

7. Evaluating Progress Toward Measurable Goals MCM 2

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.

The City advertised availability of the annual report in the Express.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

I is estimated that approximately 3/4 of the residents in Mechanicville read the Express.

C. How many times was this observation measured or evaluated in this reporting period?

4000

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☑ Yes ☐ 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).

The City will advertise this year's annual report in the Express as well as on an electronic on Central Avenue in Mechanicville.

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

7. Evaluating Progress Toward Measurable Goals MCM 2

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.

Participation in the ISWM Program publication of a combined Saratoga County MS4 Annual Report.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town of Milton MS4 Annual Report was completed within the required time frames.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Participation in the ISWM Program publication of a combined Saratoga County MS4 Annual Report

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

7. Evaluating Progress Toward Measurable Goals MCM 2

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.

Continue all specified measures detailed in the Town of Moreau SWMP Plan.
Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town continued to be a member of the Saratoga County ISWM Program and relied upon this as a source of meeting MCM 2 goals. The Town did not individually promote public involvement and participation otherwise.

C. How many times was this observation measured or evaluated in this reporting period?

2

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

The Draft annual report will be advertised for review and comment by the public available at the Town Hall, Office of the Stormwater Management Officer at the Town Highway Department, and at a public meeting where the report will be presented and public comment received. The Town's website will also include a separate stormwater web page and include a link to the ISWM Program website.

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

7. Evaluating Progress Toward Measurable Goals MCM 2

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.

Continue cooperation with the Saratoga County/CCE Saratoga Intermunicipal Stormwater Management/ISWM Program; submittal of local Annual Report on/before 05/01/2013 to ISWM Program for publication; continue offering opportunity for public participation through Village-wide Spring Clean Up event; continue to provide opportunity for public inquiry &/or comment via monthly Village Board Meetings (i.e. Board of Trustees, Planning Board)

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

This year's AR was completed and signed on April 30th and submitted to the Saratoga County ISWM Program; Village Clean Up was held throughout the last week of April 2012; the public is welcome to attend Village Board meetings (i.e. Board of Trustees, Planning Board) wherein Public Comment period is open to anyone in attendance with comments &/or questions for the respective Board or the current business before that Board.

C. How many times was this observation measured or evaluated in this reporting period?

29

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue all protocols cited above. No new initiatives planned for next reporting year.

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

7. Evaluating Progress Toward Measurable Goals MCM 2

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.

Continue Saratoga County DPW Adopt-A-Highway program.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

43 of 43 member-groups of the Saratoga County DPW Adopt-a-Highway program participated in the Spring and Fall (2017/2018) Clean Ups. As 100% of all groups officially registered with the program affected clean ups the goal of the program was met.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☑ Yes ☐ 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).

Continue Saratoga County DPW Adopt-A-Highway program.

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

7. Evaluating Progress Toward Measurable Goals MCM 2

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.

- Coordinate a household hazardous waste collection day for City residnets.
- Promote water conservation to customers connected to municipal distribution system.
- Encourage public to review stormwater management program plan, annual reports, web page, etc...
- Provide contact info for Stormwater Management Officer, Program Coordinator, and report hotline.
- Work with citizen volunteer organizations to enable events and activities.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- (1) Household Hazardous Waste Collection Day conducted on October 7, 2017.
- (135) street trees purchased by City and planted by Sustainable Saratoga volunteers.
- (10,344) utility bills mailed quarterly identified costs incurred from leaky plumbing fixtures.
- Stormwater management program documents made readily available for public review.
- Contact information and access to City stormwater officials was provided.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

- Another household hazardous waste collection day for residents is planned for 2019.
- Quarterly utility bills will continue to promote water conservation by consumers.
- Stormwater management program documents will continue to be available to public.
- Public access to City stormwater officials, documents, web page, etc... will be maintained.
- Sponsor and support local volunteer and stewardship activities such as street tree planting .

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

7. Evaluating Progress Toward Measurable Goals MCM 2

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.

Continue to sponsor and support local stewardship activities.
Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The South Glens Falls Annual report was delivered complete and on-time to the ISWM Program Coordinator.

C. How many times was this observation measured or evaluated in this reporting period?

12

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue all specified measures detailed in the South Glens Falls SWMP Plan.
Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

7. Evaluating Progress Toward Measurable Goals MCM 2

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.

Continue to sponsor and support local stewardship activities.
Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town of Stillwater MS4 Annual Report was delivered complete and on-time to the ISWM Program Coordinator.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue implementation of the Town of Stillwater SWMP Plan .
Continue to participate in the ISWM Program including monthly workshops.
Continue creation of Standard Operation Procedures for Coalition members to create a consistent approach
Publication of a Combined Saratoga County MS4 Annual Report.

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

7. Evaluating Progress Toward Measurable Goals MCM 2

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.

Continue to sponsor and support local stewardship activities.
Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Village of Stillwater MS4 Annual Report was delivered complete and on-time to the ISWM Program Coordinator.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue implementation of the Village of Stillwater SWMP Plan .
Continue to participate in the ISWM Program including monthly workshops.
Publication of a Combined Saratoga County MS4 Annual Report.
Continue creation of Standard Operation Procedures for Coalition members to create a consistent approach

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

7. Evaluating Progress Toward Measurable Goals MCM 2

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.

The Town hosts Canal Clean-up Days, when volunteers participate in removing litter from the banks of the canal. These clean-up days are advertised in the local Pennysaver. The Town also hosted their first Senior Honor Society clean-up day. They hold household hazardous waste collection days and electronic waste collection days.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Canal Clean Sweep was held on April 23, 2017 and there were a total of 28 volunteers. On May 25, 2017, 18 highschool seniors raked leaves on Town property. 60 people participated in the household hazardous waste collection day.

C. How many times was this observation measured or evaluated in this reporting period?

106

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

The Town will continue to publicize and host these cleanup days, with the next Canal Clean Sweep scheduled for Saturday April 21, 2018 and the next Senior Give- Back day scheduled for May, 2018.

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

7. Evaluating Progress Toward Measurable Goals MCM 2

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.

Continue to sponsor and support local stewardship activities.
Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Village of Waterford MS4 Annual Report was delivered complete and on-time to the ISWM Program Coordinator.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue all specified measures detailed in the Village of Waterford SWMP Plan.
Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

2013032775

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

7. Evaluating Progress Toward Measurable Goals MCM 2

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.

Continue to sponsor and support local stewardship activities.
Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town of Wilton MS4 Annual Report was delivered complete and on-time to the ISWM Program Coordinator.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue all specified measures detailed in the Town of Wilton SWMP Plan.
Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

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: 55 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 11

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ○ Auto Recyclers
- ○ Building Maintenance
- ○ Churches
- ○ Commercial Carwashes
- ○ Commercial Laundry/Dry Cleaners
- ○ Construction Vehicle Washouts
- ○ Cross-Connections
- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
- ○ Improper RV Waste Disposal
- ○ Industrial Process Water
- ○ Other:
- ○ Landscaping (Irrigation)
- ○ Marinas
- ○ Metal Plateing Operations
- ○ Outdoor Fluid Storage
- ○ Parking Lot Maintenance
- ○ Printing
- ○ Residential Carwashing
- ● Restaurants
- ○ Schools and Universities
- ○ Septic Maintenance
- ○ Swimming Pools
- ○ Vehicle Fueling
- ○ Vehicle Maint./Repair Shops
- ○ None

○ Sewersheds:

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

- [x] 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: 70 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? ___

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ○ Auto Recyclers
- ○ Building Maintenance
- ○ Churches
- ○ Commercial Carwashes
- ○ Commercial Laundry/Dry Cleaners
- ○ Construction Vehicle Washouts
- ○ Cross-Connections
- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
- ○ Improper RV Waste Disposal
- ○ Industrial Process Water
- ○ Landscaping (Irrigation)
- ○ Marinas
- ○ Metal Plateing Operations
- ○ Outdoor Fluid Storage
- ○ Parking Lot Maintenance
- ○ Printing
- ○ Residential Carwashing
- ○ Restaurants
- ○ Schools and Universities
- ○ Septic Maintenance
- ○ Swimming Pools
- ○ Vehicle Fueling
- ○ Vehicle Maint./Repair Shops
- ○ Other:
- ● None

- ○ Sewersheds:

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

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: 27 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 27

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

○ Auto Recyclers	● Landscaping (Irrigation)
○ Building Maintenance	○ Marinas
○ Churches	○ Metal Plateing Operations
○ Commercial Carwashes	○ Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	○ Parking Lot Maintenance
○ Construction Vehicle Washouts	○ Printing
○ Cross-Connections	● Residential Carwashing
○ Distribution Centers	● Restaurants
○ Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	● Septic Maintenance
○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	● Vehicle Fueling
○ Industrial Process Water	○ Vehicle Maint./Repair Shops
○ Other:	○ None

○ Sewersheds:

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

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

1. Enter the number and approx. percent of outfalls mapped: 641 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 56

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

○ Auto Recyclers	○ Landscaping (Irrigation)
○ Building Maintenance	○ Marinas
● Churches	○ Metal Plateing Operations
● Commercial Carwashes	● Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	● Parking Lot Maintenance
○ Construction Vehicle Washouts	○ Printing
○ Cross-Connections	○ Residential Carwashing
○ Distribution Centers	● Restaurants
○ Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	● Septic Maintenance
○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	● Vehicle Fueling
○ Industrial Process Water	○ Vehicle Maint./Repair Shops
○ Other:	○ None

○ Sewersheds:

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

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: 6 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 6

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ○ Auto Recyclers
- ○ Building Maintenance
- ○ Churches
- ○ Commercial Carwashes
- ○ Commercial Laundry/Dry Cleaners
- ○ Construction Vehicle Washouts
- ○ Cross-Connections
- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
- ○ Improper RV Waste Disposal
- ○ Industrial Process Water
- ○ Landscaping (Irrigation)
- ○ Marinas
- ○ Metal Plateing Operations
- ○ Outdoor Fluid Storage
- ○ Parking Lot Maintenance
- ○ Printing
- ○ Residential Carwashing
- ○ Restaurants
- ○ Schools and Universities
- ● Septic Maintenance
- ○ Swimming Pools
- ○ Vehicle Fueling
- ○ Vehicle Maint./Repair Shops
- ○ None
- ● Other: Land Clearing
- ● Sewersheds: Roadside Drainage Ditches

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

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: ___0 # ___0 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? ___0

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

○ Auto Recyclers
○ Building Maintenance
○ Churches
○ Commercial Carwashes
○ Commercial Laundry/Dry Cleaners
○ Construction Vehicle Washouts
○ Cross-Connections
○ Distribution Centers
○ Food Processing Facilities
○ Garbage Truck Washouts
○ Hospitals
○ Improper RV Waste Disposal
○ Industrial Process Water
○ Landscaping (Irrigation)
○ Marinas
○ Metal Plateing Operations
○ Outdoor Fluid Storage
○ Parking Lot Maintenance
○ Printing
○ Residential Carwashing
○ Restaurants
○ Schools and Universities
○ Septic Maintenance
○ Swimming Pools
○ Vehicle Fueling
○ Vehicle Maint./Repair Shops
○ Other:
● None

○ Sewersheds:

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 3. Illicit Discharge Detection and Elimination

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

- [x] 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:** 35 # 100 %

2. **How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?** 10

3.a. **What types of generating sites/sewersheds were targeted for inspection during this reporting period?**

- ○ Auto Recyclers
- ○ Building Maintenance
- ○ Churches
- ○ Commercial Carwashes
- ○ Commercial Laundry/Dry Cleaners
- ○ Construction Vehicle Washouts
- ○ Cross-Connections
- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
- ○ Improper RV Waste Disposal
- ○ Industrial Process Water
- ○ Landscaping (Irrigation)
- ○ Marinas
- ○ Metal Plateing Operations
- ○ Outdoor Fluid Storage
- ○ Parking Lot Maintenance
- ○ Printing
- ○ Residential Carwashing
- ○ Restaurants
- ○ Schools and Universities
- ○ Septic Maintenance
- ○ Swimming Pools
- ○ Vehicle Fueling
- ○ Vehicle Maint./Repair Shops
- ○ Other:
- ● None

○ Sewersheds:

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

- [x] 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: 27 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 27

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ○ Auto Recyclers
- ○ Building Maintenance
- ○ Churches
- ○ Commercial Carwashes
- ○ Commercial Laundry/Dry Cleaners
- ○ Construction Vehicle Washouts
- ○ Cross-Connections
- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
- ○ Improper RV Waste Disposal
- ○ Industrial Process Water
- ○ Landscaping (Irrigation)
- ○ Marinas
- ○ Metal Plateing Operations
- ○ Outdoor Fluid Storage
- ○ Parking Lot Maintenance
- ○ Printing
- ○ Residential Carwashing
- ○ Restaurants
- ○ Schools and Universities
- ○ Septic Maintenance
- ○ Swimming Pools
- ○ Vehicle Fueling
- ○ Vehicle Maint./Repair Shops
- ○ Other:
- ● None

- ○ Sewersheds:

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

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

1. Enter the number and approx. percent of outfalls mapped: 27 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 0

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ○ Auto Recyclers
- ● Building Maintenance
- ○ Churches
- ○ Commercial Carwashes
- ○ Commercial Laundry/Dry Cleaners
- ○ Construction Vehicle Washouts
- ○ Cross-Connections
- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
- ○ Improper RV Waste Disposal
- ○ Industrial Process Water
- ○ Other:
- ○ Landscaping (Irrigation)
- ○ Marinas
- ○ Metal Plateing Operations
- ○ Outdoor Fluid Storage
- ● Parking Lot Maintenance
- ○ Printing
- ○ Residential Carwashing
- ○ Restaurants
- ○ Schools and Universities
- ○ Septic Maintenance
- ○ Swimming Pools
- ○ Vehicle Fueling
- ○ Vehicle Maint./Repair Shops
- ○ None

○ Sewersheds:

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

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: 10 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 10

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

○ Auto Recyclers	○ Landscaping (Irrigation)
○ Building Maintenance	○ Marinas
○ Churches	○ Metal Plateing Operations
○ Commercial Carwashes	○ Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	○ Parking Lot Maintenance
○ Construction Vehicle Washouts	○ Printing
○ Cross-Connections	○ Residential Carwashing
○ Distribution Centers	○ Restaurants
○ Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	○ Septic Maintenance
○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	○ Vehicle Fueling
○ Industrial Process Water	○ Vehicle Maint./Repair Shops
○ Other:	● None

○ Sewersheds:

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

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: 4 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 0

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ○ Auto Recyclers
- ○ Building Maintenance
- ○ Churches
- ○ Commercial Carwashes
- ○ Commercial Laundry/Dry Cleaners
- ○ Construction Vehicle Washouts
- ○ Cross-Connections
- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
- ○ Improper RV Waste Disposal
- ○ Industrial Process Water
- ○ Other:
- ○ Landscaping (Irrigation)
- ○ Marinas
- ○ Metal Plateing Operations
- ○ Outdoor Fluid Storage
- ○ Parking Lot Maintenance
- ○ Printing
- ○ Residential Carwashing
- ○ Restaurants
- ○ Schools and Universities
- ○ Septic Maintenance
- ○ Swimming Pools
- ○ Vehicle Fueling
- ○ Vehicle Maint./Repair Shops
- ○ None

○ Sewersheds:

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

- [x] 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: 185 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 19

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ○ Auto Recyclers
- ○ Building Maintenance
- ○ Churches
- ○ Commercial Carwashes
- ○ Commercial Laundry/Dry Cleaners
- ○ Construction Vehicle Washouts
- ○ Cross-Connections
- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
- ○ Improper RV Waste Disposal
- ○ Industrial Process Water
- ○ Other:
- ○ Landscaping (Irrigation)
- ○ Marinas
- ○ Metal Plateing Operations
- ○ Outdoor Fluid Storage
- ○ Parking Lot Maintenance
- ○ Printing
- ○ Residential Carwashing
- ○ Restaurants
- ○ Schools and Universities
- ○ Septic Maintenance
- ○ Swimming Pools
- ○ Vehicle Fueling
- ○ Vehicle Maint./Repair Shops
- ● None

○ Sewersheds:

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

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: 84 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 18

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ○ Auto Recyclers
- ○ Building Maintenance
- ○ Churches
- ○ Commercial Carwashes
- ○ Commercial Laundry/Dry Cleaners
- ● Construction Vehicle Washouts
- ○ Cross-Connections
- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
- ○ Improper RV Waste Disposal
- ○ Industrial Process Water
- ○ Landscaping (Irrigation)
- ○ Marinas
- ○ Metal Plateing Operations
- ○ Outdoor Fluid Storage
- ○ Parking Lot Maintenance
- ○ Printing
- ○ Residential Carwashing
- ● Restaurants
- ○ Schools and Universities
- ○ Septic Maintenance
- ○ Swimming Pools
- ○ Vehicle Fueling
- ○ Vehicle Maint./Repair Shops
- ● Other: Downtown Business District
- ○ None
- ○ Sewersheds:

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

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: 14 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 0

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

○ Auto Recyclers	● Landscaping (Irrigation)
○ Building Maintenance	○ Marinas
○ Churches	○ Metal Plateing Operations
● Commercial Carwashes	○ Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	● Parking Lot Maintenance
○ Construction Vehicle Washouts	○ Printing
○ Cross-Connections	● Residential Carwashing
○ Distribution Centers	○ Restaurants
○ Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	○ Septic Maintenance
○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	○ Vehicle Fueling
○ Industrial Process Water	○ Vehicle Maint./Repair Shops
○ Other:	○ None

○ Sewersheds:

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

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: 22 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 0

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ○ Auto Recyclers
- ○ Building Maintenance
- ○ Churches
- ○ Commercial Carwashes
- ○ Commercial Laundry/Dry Cleaners
- ○ Construction Vehicle Washouts
- ○ Cross-Connections
- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
- ○ Improper RV Waste Disposal
- ○ Industrial Process Water
- ○ Landscaping (Irrigation)
- ○ Marinas
- ○ Metal Plateing Operations
- ○ Outdoor Fluid Storage
- ○ Parking Lot Maintenance
- ○ Printing
- ○ Residential Carwashing
- ○ Restaurants
- ○ Schools and Universities
- ○ Septic Maintenance
- ○ Swimming Pools
- ○ Vehicle Fueling
- ○ Vehicle Maint./Repair Shops
- ○ Other:
- ● None

- ○ Sewersheds:

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

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: 16 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 0

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

○ Auto Recyclers	○ Landscaping (Irrigation)
○ Building Maintenance	○ Marinas
○ Churches	○ Metal Plateing Operations
○ Commercial Carwashes	○ Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	○ Parking Lot Maintenance
○ Construction Vehicle Washouts	○ Printing
○ Cross-Connections	○ Residential Carwashing
○ Distribution Centers	○ Restaurants
○ Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	○ Septic Maintenance
○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	○ Vehicle Fueling
○ Industrial Process Water	○ Vehicle Maint./Repair Shops
○ Other:	● None

○ Sewersheds:

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

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: 46 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 39

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ○ Auto Recyclers
- ○ Building Maintenance
- ○ Churches
- ○ Commercial Carwashes
- ○ Commercial Laundry/Dry Cleaners
- ○ Construction Vehicle Washouts
- ○ Cross-Connections
- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
- ○ Improper RV Waste Disposal
- ○ Industrial Process Water
- ○ Landscaping (Irrigation)
- ○ Marinas
- ○ Metal Plateing Operations
- ○ Outdoor Fluid Storage
- ○ Parking Lot Maintenance
- ○ Printing
- ○ Residential Carwashing
- ○ Restaurants
- ○ Schools and Universities
- ○ Septic Maintenance
- ○ Swimming Pools
- ○ Vehicle Fueling
- ○ Vehicle Maint./Repair Shops
- ○ Other:
- ● None

- ○ Sewersheds:

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

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: 4 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 0

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ○ Auto Recyclers
- ○ Building Maintenance
- ○ Churches
- ○ Commercial Carwashes
- ○ Commercial Laundry/Dry Cleaners
- ○ Construction Vehicle Washouts
- ○ Cross-Connections
- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
- ○ Improper RV Waste Disposal
- ○ Industrial Process Water
- ○ Landscaping (Irrigation)
- ○ Marinas
- ○ Metal Plateing Operations
- ○ Outdoor Fluid Storage
- ○ Parking Lot Maintenance
- ○ Printing
- ○ Residential Carwashing
- ○ Restaurants
- ○ Schools and Universities
- ○ Septic Maintenance
- ○ Swimming Pools
- ○ Vehicle Fueling
- ○ Vehicle Maint./Repair Shops
- ○ Other:
- ● None

- ○ Sewersheds:

7368169291

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

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: ___0 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 24

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ○ Auto Recyclers
- ○ Building Maintenance
- ○ Churches
- ○ Commercial Carwashes
- ○ Commercial Laundry/Dry Cleaners
- ○ Construction Vehicle Washouts
- ○ Cross-Connections
- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
- ○ Improper RV Waste Disposal
- ○ Industrial Process Water
- ○ Other:
- ○ Landscaping (Irrigation)
- ○ Marinas
- ○ Metal Plateing Operations
- ○ Outdoor Fluid Storage
- ● Parking Lot Maintenance
- ○ Printing
- ○ Residential Carwashing
- ○ Restaurants
- ○ Schools and Universities
- ● Septic Maintenance
- ○ Swimming Pools
- ● Vehicle Fueling
- ● Vehicle Maint./Repair Shops
- ○ None

○ Sewersheds:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

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

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ● Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ○ None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 2

5. **How many illicit discharges have been confirmed during this reporting period?** 2

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 2

7. **Has the storm sewershed mapping been completed in this reporting period?** ● Yes ○ No
   If No, approximately what percent was completed in this reporting period? %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ● Yes ○ No
   If Yes, provide URL(s):

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

URL: http://www.maphost.com/saratoga/

URL:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

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

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ◉ None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 0

5. **How many illicit discharges have been confirmed during this reporting period?** 0

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 0

7. **Has the storm sewershed mapping been completed in this reporting period?** ☐ Yes ☑ No
   If No, approximately what percent was completed in this reporting period? 100 %

8. **Is the above information available in GIS?** ☑ Yes ☐ No
   Is this information available on the web? ☑ Yes ☐ No
   If Yes, provide URL(s):

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

URL: http://www.maphost.com/saratoga/

URL:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

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

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ● None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 0

5. **How many illicit discharges have been confirmed during this reporting period?** 0

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 0

7. **Has the storm sewershed mapping been completed in this reporting period?** ● Yes ○ No
   If No, approximately what percent was completed in this reporting period? %

8. **Is the above information available in GIS?** ○ Yes ● No
   Is this information available on the web? ○ Yes ● No
   If Yes, provide URL(s):

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

URL

URL

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

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

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ● None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 0

5. **How many illicit discharges have been confirmed during this reporting period?** 0

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 0

7. **Has the storm sewershed mapping been completed in this reporting period?** ● Yes ○ No
   If No, approximately what percent was completed in this reporting period? %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ● Yes ○ No
   If Yes, provide URL(s):

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

URL: http://www.maphost.com/saratoga

URL:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

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

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ● Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ○ None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 11

5. **How many illicit discharges have been confirmed during this reporting period?** 11

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 11

7. **Has the storm sewershed mapping been completed in this reporting period?** ● Yes ○ No
   If No, approximately what percent was completed in this reporting period? ___ %

8. **Is the above information available in GIS?** ○ Yes ● No
   Is this information available on the web? ○ Yes ● No
   If Yes, provide URL(s):

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

URL: http://www.maphost.com/saratoga/

URL:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

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

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ● None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 0

5. **How many illicit discharges have been confirmed during this reporting period?** 0

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 0

7. **Has the storm sewershed mapping been completed in this reporting period?** ○ Yes ● No
   If No, approximately what percent was completed in this reporting period? 100 %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ● Yes ○ No
   If Yes, provide URL(s):

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

URL: http://www.maphost.com/saratoga/

URL:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

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

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ◉ Inflow/Infiltration
- ○ Pump Station Failure
- ◉ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ○ None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 2

5. **How many illicit discharges have been confirmed during this reporting period?** 2

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 2

7. **Has the storm sewershed mapping been completed in this reporting period?** ☐ Yes ☒ No
   If No, approximately what percent was completed in this reporting period? 100 %

8. **Is the above information available in GIS?** ☒ Yes ☐ No
   Is this information available on the web? ☒ Yes ☐ No
   If Yes, provide URL(s):

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

URL: http://www.maphost.com/saratoga/

URL:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

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

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ◉ None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 0

5. **How many illicit discharges have been confirmed during this reporting period?** 0

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 0

7. **Has the storm sewershed mapping been completed in this reporting period?** ☑ Yes ☐ No
   If No, approximately what percent was completed in this reporting period? %

8. **Is the above information available in GIS?** ☑ Yes ☐ No
   Is this information available on the web? ☑ Yes ☐ No
   If Yes, provide URL(s):

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

URL
http://www.maphost.com/saratoga/
NOTE: user/viewer must activate
Geology; subwatershed layer

URL

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

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

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ● None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 0

5. **How many illicit discharges have been confirmed during this reporting period?** 0

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 0

7. **Has the storm sewershed mapping been completed in this reporting period?** ● Yes ○ No
   If No, approximately what percent was completed in this reporting period? 0 %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ● Yes ○ No
   If Yes, provide URL(s):

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

URL: http://www.maphost.com/saratoga/

URL:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

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

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ● None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 0

5. **How many illicit discharges have been confirmed during this reporting period?** 0

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 0

7. **Has the storm sewershed mapping been completed in this reporting period?** ● Yes ○ No
   If No, approximately what percent was completed in this reporting period? %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ● Yes ○ No
   If Yes, provide URL(s):

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

URL
http://www.maphost.com/saratoga/
NOTE: user/viewer must activate
Geology; subwatershed layer

URL

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

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

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ● None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 0

5. **How many illicit discharges have been confirmed during this reporting period?** 0

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 0

7. **Has the storm sewershed mapping been completed in this reporting period?** ● Yes ○ No
   If No, approximately what percent was completed in this reporting period? 100 %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ● Yes ○ No
   If Yes, provide URL(s):

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

URL: http://www.maphost.com/saratoga

URL:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

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

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ◉ Other: erosion from construction
- ○ None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 0

5. **How many illicit discharges have been confirmed during this reporting period?** 0

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 0

7. **Has the storm sewershed mapping been completed in this reporting period?** ☐ Yes ☒ No
   If No, approximately what percent was completed in this reporting period? 100 %

8. **Is the above information available in GIS?** ☒ Yes ☐ No
   Is this information available on the web? ☒ Yes ☐ No
   If Yes, provide URL(s):

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

URL: http://www.maphost.com/saratoga/

URL:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

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

- ● Broken Lines From Sanitary Sewer
- ○ Industrial Connections
- ● Cross Connections
- ○ Inflow/Infiltration
- ○ Failing Septic Systems
- ○ Pump Station Failure
- ○ Floor Drains Connected To Storm Sewers
- ● Sanitary Sewer Overflows
- ● Illegal Dumping
- ○ Straight Pipe Sewer Discharges
- ● Other: Hydraulic Oil Spill
- ○ None

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

5. **How many illicit discharges have been confirmed during this reporting period?** 6

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 5

7. **Has the storm sewershed mapping been completed in this reporting period?** ● Yes ○ No
   If No, approximately what percent was completed in this reporting period? %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ● Yes ○ No
   If Yes, provide URL(s):

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

URL: http://www.maphost.com/saratoga/

URL:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

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

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ● None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 0

5. **How many illicit discharges have been confirmed during this reporting period?** 0

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 0

7. **Has the storm sewershed mapping been completed in this reporting period?** ● Yes ○ No
   If No, approximately what percent was completed in this reporting period? 100 %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ● Yes ○ No
   If Yes, provide URL(s):

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

URL: http://www.maphost.com?saratoga/

URL:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

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

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ● None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 0

5. **How many illicit discharges have been confirmed during this reporting period?** 0

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 0

7. **Has the storm sewershed mapping been completed in this reporting period?** ● Yes ○ No
   If No, approximately what percent was completed in this reporting period? 100 %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ● Yes ○ No
   If Yes, provide URL(s):

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

URL: http://www.maphost.com/saratoga/

URL:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

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

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ● None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 0

5. **How many illicit discharges have been confirmed during this reporting period?** 0

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 0

7. **Has the storm sewershed mapping been completed in this reporting period?** ● Yes ○ No
   If No, approximately what percent was completed in this reporting period? 100 %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ● Yes ○ No
   If Yes, provide URL(s):

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

URL: http://www.maphost.com/saratoga/

URL:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

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

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ● None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 0

5. **How many illicit discharges have been confirmed during this reporting period?** 0

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 0

7. **Has the storm sewershed mapping been completed in this reporting period?** ● Yes ○ No
   If No, approximately what percent was completed in this reporting period? %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ● Yes ○ No
   If Yes, provide URL(s):

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

URL: http://www.maphost.com/saratoga/

URL:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

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

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ● None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 0

5. **How many illicit discharges have been confirmed during this reporting period?** 0

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

7. **Has the storm sewershed mapping been completed in this reporting period?** ● Yes ○ No
   If No, approximately what percent was completed in this reporting period? %

8. **Is the above information available in GIS?** ● Yes ○ No
   Is this information available on the web? ● Yes ○ No
   If Yes, provide URL(s):

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

URL: http://www.maphost.com/saratoga/

URL:

5953169299

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

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

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ● Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ○ None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 29

5. **How many illicit discharges have been confirmed during this reporting period?** 29

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 29

7. **Has the storm sewershed mapping been completed in this reporting period?** ● Yes ○ No
   If No, approximately what percent was completed in this reporting period? 100 %

8. **Is the above information available in GIS?** ○ Yes ● No
   Is this information available on the web? ○ Yes ● No
   If Yes, provide URL(s):

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

URL: http://www.maphost.com/saratoga/

URL:

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

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

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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

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

100 %

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

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

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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☑ Yes ☐ No ☐ NT

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

50 %

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

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

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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

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

25 %

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

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

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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

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

50 %

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

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

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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

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

100 %

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page

URL

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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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

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

50 %

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

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

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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☑ Yes ☐ No ☐ NT

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

100 %

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page

URL

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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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☑ Yes ☐ No ☐ NT

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

0 %

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

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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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

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

100 %

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page

URL

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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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

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

50 %

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

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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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

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

50 %

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

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

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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☑ Yes ☐ No ☐ NT

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

100 %

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

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

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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

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

50 %

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page

URL

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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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

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

20 %

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page

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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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

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

100 %

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page

URL

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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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

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

100 %

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

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

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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

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

0 %

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page

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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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

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

0 %

5820169292

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page

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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. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ● Yes ○ No ○ NT

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

100 %

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

12. Evaluating Progress Toward Measurable Goals MCM 3

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.

Review remaining 50% of outfalls during dry weather conditions and continue to respond and evaluate any public concerns regarding failed septic systems, odors, etc.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Any suspect illicit discharges/failed septic systems that were found were eliminated. Of the 55 known outfalls identified and map, 11 outfalls (or 20%) were inspected.

C. How many times was this observation measured or evaluated in this reporting period?

2

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue to respond to and evaluate any public concerns regarding failed septic systems, odors, and suspected illicit discharge. Inspect a minimum 20% of outfalls in the next reporting year. Maintain records of all outfall inspections, complaints, and confirmed violations.

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

12. Evaluating Progress Toward Measurable Goals MCM 3

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.

The Village inspects their outfalls on a 5 year rotational basis. Village provides follow-up inspections to reported incidents.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

No illicit discharges were observed or reported at stormwater outfalls.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☑ Yes ☐ 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).

All stormwater outfalls were inspected in 2017;
Continue to follow-up on reported incidents and complaints.

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

12. Evaluating Progress Toward Measurable Goals MCM 3

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.

Continue to maintain MS4 outfall map, monitor land use changes, conduct bi-annual dry weather observations of storm outfalls, continue laboratory testing of surface water at two watershed collection sites, track changes in 9 parameter pollutant profile, continue to inform public & town officials of the prohibition of discharges to storm system related to Local Law #3 of 2007, continue to monitor illicit discharges via public input and reporting.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Dry weather observations did not indicate the presence of any illicit discharges. Stream testing continues to document pure water results. 2017 stream testing had unrealistic results for TDS and PH at Stage Road site. Tests were immediately repeated and normal results confirmed.

C. How many times was this observation measured or evaluated in this reporting period?

3

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

The Town will continue to perform the same tasks related to Illicit Discharge Detection and Elimination at the regularly scheduled times. Dry weather observations are performed in the Spring and Fall and water quality testing is done in the Fall.

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

12. Evaluating Progress Toward Measurable Goals MCM 3

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.

Review and update SWMPP documentation. Continue to have Investigation Requests Forms filled out by residents. Follow up with a Department Response.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Records are kept on the Investigation Requests Forms with the actions taken from the town if needed.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue Dry Weather Inspections.

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

12. Evaluating Progress Toward Measurable Goals MCM 3

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.

The measurable goal for the Town was to continue to monitor the Illicit Discharge Detection and Elimination program including monitoring septic systems, stormwater hot spots and completing dry weather observations. The Town collects and samples surface water from two major discharge points and monitors any changes in background contaminants.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

During the reporting period the Town observed and reviewed 11 failing septic systems. The Town continues to monitor six locations previously identified as key locations for Dry weather Storm Outfalls. Each of the six locations is observed a minimum of two times per year and the observations are documented.

C. How many times was this observation measured or evaluated in this reporting period?

2

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue performance of septic system replacements and modifications, dry weather observations, water quality testing and investigation of any reported illicit discharge violations.

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

12. Evaluating Progress Toward Measurable Goals MCM 3

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.

The Town had all existing outfalls inspected by a consultant in 2008. The watersheds are being mapped and a full outfall reconnaissance is being undertaken through the coalition that the Town is a member of, the Saratoga County ISWM Program. The mapping of the Town of Halfmoon has been nearly completed and expected to be finished in 2018. The information obtained from this will be mapped with GIS and made available to all members of the coalition and public. The Town developed and adopted the required IDDE local law in 2007.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The County -wide stormwater sewershed mapping is underway in a large portion of the County by the ISWM Program and development of a standardized logging mechanism is being developed. The County began the Town of Halfmoon mapping in the spring of 2015, and expects to be completed in 2018. The Stormwater Management Officer's contact information is available on the Town website to report possible violations. An inspection log is maintained and records are kept regarding any investigations.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

The watersheds are being mapped and a full outfall reconnaissance is being undertaken through the coalition that the Town is a member, the Saratoga County ISWM Program. The mapping of the Town of Halfmoon has been nearly completed and expected to be finished in 2018. The information obtained from this will be mapped with GIS and made available to all members of the coalition. The local law for IDDE will continue to be enforced and the SMO's info will be available to the public on the Town's website.

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

12. Evaluating Progress Toward Measurable Goals MCM 3

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.

The Town intends to inspect more than 20% of the outfalls in the coming reporting year so that it can meet the deadline in the MS4 permit. Record and investigate all complaints and suspected violations in a timely manner. Maintain record of outcomes/ dispositions regarding all complaints and suspected violations reported. Maintain an archive of outfall inspections.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town has 35 known outfalls in the regulated MS4 and has inspected 10 outfalls in this reporting period. All complaints have been investigated and responded to in a timely manner. Of these complaints, 2 were determined to be illicit discharges and were remediated.

C. How many times was this observation measured or evaluated in this reporting period?

2

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☑ Yes ☐ 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).

The Town intends to inspect more than 20% of the outfalls in the coming reporting year so that it can meet the deadline in the MS4 permit and catch up on inspection requirements. Record and investigate all complaints and suspected violations in a timely manner. Maintain record of outcomes/ dispositions regarding all complaints and suspected violations reported. Maintain an archive of outfall inspections.

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

12. Evaluating Progress Toward Measurable Goals MCM 3

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.

Outfalls were inspected for illicit discharges.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All 27 outfalls were inspected during the reporting year.

C. How many times was this observation measured or evaluated in this reporting period?

27

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☑ Yes ☐ 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).

Outfall inspections have been completed for the 5-year period beginning January, 2017

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

12. Evaluating Progress Toward Measurable Goals MCM 3

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.

Continue ORI outfall reconnaissance for outfalls inspected annually utilizing ORI format.
Inspections conducted by Highway Dept.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

County mapping systems continues to be improved / updated. Inspections recorded utilizing ORI standard.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Dry weather inspections.
Continued inspections utilizing ORI

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

12. Evaluating Progress Toward Measurable Goals MCM 3

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.

Continue to record outfall inspections using standard ORI forms.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All stormwater outfalls have been mapped but their drainage area have yet to be delineated on a map to facilitate illicit discharge track down. The Town continues to conduct outfall inspections on a rotational basis to ensure that all outfalls are inspected at least once every five years. Standard forms are used to record findings and follow up actions.

C. How many times was this observation measured or evaluated in this reporting period?

10

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

The ISWM Program mapping for Town outfalls will be complete and will be reviewed for completeness of outfalls. An updated ORI Standard form will be made available for Town Highway Department use. If funds become available outfall drainage areas, sewer sheds for each outfall will be mapped and completed if funding allows.

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

12. Evaluating Progress Toward Measurable Goals MCM 3

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.

Mapping of the village collection system is complete, in partnership with the Town of Malta and Saratoga County. Updates to this mapping will continue through 2013 and will be available to the public through the above referenced online GIS Viewer (www.maphost.com/saratoga/); 100% of the outfalls have already been dry-weather screened in this 5-year permit cycle (ref. GP-0-10-002), the Village of Round Lake has met its compliance requirement for this MCM.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All outfalls were screened in reporting year 9 (2011 - 2012).

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Complete mapping to include flow direction and connection/s creating a system map (e.g. versus a series of points); complete additional dry-weather screening of all outfalls.

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

12. Evaluating Progress Toward Measurable Goals MCM 3

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.

Dry-weather screening of 20% (minimum of 35) of County DPW outfalls per year using the Center For Watershed Protection/EPA IDDE Outfall Reconnaissance Inventory (ORI) form.

Re-mapping of collection/conveyance systems and discharge points/outfalls.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Measurable Goal had been exceeded in previous reporting years; approximately 80% of outfalls screened to date. Screening continued this reporting year; 32 outfalls screened (target is 40 per year). The goal has not been met.
Re-mapping of collection/conveyance systems and discharge points/outfalls initiated this reporting year; target completion date of 05/31/2015.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☑ Yes ☐ 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).

Continue to implement the IDDE Program as planned (i.e. public education and outfall screening programs). To date 80% of all known/mapped outfalls have been dry-weather screened. On-target to complete 100% of dry-weather screening of all outfalls by 2015; approximately 37 outfalls in Year-13/2015-2016.

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

12. Evaluating Progress Toward Measurable Goals MCM 3

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.

- Implement a comprehensive illicit discharge detection and elimination program.
- Maintain current mapping of outfall locations and inspect outfalls every (5) years.
- Raise awareness and enforce local law which prohibits illicit discharges to the MS4.
- Maintain current mapping of the City's stormwater sewer system to facilitate IDDE program.
- Prioritize areas most susceptible to illicit discharges and monitor them more closely .

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- (6) potential illicit discharges identified, investigated, and/or remediated.
- (18) outfall inspections performed.
- Provided information to raise public awareness of sources of stormwater pollution.
- Sewer mapping was updated as manpower and resources became available..
- (2) stormwater sampling events incl. (16) locations/event were tested for fecal coliform.

C. How many times was this observation measured or evaluated in this reporting period?

6

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

- IDDE program will continue to be implemented and local law enforced.
- New outfalls will be added to City database and inspected once every (5) years.
- Public education campaign will be used to raise awareness of illicit discharges.
- Sewer mapping will continue to be updated and maintained as resources permit.
- Periodic stormwater sampling and testing will continue in high priority areas.

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

12. Evaluating Progress Toward Measurable Goals MCM 3

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.

Looking at possible joint purchase of GPS unit with town of Moreau.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Continue to follow the MS4 permit.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

○ Yes ● 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).

Continue to check outfalls for Illicit discharges.
Train employees.
Work on getting paper maps onto GIS.

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

12. Evaluating Progress Toward Measurable Goals MCM 3

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.

The Town is working in coalition with the Saratoga County ISWM program to map and develop a standardized resource/inventory of a county wide stormwater sewershed database. The watersheds are being mapped and a full outfall reconnaissance is being undertaken through the coalition. The information obtained from this will be mapped with GIS and made available to all members of the coalition and public.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

As of this reporting year the Town of Stillwater has adopted its Stormwater Management Plan and Local IDDE Law in November of 2016. The Town CEO, Engineer, SMO, and Highway Superintendent have all taken the NYS DEC 4-Hour Erosion and Sediment Control Training.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue creation of Standard Operation Procedures for Coalition members to create a consistent approach.
As of this reporting year the Town of Stillwater has develped their Stormwater Management Plan (SWMP). The Town in coalition with the Saratoga County ISWM program has developed a standardized resource/inventory of a county wide stormwater sewershed database. The information obtained from this has been mapped with GIS and made available to all members of the coalition and

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

12. Evaluating Progress Toward Measurable Goals MCM 3

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.

The Village is working in coalition with the Saratoga County ISWM program to map and develop a standardized resource/inventory of a county wide stormwater sewershed database. The watersheds were mapped and a full outfall reconnaissance is was performed. Information was obtained from this and will be mapped with GIS and made available to all members of the coalition and public.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Village of Stillwater adopted its Stormwater Management Plan and Local IDDE Law in November of 2016. The Village is working to enter into an Inter-municipal Agreement with the Town of Stillwater whereas the Town SMO will function as the Village SMO. The Town of Stillwater SMO has CPMSM certification and has taken the NYS DEC 4-Hour Erosion and Sediment Control Training.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

The Village of Stillwater has developed their Stormwater Management Plan (SWMP). The Village is working in coalition with the Town of Stillwater for stormwater management. The Village has also been working with the Saratoga County ISWM program to map and develop a standardized resource/inventory of a county wide stormwater sewershed database. The local law for IDDE was passed in November of 2016 and the SMO's info is available to the public on the Town's website.

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

12. Evaluating Progress Toward Measurable Goals MCM 3

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.

Outfall inspections are performed at a rate of 100% of the outfalls every five years, as required.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town is within a new 5-year inspection period, with 100% of outfalls required to be inspected by 2020. 39 of the 46 Town outfalls were inspected this reporting cycle. No illicit discharges were identified during regular catch basin and outfall maintenance activities.

C. How many times was this observation measured or evaluated in this reporting period?

39

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

The Town will continue to adhere to the required outfall inspection schedule as well as perform regular catch basin and outfall cleaning and maintenance.

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

12. Evaluating Progress Toward Measurable Goals MCM 3

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.

100% dry weather screening of all outfalls annually

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

This reporting year the goal was unmet

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

○ Yes ● 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).

Unknown. At this time the Village has no full-time staff, officials, or contractors that can complete this task. The Village may contract with the Saratoga CCE ISWM Program to complete this task.

9126383899

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

12. Evaluating Progress Toward Measurable Goals MCM 3

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.

Continue program of outfall inspections and data collection for IDDE;
Continue performing dry weather inspections on a minimum of 20% of total outfalls.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

No illicit discharges found at outfall locations.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue with outfall inspections
Continue performing inspections with reports and photographs when necessary.

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

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? ___

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ☑ Yes ☐ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☑ 03/2006 ○ 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? 8

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

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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

- [x] On behalf of an individual MS4
- [ ] 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? [x] Yes [ ] No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? [x] Yes [ ] No [ ] NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

[ ] 09/2004 [x] 03/2006 [ ] NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? [x] Yes [ ] No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 0

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

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

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? ___

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ● 03/2006 ○ 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? 1

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

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

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

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ● 03/2006 ○ 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? 14

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

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

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? [ ]

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ● 03/2006 ○ 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 ○ 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 local SWPPP process? ● Yes ○ No

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

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? ___

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
● 09/2004 ○ 03/2006 ○ 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? 7

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

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Measures 4 and 5.
Construction Site and Post-Construction Control

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

- [x] On behalf of an individual MS4
- [ ] 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? [x] Yes [ ] No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? [x] Yes [ ] No [ ] NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
[ ] 09/2004 [x] 03/2006 [ ] NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? [x] Yes [ ] No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 9

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

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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

- [x] On behalf of an individual MS4
- [ ] 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? [x] Yes [ ] No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? [x] Yes [ ] No [ ] NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

[ ] 09/2004 [x] 03/2006 [ ] NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? [x] Yes [ ] No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 1

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

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

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

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

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

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
● 09/2004 ○ 03/2006 ○ 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? 0

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

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

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?

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ● 03/2006 ○ 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? 4

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

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

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? ___

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ● 03/2006 ○ 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? 0

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

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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

- [x] On behalf of an individual MS4
- [ ] 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? [x] Yes [ ] No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? [x] Yes [ ] No [ ] NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

[x] 09/2004 [ ] 03/2006 [ ] NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? [x] Yes [ ] No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 0

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

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

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? ___

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ○ Yes ● No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ● 03/2006 ○ 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? 11

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

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

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? ___

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ● 03/2006 ○ 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? 1

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

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

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? ___

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ● 03/2006 ○ 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 ○ 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 local SWPPP process? ● Yes ○ No

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

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? ___

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ● 03/2006 ○ 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? 1

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

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

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? ___

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ● 03/2006 ○ 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? 0

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

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

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? ___

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
● 09/2004 ○ 03/2006 ○ 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?** 0

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

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

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? ___

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

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
● 09/2004 ○ 03/2006 ○ 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? 6

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

3951056357

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	#	1	○ No Authority
○ Stop Work Orders	#		○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

3951056357

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	○ No Authority
○ Stop Work Orders	#	0	○ No Authority
○ Criminal Actions	#	0	○ No Authority
○ Termination of Contracts	#	0	○ No Authority
○ Administrative Fines	#	0	○ No Authority
○ Civil Penalties	#	0	○ No Authority
○ Administrative Orders	#	0	○ No Authority
○ Enforcement Actions or Sanctions	#	0	
○ Other	#	0	○ No Authority

3951056357

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	○ No Authority
◉ Stop Work Orders	#	0	○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
◉ Administrative Orders	#	0	○ No Authority
◉ Enforcement Actions or Sanctions	#	0	
○ Other	#		○ No Authority

3951056357

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	#	4	○ No Authority
○ Stop Work Orders	#	0	○ No Authority
○ Criminal Actions	#	0	○ No Authority
○ Termination of Contracts	#	0	○ No Authority
○ Administrative Fines	#	0	○ No Authority
○ Civil Penalties	#	0	○ No Authority
◉ Administrative Orders	#	7	○ No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

3951056357

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	○ No Authority
● Stop Work Orders	#	0	○ No Authority
● Criminal Actions	#	0	○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
● Administrative Orders	#	0	○ No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

3951056357

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	#	1	○ No Authority
○ Stop Work Orders	#		○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

3951056357

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	#	2	○ No Authority
◉ Stop Work Orders	#	2	○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
◉ Administrative Orders	#	8	○ No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

3951056357

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	○ No Authority
◉ Stop Work Orders	#	0	○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

3951056357

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	○ No Authority
○ Stop Work Orders	#	0	○ No Authority
○ Criminal Actions	#	0	○ No Authority
○ Termination of Contracts	#	0	○ No Authority
○ Administrative Fines	#	0	○ No Authority
○ Civil Penalties	#	0	○ No Authority
○ Administrative Orders	#	0	○ No Authority
○ Enforcement Actions or Sanctions	#	0	
○ Other	#	0	○ No Authority

3951056357

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	○ No Authority
● Stop Work Orders	#	0	○ No Authority
● Criminal Actions	#	0	○ No Authority
● Termination of Contracts	#	0	○ No Authority
○ Administrative Fines	#		● No Authority
○ Civil Penalties	#		● No Authority
○ Administrative Orders	#		● No Authority
● Enforcement Actions or Sanctions	#	0	
○ Other	#		○ No Authority

3951056357

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	○ No Authority
● Stop Work Orders	#	0	○ No Authority
○ Criminal Actions	#		○ No Authority
● Termination of Contracts	#	0	○ No Authority
○ Administrative Fines	#		○ No Authority
● Civil Penalties	#	0	○ No Authority
● Administrative Orders	#	1	○ No Authority
● Enforcement Actions or Sanctions	#	1	
○ Other	#		○ No Authority

3951056357

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	#		● No Authority
○ Criminal Actions	#		● No Authority
○ Termination of Contracts	#	0	○ No Authority
○ Administrative Fines	#	0	○ No Authority
○ Civil Penalties	#		● No Authority
○ Administrative Orders	#	0	○ No Authority
○ Enforcement Actions or Sanctions	#	0	
○ Other	#		○ No Authority

3951056357

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	#	2	○ 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	#	3	○ No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

3951056357

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	○ No Authority
○ Stop Work Orders	#	0	○ No Authority
○ Criminal Actions	#	0	● No Authority
○ Termination of Contracts	#	0	● No Authority
○ Administrative Fines	#	0	○ No Authority
○ Civil Penalties	#	0	○ No Authority
○ Administrative Orders	#	0	○ No Authority
○ Enforcement Actions or Sanctions	#	0	
○ Other	#	0	○ No Authority

3951056357

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	#		○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
○ Enforcement Actions or Sanctions	#		
● Other	#	1	○ No Authority

3951056357

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	#		○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

3951056357

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	○ No Authority
● Stop Work Orders	#	0	○ No Authority
● Criminal Actions	#	0	○ No Authority
● Termination of Contracts	#	0	○ No Authority
● Administrative Fines	#	0	○ No Authority
● Civil Penalties	#	0	○ No Authority
● Administrative Orders	#	0	○ No Authority
● Enforcement Actions or Sanctions	#	0	
○ Other	#		○ No Authority

3951056357

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	○ No Authority
○ Stop Work Orders	#	0	○ No Authority
○ Criminal Actions	#		● No Authority
○ Termination of Contracts	#	0	○ No Authority
○ Administrative Fines	#		● No Authority
○ Civil Penalties	#	0	○ No Authority
○ Administrative Orders	#		● No Authority
○ Enforcement Actions or Sanctions	#	0	
○ Other	#		○ No Authority

3951056357

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	#		○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

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?** 8

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 28

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
61 %

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

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 ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

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

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

- [x] 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?** 0

3. **What percent of active construction sites were inspected during this reporting period?** ☐ NT ___ %

4. **What percent of active construction sites were inspected more than once?** ☐ NT ___ %

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

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 ☐ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

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

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

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?** 3

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 3

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

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

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 ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

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

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

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

1. **How many construction projects have been authorized for disturbances of one acre or more during this reporting period?** 7

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 15

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   40 %

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

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 ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

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

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

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?** 03

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 05

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
100 %

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

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 ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

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

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

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?** 6

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 34

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
100 %

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

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 ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

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

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 4. Construction Site Stormwater Runoff Control

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

- [x] 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?** 6

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 24

3. **What percent of active construction sites were inspected during this reporting period?** ☐ NT
   88 %

4. **What percent of active construction sites were inspected more than once?** ☐ NT
   45 %

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

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 ☐ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

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

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

- [x] 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?** 0

3. **What percent of active construction sites were inspected during this reporting period?** ☐ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ☐ NT
   100 %

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

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 ☐ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

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

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

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

1. **How many construction projects have been authorized for disturbances of one acre or more during this reporting period?** 1

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?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

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

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 ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

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

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

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?** 4

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 3

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

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

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 ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

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

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

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?** 2

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?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

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

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 ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

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

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

- [x] 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?** 0

3. **What percent of active construction sites were inspected during this reporting period?** ☐ NT
   n/a %

4. **What percent of active construction sites were inspected more than once?** ☐ NT
   n/a %

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

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 ☐ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

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

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

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?** 7

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 22

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   59 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   32 %

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

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 ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

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

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

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?** 3

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 3

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

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

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 ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

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

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

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?** 11

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 11

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   20 %

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

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 ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

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

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

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?** 0

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   0 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   0 %

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

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 ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

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

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

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?** 0

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   0 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   0 %

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

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 ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

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

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

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?** 0

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   0 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   0 %

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

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 ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

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

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

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?** 6

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 22

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

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

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 ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

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

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Town of Ballston Building Dept

Address: 323 Charlton Road

City: Burnt Hills NY Zip: 12027-

Phone: (518) 885-8502

○ Library

Address:

City: NY Zip: -

Phone: (518) -

○ Other

Address:

City: NY Zip: -

Phone: (518) -

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

URL

URL

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Village Hall

Address: 66 Front Street

City: Ballston Spa NY Zip: 12020-

Phone: (518) 885-5711

○ Library

Address:

City: NY Zip: -

Phone: (518) -

○ Other

Address:

City: NY Zip: -

Phone: (518) -

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

URL

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7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Town Engineer

Address: 900 Route 146

City: Clifton Park NY Zip: 12065-

Phone: (518) 371-7621

○ 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.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Building and Development

Address: 1 Town Hall Plaza

City: Clifton Park NY Zip: 12065-

Phone: (518) 371-6702

○ 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.

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7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Building and Zoning

Address: P O Box 10

City: Greenfield Ctr NY Zip: 12833-

Phone: (518) 893-7432

○ Library

Address:

City: NY Zip: -

Phone: (518) -

● Other

Address: EDP-LLP; 900 Route 146

City: Clifton Park NY Zip: 12065-

Phone: (518) 371-7621

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

URL

URL

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Planning Department

Address: 2 Halfmoon Town Hall Plaza

City: Halfmoon NY Zip: 12065-

Phone: (518) 371-7410

○ Library

Address:

City: NY Zip: -

Phone: (518) -

○ Other

Address:

City: NY Zip: -

Phone: (518) -

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

URL

URL

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

6. con't.:

Submit additional pages as needed.

◉ MS4/Coalition Office

Department: Building and Planning Dept.

Address: 2540 Route 9

City: Malta NY Zip: 12020-

Phone: (518) 899-2685

○ Library

Address:

City: NY Zip: -

Phone: (518) -

○ Other

Address:

City: NY Zip: -

Phone: (518) -

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

URL

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

6. con't.:

Submit additional pages as needed.

◉ MS4/Coalition Office

Department: Commissioner of Accounts

Address: 36 North Main Street

City: Mechanicville NY Zip: 12118-

Phone: (518) 664-9884

○ Library

Address:

City: NY Zip: -

Phone: (518) -

○ Other

Address:

City: NY Zip: -

Phone: (518) -

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

URL

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Town Building Department

Address: 503 Geyser Road

City: Ballston Spa NY Zip: 12020-

Phone: (518) 885-9220

○ 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

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: BUILDING DEPARTMENT

Address: 351 REYNOLDS ROAD

City: MOREAU NY Zip: 12828-

Phone: (518) 792-1030

○ Library

Address:

City: NY Zip: -

Phone: (518) -

○ Other

Address:

City: NY Zip: -

Phone: (518) -

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

URL

URL

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Round Lake Village Hall

Address: 49 Burlington Avenue

City: Round Lake NY Zip: 12151-

Phone: (518) 899-2800

○ Library

Address: 31 Wesley Ave

City: Round Lake NY Zip: 12151-

Phone: (518) 899-2285

○ Other

Address:

City: Zip: -

Phone: ( ) -

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

URL

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

6. con't.:

Submit additional pages as needed.

◉ MS4/Coalition Office

Department: Department of Public Works

Address: 40 McMaster Street

City: Ballston Spa NY Zip: 12020-

Phone: (518) 884-2240

○ Library

Address:

City: NY Zip: -

Phone: (518) -

○ Other

Address:

City: NY Zip: -

Phone: (518) -

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

URL

URL

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

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

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

6. con't.:

Submit additional pages as needed.

○ MS4/Coalition Office

Department: Clerks Office

Address: 46 Saratoga Avenue

City: South Glens Fall NY Zip: 12803-

Phone: (518) 793-1455

○ Library

Address:

City: Zip: -

Phone: ( ) -

○ Other

Address: DPW Garage 1161/2 Saratoga Ave.

City: South Glens Fall NY Zip: 12803-

Phone: (518) 792-4033

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

URL

URL

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Building and Planning Dept.

Address: 881 Hudson Avenue

City: Stillwater NY Zip: 12170-

Phone: (518) 664-6148

○ 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:

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

6. con't.:

Submit additional pages as needed.

○ MS4/Coalition Office

Department: Town Building and Planning Dept

Address: 881 Hudson Avenue

City: Stillwater NY Zip: 12170-

Phone: (518) 664-6148

○ Library

Address:

City: NY Zip: -

Phone: (518) -

○ Other

Address:

City: NY Zip: -

Phone: (518) -

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

URL

URL

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Town Hall

Address: 65 Broad Street

City: Waterford NY Zip: 12188-

Phone: (518) 235-8184

○ 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

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Village Clerk

Address: 65 Broad Street

City: Waterford NY Zip: 12020-

Phone: (518) 235-9898

○ Library

Address:

City: NY Zip: -

Phone: (518) -

○ Other

Address:

City: NY Zip: -

Phone: (518) -

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

URL

URL

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Engineering & Planning Dept.

Address: 22 Traver Road

City: Wilton NY Zip: 12831-

Phone: (518) -

○ Library

Address:

City: NY Zip: -

Phone: (518) -

○ Other

Address:

City: NY Zip: -

Phone: (518) -

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

URL

URL

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

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.

Continue to visit each construction site 2X/year during active construction. Continue providing feedback to contractors both positive and improvement needs. Continue to monitor training records and provide feedback to contractors regarding SWPPP Inspection reports and the process of communication.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Inspections have been performed on all active sites. Of the 28 active sites, 17 were inspected twice or more. Inspection results have been shared with all relevant parties for each project.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue to visit each construction at least once during the reporting year. Continue to maintain list of active construction sites to track activity and ensure compliance.

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

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.

The Village monitors 100% of active construction sites which disturb 1 acre or more of soil.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

No notices of violation or stop work orders were issued during this reporting period.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☑ Yes ☐ 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).

Continue to enforce the Village of Ballston Spa Stormwater Construction Law;
Continue to require, review, and enforce projects that require a SWPPP;
Continue to inspect all such active sites in the Village of Ballston Spa.

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

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.

continue review of development projects by PB and Town Engineer, continue municipal review of temporary mitigation efforts used during construction to combat erosion, review written storm water pollution prevention plans & erosion and sediment control plan drawings, issue approval of developer SWPPP and erosion plans, supervise field conditions, continue implementation of small construction program, continue inform developers of their obligations under Local Law #2 of 2007

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Only 3 projects in Town during report period 1-acre disturbance. No prolonged erosion problems during construction. No erosion and sediment related complaints with 3 permitted projects. One neighbor complaint related to dumping/wetland filling. DEC investigated & resolved. Highway Superintendent & Building Inspector typically at construction sites weekly & have been trained to review E&S provisions. Town Engineer typically reviews construction projects 4 times per year. Private inspector conducts weekly reports.

C. How many times was this observation measured or evaluated in this reporting period?

4

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

continue with items listed above as applications are submitted for additional projects.

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

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.

Review and comment on 100% of all SWPPP's.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

100% of all submitted plans were reviewed. 100% of all submitted plans were compliant NYSDEC and Town requirements prior to approval.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continued review of all SWPPP's by the Planning Dept. Stormwater Management Technician, Building Dept. and an outside engineering firm to ensure compliance.

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

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.

The Town continues to review all development projects and enforces compliance with the NYS Stormwater Design Manual for water quality compliance. The Town reviews all applications for building permits and addresses the need for temporary and permanent erosion control measures. During the reporting period the Town issued 174 building permits (3 with 1 acre disturbance or more) and two on going large developments (over one acre with active SWPPP's).

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Town personnel understand the requirements of the Construction Site Runoff and Post Construction Runoff Control and follow a standard program within the Town to review and track all new construction projects for the initial planning and application to the final construction. The Town regularly inspects active sites and maintains records of inspections and violations.

C. How many times was this observation measured or evaluated in this reporting period?

2

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue to implement and follow the program that is established in the Town.

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

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.

The Stormwater Control local law authorizes the enforcement to reduce runoff from construction sites. Copies of all inspection reports completed by the developer's inspector are received via email and kept on record by the SMO. Active construction sites are inspected by the SMO on a regular basis and after heavy rainfall events. The Town's consulting engineering firm reviews all SWPPPs for construction projects during the review process. A pre-construction meeting is held with all [illegible] SWPPP

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town's local law is continually enforced. Inspections on construction sites are performed regularly by the SMO. Copies of inspection reports performed by developer's certified inspector are received weekly for all active sites and maintained on record by the SMO. When a complaint or violation is detected, the SMO ensures that compliance is obtained in a reasonable time frame.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

The Town will continue to review all SWPPPs for proposed projects, pre-construction meetings will be held, construction site inspections will occur, enforcement actions will be taken when necessary to ensure compliance with regulations.

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

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.

MS4 will inspect each active construction site a least once per report year, will maintain an inventory of all active construction sites, will maintain an archive of all inspection records and enforcement actions, and will record all relevant employee training.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town inspected 21 of the 26 active construction sites, a decrease from the prior reporting year. Of the 26 sites inspected, 11 of them were inspected multiple times. The Town strives to inspect all sites in a year and will continue working towards this goal. The program had a two stormwater management officers resign from the Town, leaving only one stormwater management officer to inspect active construction sites during the active construction season.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☑ Yes ☐ 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).

The Town will periodically review our list of active construction sites to ensure that inspections are distributed among them. 100% of all active construction sites will be inspected this reporting year. The Town anticipates hiring an additional stormwater management officer in 2018 to assist with inspections.

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

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.

The measurable goal tracked was the number of Stomwater Pollution Prevention Plans (SWPPPs) reviewed.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

One SWPPP was reviewed during the reporting period (Cumberland Farms), for a site of less than one acre disturbance. It was a basic SWPPP (erosion and sediment control plan).

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☑ Yes ☐ 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).

SWPPPs Will continue to be reviewed, and projects inspected and tracked.

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

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.

Review and comment on all plans subject to the General Permit that require a SWPPP.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All plans subject to the General Permit and requiring a SWPPP met the requirements of the NYSDEC Design Manual, General Permit and Town regulations.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continued review of all project SWPPP by Town staff and consultants hired by the Town

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

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.

Continue coordinated review of construction plans and modify process as necessary to ensure conformance with the local law and any/all applicable NYS Technical Standards.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Construction Plan reviews were performed by the Town Planning Board and Building Departments. Records of reviews using standard forms were not used. This does not allow for an evaluation of the effectiveness of the established goal. Therefore it will be amended for the new year.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

SWPPPs will be forwarded by the Planning Board and/or Building Deparment to the Town Engineer who will review and track these. Routine oversight of active construction sites with soil disturbance by performing site inspection/tracking and review of weekly project SWPPP Inspector's reports. Perform routine inspections on 100% of sites actively disturbing 1ac or more than once. Follow up on inactive sites with open permit coverage, attempt to close out/get owners to file NOTs.

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

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.

Require SWPPP submittal as part of overall project application & approval process for any/all project/s that will disturb one acre or more; conduct technical & substantive review of all SWPPPs submitted; conduct (minimum) 3 inspections of any/all active sites within Village jurisdiction (typically 1) at ground-breaking; 2) interim; 3) final inspection for permanent stabilization. More inspections as needed.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Each of the two (2) active construction sites in the Village of Round Lake were inspected twice by the Acting SMO; Site 1 (07/21/2017) was cited for a number of deficiencies and given one (1) week to make corrections and were re-inspected on 07/28/2017; all deficiencies were corrected. No other inspections found any other deficiencies.

C. How many times was this observation measured or evaluated in this reporting period?

4

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue to implement above cited protocols, meeting requirements as outline in SPDES GP-0-15-003; Part VII.A.4).

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

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.

To ensure that all County of Saratoga County capital construction projects which require it, comply with the NYS DEC SPDES GP-0-10-001 (or as amended or revised) Permit.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

No active projects/qualifying construction projects this reporting-year.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☑ Yes ☐ 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).

Continue self-inspection and compliance commitments for all Saratoga County capital projects requiring GP-0-10-001 coverage and/or Local MS4 construction jurisdiction.

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

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.

- Require SWPPP for construction activity and review them for compliance with state & local regs.
- Ensure construction sites are regularly inspected by owner as well as periodically by the MS4.
- Enforce local law for land disturbance requiring erosion/sediment control & pollution prevention.
- Verify excavation/site contractor has received approved training in erosion & sediment control.
- Require project owner, site contractor, & design engineer to attend pre-construction meeting.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- (11) SWPPP's for land disturbance were received by the City Engineer for review and approval.
- (25) construction site inspections by City plus reviewed owner's weekly inspection reports.
- City Code Chapter 242 sets the requirements for erosion/sediment control & pollution prevention.
- E&SC training certificate required part of SWPPP document. Training notices sent to contractors.
- (10) pre-construction meetings held by City Engineer for SWPPP-required construction projects.

C. How many times was this observation measured or evaluated in this reporting period?

11

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

- City Engineer will continue to review SWPPP's for construction & land disturbing activities.
- City Engineer will continue to monitor and inspect construction sites for SWPPP compliance.
- Local law requiring erosion/sediment control & pollution prevention will be administered.
- City Engineer will verify trained site contractors & provide opportunities for E&SC training.
- City engineer will conduct pre-construction meetings for development projects requiring a SWPPP.

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

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.

Require SWPPPs be submitted for all projects disturbing 1 or more acres in the Village of South Glens Falls.
Inspect all active sites with approved SWPPPs at least once each reporting year.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All required SWPPPs were reviewed.
All active sites w/SWPPPs (1) were inspected at least once this reporting year.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue ongoing implementation of measures detailed in the SGF SWMP Plan for SWPPP requirements, site inspections, and enforcement of the local SW Construction law.

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

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.

As of November 2016 the Town of Stillwater has developed their Stormwater Management Plan (SWMP) and passed the Stormwater Management Local Law.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Stormwater Management Local Law and Stormwater Management Plan were adopted by the Town Board in November of 2016. Continued implementation of the program is being undertaken by the Stormwater Committee.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue creation of Standard Operation Procedures for Coalition members to create a consistent approach
The Town has adopted the SWMP in November 2016.
The Town of Stillwater intends to continue review of the current Zoning Code, and begin analysis of necessary changes and adaptations that may be necessary to ensure continuity with the Stormwater Local Law passed on November 2016

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

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.

As of November 2016 the Village of Stillwater has developed their Stormwater Management Plan (SWMP) and passed the Stormwater Management Local Law.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Stormwater Management Local Law and Stormwater Management Plan were adopted by the Village Board of Trustees in November of 2016. Continued implementation of the program is being undertaken by the Town of Stillwater through an Inter-municipal Agreement.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

The Village completed the drafting of the SWMP in November 2016. Continue creation of Standard Operation Procedures for Coalition members to create a consistent approach

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

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.

The Town continues to review SWPPPS for 100% of all projects disturbing 1 or more acres of land to ensure compliance with the Town of Waterford local stormwater law and NYSDEC regulations. The Town also records any notices of violation and/or stop work orders issued in relation to active/approved sites.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

No projects were reported active.

C. How many times was this observation measured or evaluated in this reporting period?

0

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

The Town will continue to review all SWPPPS, inspect active construction sites, and require stormwater and erosion and sediment control practices on construction sites of all sizes.

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

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.

Conduct review of 100% of proposed SWPPPs submitted for Village approval. Conduct one formal compliance inspection annually of each active construction site within the Village that disturbs one or more acres.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

N/A. There were no SWPPPs submitted. There we no active or approved construction projects within the Village which disturbed one or more acres.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Conduct a review of 100% of SWPPPs submitted for Village approval. Conduct one formal compliance inspection of any construction project within the Village that disturbs one or more acres.

7935007876

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

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.

SWPPP Review - Goal that 100% of SWPPP's meet NYS Standard

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

100% of submitted plans were reviewed. After necessary changes and revisions, the plans were approved.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue to review and comment on SWPPP's as they are submitted to the Town, with continued goal of 100% of SWPPP's meeting all NYS Standards.

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

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
○ Alternative Practices			
○ Filter Systems			
○ Infiltration Basins			
○ Open Channels			
● Ponds	0	0	28
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● 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
- ● Municipal Comprehensive Plans
- ● Overlay Districts
- ○ Open Space Preservation Program
- ● Zoning
- ● Local Law or Ordinance
- ○ None
- ● Land Use Regulation/Zoning
- ○ Watershed Plans
- ○ Other Comprehensive Plan
- ○ Other:

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

Minimum Control Measure 5. Post-Construction Stormwater Management

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

- [x] 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
○ Alternative Practices	0		
○ Filter Systems	0		
○ Infiltration Basins	0		
○ Open Channels	0		
○ Ponds	0		
○ Wetlands	0		
○ Other	0		

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ☐ 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
- ○ Municipal Comprehensive Plans
- ○ Overlay Districts
- ○ Open Space Preservation Program
- ○ Zoning
- ○ Local Law or Ordinance
- ○ None
- ○ Land Use Regulation/Zoning
- ○ Watershed Plans
- ○ Other Comprehensive Plan
- ● Other: Planning Board Reviews

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

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
● Alternative Practices	1	0	0
● Filter Systems	1	1	0
● Infiltration Basins	2	0	0
● Open Channels	65	65	0
● Ponds	2	2	0
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ 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	● Municipal Comprehensive Plans
○ Overlay Districts	● Open Space Preservation Program
● Zoning	○ Local Law or Ordinance
○ None	● Land Use Regulation/Zoning
○ Watershed Plans	○ Other Comprehensive Plan

● Other: 400acre conservation ease 2/17

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

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

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
● Alternative Practices	2	2	0
○ Filter Systems			
● Infiltration Basins	13	1	1
○ Open Channels			
● Ponds	54	11	
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● 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
● Municipal Comprehensive Plans
● Overlay Districts
● Open Space Preservation Program
● Zoning
○ Local Law or Ordinance
○ None
● Land Use Regulation/Zoning
○ Watershed Plans
○ Other Comprehensive Plan
○ Other:

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

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
○ Alternative Practices			
○ Filter Systems			
○ Infiltration Basins			
● Open Channels	13	13	13
● Ponds	3	3	3
○ Wetlands			
● Other	7	7	7

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ 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
● Municipal Comprehensive Plans
● Overlay Districts
○ Open Space Preservation Program
● Zoning
○ Local Law or Ordinance
○ None
● Land Use Regulation/Zoning
○ Watershed Plans
○ Other Comprehensive Plan
○ Other:

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

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
○ Alternative Practices			
○ Filter Systems			
● Infiltration Basins	7	7	0
○ Open Channels			
○ Ponds			
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ 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	● Municipal Comprehensive Plans
○ Overlay Districts	● Open Space Preservation Program
● Zoning	● Local Law or Ordinance
○ None	● Land Use Regulation/Zoning
○ Watershed Plans	○ Other Comprehensive Plan

○ Other:

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 5. Post-Construction Stormwater Management

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

- [x] 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
○ Alternative Practices			
○ Filter Systems			
○ Infiltration Basins			
○ Open Channels			
○ Ponds			
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ☐ 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	● Municipal Comprehensive Plans
● Overlay Districts	● Open Space Preservation Program
○ Zoning	● Local Law or Ordinance
○ None	○ Land Use Regulation/Zoning
○ Watershed Plans	○ Other Comprehensive Plan

○ Other: ___

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

Minimum Control Measure 5. Post-Construction Stormwater Management

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

- [x] 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
○ Alternative Practices			
○ Filter Systems			
○ Infiltration Basins			
○ Open Channels			
◉ Ponds	1	1	1
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ☐ 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
- ○ Municipal Comprehensive Plans
- ○ Overlay Districts
- ○ Open Space Preservation Program
- ○ Zoning
- ○ Local Law or Ordinance
- ○ None
- ○ Land Use Regulation/Zoning
- ○ Watershed Plans
- ○ Other Comprehensive Plan
- ○ Other:

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

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

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
○ Alternative Practices			
○ Filter Systems			
● Infiltration Basins	27	27	0
○ Open Channels			
○ Ponds			
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● 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 ○ Municipal Comprehensive Plans
○ Overlay Districts ○ Open Space Preservation Program
○ Zoning ○ Local Law or Ordinance
○ None ○ Land Use Regulation/Zoning
○ Watershed Plans ○ Other Comprehensive Plan
● Other:

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

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
○ Alternative Practices			
○ Filter Systems			
● Infiltration Basins	4	2	2
○ Open Channels			
○ Ponds			
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● 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
- ○ Municipal Comprehensive Plans
- ○ Overlay Districts
- ○ Open Space Preservation Program
- ○ Zoning
- ● Local Law or Ordinance
- ○ None
- ○ Land Use Regulation/Zoning
- ○ Watershed Plans
- ○ Other Comprehensive Plan
- ○ Other:

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

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
○ Alternative Practices			
○ Filter Systems			
○ Infiltration Basins			
○ Open Channels			
○ Ponds			
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ 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
- ● Municipal Comprehensive Plans
- ○ Overlay Districts
- ○ Open Space Preservation Program
- ○ Zoning
- ● Local Law or Ordinance
- ○ None
- ● Land Use Regulation/Zoning
- ○ Watershed Plans
- ○ Other Comprehensive Plan
- ○ Other:

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

Minimum Control Measure 5. Post-Construction Stormwater Management

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

- [x] 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
○ Alternative Practices			
○ Filter Systems			
● Infiltration Basins	0	0	0
○ Open Channels			
● Ponds	0	0	0
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● 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	○ Municipal Comprehensive Plans
○ Overlay Districts	○ Open Space Preservation Program
○ Zoning	○ Local Law or Ordinance
○ None	○ Land Use Regulation/Zoning
○ Watershed Plans	○ Other Comprehensive Plan

● Other: Education/Training Programs

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

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
● Alternative Practices	3		
● Filter Systems	1		
● Infiltration Basins	1		
○ Open Channels			
● Ponds	1		
○ Wetlands			
● Other	4		

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ 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	● Municipal Comprehensive Plans
● Overlay Districts	● Open Space Preservation Program
○ Zoning	○ Local Law or Ordinance
○ None	● Land Use Regulation/Zoning
○ Watershed Plans	○ Other Comprehensive Plan

○ Other:

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

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
○ Alternative Practices			0
○ Filter Systems			
● Infiltration Basins	5	3	5
○ Open Channels			
○ Ponds			
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● 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
- ● Municipal Comprehensive Plans
- ● Overlay Districts
- ○ Open Space Preservation Program
- ● Zoning
- ● Local Law or Ordinance
- ○ None
- ● Land Use Regulation/Zoning
- ○ Watershed Plans
- ○ Other Comprehensive Plan
- ○ Other:

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

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
○ Alternative Practices			
○ Filter Systems			
○ Infiltration Basins			
○ Open Channels			
○ Ponds			
○ Wetlands			
● Other	39	39	39

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ 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
- ○ Municipal Comprehensive Plans
- ○ Overlay Districts
- ○ Open Space Preservation Program
- ○ Zoning
- ○ Local Law or Ordinance
- ○ None
- ○ Land Use Regulation/Zoning
- ○ Watershed Plans
- ○ Other Comprehensive Plan
- ● Other: Encourage w/Site Plan Review

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

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
○ Alternative Practices			
○ Filter Systems			
○ Infiltration Basins			
○ Open Channels			
○ Ponds			
○ Wetlands			
● Other	10	10	10

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ 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
- ○ Municipal Comprehensive Plans
- ○ Overlay Districts
- ○ Open Space Preservation Program
- ○ Zoning
- ○ Local Law or Ordinance
- ○ None
- ○ Land Use Regulation/Zoning
- ○ Watershed Plans
- ○ Other Comprehensive Plan
- ● Other: Encourage w/ Site Plan Review

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

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
○ Alternative Practices			
○ Filter Systems			
○ Infiltration Basins			
○ Open Channels			
● Ponds	2	2	1
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● 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	● Municipal Comprehensive Plans
○ Overlay Districts	○ Open Space Preservation Program
○ Zoning	○ Local Law or Ordinance
○ None	○ Land Use Regulation/Zoning
○ Watershed Plans	○ Other Comprehensive Plan

○ Other: ___

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

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
○ Alternative Practices			
○ Filter Systems			
○ Infiltration Basins			
○ Open Channels			
○ Ponds			
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ● 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
- ○ Municipal Comprehensive Plans
- ○ Overlay Districts
- ○ Open Space Preservation Program
- ○ Zoning
- ○ Local Law or Ordinance
- ● None
- ○ Land Use Regulation/Zoning
- ○ Watershed Plans
- ○ Other Comprehensive Plan
- ○ Other:

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

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
○ Alternative Practices			
○ Filter Systems			
○ Infiltration Basins		12	
○ Open Channels		3	2
○ Ponds			
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ 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
- ● Municipal Comprehensive Plans
- ○ Overlay Districts
- ○ Open Space Preservation Program
- ○ Zoning
- ○ Local Law or Ordinance
- ○ None
- ● Land Use Regulation/Zoning
- ○ Watershed Plans
- ○ Other Comprehensive Plan
- ○ Other:

9091119257

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

● Yes ● No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

100 %

9091119257

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?
☐ Yes ☑ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?
☐ Yes ☑ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?
☐ Yes ☑ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?
[ ]

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?
[ ] %

9091119257

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

○ Yes ● No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

10 %

9091119257

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

○ Yes ● No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

50 %

9091119257

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?
○ Yes ● No

4b. Does the MS4 have a banking and credit system for stormwater management practices?
○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?
○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period? 0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period? 50 %

9091119257

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

○ Yes ● No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

0 %

9091119257

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?
☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?
☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?
☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period? 100 %

9091119257

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

0 %

9091119257

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

● Yes ○ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ○ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ○ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

50 %

9091119257

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

○ Yes ● No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

25 %

9091119257

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

○ Yes ● No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

50 %

9091119257

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?
☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?
☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?
☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period? 100 %

9091119257

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

○ Yes ● No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period? 50 %

9091119257

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

○ Yes ● No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

20 %

9091119257

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

○ Yes ● No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

2

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

0 %

9091119257

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

○ Yes ● No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

0 %

9091119257

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

○ Yes ● No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

0 %

9091119257

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

○ Yes ● No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

0 %

9091119257

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

○ Yes ● No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

○ Yes ● No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

○ Yes ● No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period? 100 %

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

6. Evaluating Progress Toward Measurable Goals MCM 5

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.

Continue to update the SMP Excel database of Town-maintained SMPs. Add privately maintained SMPs to spreadsheet. Monitor Planning Board activity and require stormwater maintenance agreements for all SMPs that will be privately maintained. Capture time and costs associated with maintenace procedures to develop a long term budget for this MCM. Evaluate stormwater/drainage districts to assist with funding.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Planning Board activity has been monitored and stormwater maintenance agreements are being implemented. There has been discussion regarding the implementation of stormwater districts but they are not yet actualized. Highway continues to use GeoPal to determine time spent on SMP maintenance such as mowing, clearing, repair work, etc.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue to update the SMP Excel database of Town-maintained SMPs. Add privately maintained SMPs to spreadsheet. Monitor Planning Board activity and require stormwater maintenance agreements for all SMPs that will be privately maintained.

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

6. Evaluating Progress Toward Measurable Goals MCM 5

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.

Receive and review 100% of all SWPPPs for applicable construction/development projects;
Receive, document and respond to all public complaints regarding stormwater pollution and construction.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

No applicable construction/development projects were either active or seeking approval in Ballston Spa during this reporting period;
Ballston Spa does not own, operate or maintain any Post-Construction Stormwater Management Practices (SMPs).

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☑ Yes ☐ 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).

Receive and review 100% of all SWPPPs for applicable construction/development projects;
Receive, document and respond to all public complaints regard stormwater pollution and construction;

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

6. Evaluating Progress Toward Measurable Goals MCM 5

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.

Continue to ensure the use of permanent stormwater management treatment facilities for applicable development projects, institute perpetual care agreements or require public dedication to promote long term health of treatment facilities, continue to inspect exist. storm management facilities concurrent with dry weather outfall observations.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Charlton has had only two major residential development projects in at least 20 years. Currently there are only seven modern stormwater management facilities town wide. The oldest of those facilities is less than nine years old. Their designs are modern and they are in working condition. Outflow from those storm facilities is observed at least 2 times per year and is typically clean and free of sediment or pollutants.

C. How many times was this observation measured or evaluated in this reporting period?

2

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

2 major subdivision projects continue to be under construction. The Town has inspected the sites numerous times to ensure compliance with their SWPPPs. The Town also receives reports from private inspector. An additional storm facility was constructed outside the MS4 boundary (Stewart's). Project was completed in 2017. NOT has not yet been filed. The Town hired a new Zoning Officer in 2017. He was briefed on MS4 issues on Sept. 21, 2017 by Town Engineer.

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

6. Evaluating Progress Toward Measurable Goals MCM 5

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.

Continue Post Construction Inspection and Maintenance Program of all Stormwater Management Practices.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The observations generate a list of action items that will require follow up.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue to inspect stormwater management areas, record observations, prioritize, and create follow up actions.

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

6. Evaluating Progress Toward Measurable Goals MCM 5

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.

The Town has inventoried all existing Post-Construction Runoff Control facilities and has established a maintenance plan for each location. As new projects are dedicated within the Town the post-Construction Runoff Control data base will be updated to add any new facilities to the maintenance schedule.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town Highway Department has been keeping logs of maintenance visits to all existing locations and has established a program to monitor and repair locations as needed.

C. How many times was this observation measured or evaluated in this reporting period?

2

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue to follow the program established within the Town.

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

6. Evaluating Progress Toward Measurable Goals MCM 5

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.

The Town adopted and implemented a town-wide ordinance to authorize enforcement to reduce pollutant runoff from active construction sites. The SMO is responsible for the inspection of such sites to ensure proper operation and maintenance of requirements under current regulations.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All active construction sites are inspected prior to the Notice of Termination being signed. When necessary a maintenance bond is held by the Town to ensure the BMPs function appropriately. The Town Highway Dept. maintains records of post-construction practices that have been inspected and received maintenance in the reporting year.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Prior to dedication to the Town, a final inspection is performed of all BMPs. Inspections and maintenance will continue to be performed by the Town Highway Dept. All records are kept for such actions.

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

6. Evaluating Progress Toward Measurable Goals MCM 5

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.

The town will develop a complete inventory of municipally owned stormwater management practices and those privately owned that discharge to the MS4. Periodically inspect and maintain an archive of inspections.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

No treatment practices have been inventoried or inspected but the town has begun mapping the stormwater management practices.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☑ Yes ☐ 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).

The town will continue mapping its facilities and plans to continue research to determine which facilities the town is responsible for maintaining.

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

6. Evaluating Progress Toward Measurable Goals MCM 5

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.

The measurable goal tracked was the number of permanent stormwater management practice inspections.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The City's one stormwater management practice was inspected and maintained (mowing and weed removal).

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☑ Yes ☐ 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).

Stormwater management practices will continue to be inventoried and inspected, as well as maintained when necessary.

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

6. Evaluating Progress Toward Measurable Goals MCM 5

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.

Spring 2009: review asbuilts between 3/10/03 and passage of LL2-2006 (Strmwater Local Law) and determine which require O&M Manuals
Ongoing:Continue to collect relevant record documents for conversion into digital data

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Inventory work to commence with collection of recent construction projects.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue to inventory and locate existing infrastructure. Target of completion of record document assembly by mid 2017, commence mapping end of 2018. Complete mapping (progress set) by early 2019.

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

6. Evaluating Progress Toward Measurable Goals MCM 5

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.

Update list of post-construction stormwater management facilities and maintenance lists as new facilities are constructed and dedicated to the Town.
Train new Town officials on LID, BSD, and Green Infrastructure.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

None of the goals listed were attained, either due to no activity of lack of training attendance.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

A map that indicates the location of post-construction stormwater management practices (SMPs) in the Town will be developed along with a tracking worksheet for recording the type of SMP, owner information, inspection date, result and percent of SMPs inspected with satisfactory first time inspection findings.

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

6. Evaluating Progress Toward Measurable Goals MCM 5

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.

N/A. The Village of Round Lake does not own, operate, or maintain any SMPs as of this report. However, the MS4 collection/conveyance system is continuously inspected each year.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

N/A. The Village of Round Lake does not own, operate, or maintain any SMPs as of this report. However, the MS4 collection/conveyance system is continuously inspected each year.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

N/A. The Village of Round Lake does not own, operate, or maintain any SMPs as of this report. However, the MS4 collection/conveyance system is continuously inspected each year.

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

6. Evaluating Progress Toward Measurable Goals MCM 5

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.

Inspection and maintenance of applicable SMPs on County property or within the County Right-of-Way.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

8 of 8 SMPs currently on-line/in use were inspected this reporting period. 1 maintenance action was needed. NOTE: 6 of 8 SMPs were installed/constructed, permanently stabilized and put into service in reporting Year-9, (2011-12); the SMP Operations & Maintenance Plan for these practices call for annual inspection in/following year-2 of continuous operation.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☑ Yes ☐ 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).

Continued implementation of SMP inspection program.

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

6. Evaluating Progress Toward Measurable Goals MCM 5

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.

- Maintain up-to-date inventory of private and public owned stormwater management practices.
- Ensure SWPPP meets water quality and water quantity standards set by NYS-DEC Design Manual.
- Enforce a local law for development which requires post-construction management of storm runoff.
- Ensure long-term maintenance and operation of stormwater management practices.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- (10) new Stormwater Management Practices were inventoried and added to database.
- (11) SWPPP's for land disturbance were received by the City Engineer for review and approval.
- City Code Chapter 242 sets the requirements for post-construction management of storm runoff.
- Formalized owner maintenance agreement required for private stormwater management practices.
- City-owned stormwater management practices inspected & maintained by Dept. of Public Works.

C. How many times was this observation measured or evaluated in this reporting period?

10

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

- Newly installed stormwater management practices will be inventoried and added to database.
- City Engineer will continue to review SWPPP's for development and land disturbing activities.
- Local law requiring post-construction stormwater management practices will to be administered.
- Require new stormwater management practices to have owner maintenance agreements in place.
- City will continue to inspect and maintain publicly-owned stormwater management practices.

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

6. Evaluating Progress Toward Measurable Goals MCM 5

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.

Inventory, inspect and /or maintain post-construction SMPs as required by the O&M Plan for each.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

7SMPs were inventoried, 5 were inspected and 4 maintenance actions were taken.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Continue implementation of MM5 measures as detailed in SGF SWMP plan.

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

6. Evaluating Progress Toward Measurable Goals MCM 5

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.

As of this reporting year the Town of Stillwater has developed their Stormwater Management Plan (SWMP) and continues with implementation.
The Town adopted the Stormwater Management Local Law in November 2016.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town Highway Department has maintained detailed records of BMPs that were monitored and maintained during this reporting year. A total of 9.4 cubic yards of material was removed from catch basins, 125 cubic yards was removed via street sweeping, and 785 linear yards of open swales were maintained.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

The Town has adopted a Drainage District Local Law to establish districting for funding the inspection and maintenance of post-construction practices. Thus far, two Drainage Districts have been created. Continue creation of Standard Operation Procedures for Coalition members to create a consistent approach

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

6. Evaluating Progress Toward Measurable Goals MCM 5

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.

The Village of Stillwater has developed their Stormwater Management Plan (SWMP) and continues with implementation.
The Village adopted the Stormwater Management Local Law in November 2016.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Village Highway Department has maintained detailed records of BMPs that were monitored and maintained during this reporting year. A total of 2.5 cubic yards of material was removed from catch basins and street sweeping, and 6.8 linear miles of streets were maintained.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

The watersheds were mapped and a full outfall reconnaissance was undertaken through the coalition that the Village is a member, the Saratoga County ISWM Program. The information obtained from this will be mapped with GIS and made available to all members of the coalition.
The Village of Stillwater is working on the implementation of their Stormwater Management Plan (SWMP).

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

6. Evaluating Progress Toward Measurable Goals MCM 5

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.

The Town has a robust inspection and maintenance program for all ditches, catch basins, and stormwater management practices.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town has two stormwater management ponds. Both ponds were inspected, with one pond (Gadwell) receiving the following maintenance: restored washouts, reseeded bare areas, and weewacked. Two drainage swales received maintenance: 1 was re-established and 1 was realigned.

C. How many times was this observation measured or evaluated in this reporting period?

4

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

The Town will continue to implement and track operations related to its maintenance program, and an inspection of the second pond is planned for late spring.

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

6. Evaluating Progress Toward Measurable Goals MCM 5

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.

The question of MS4 ownership within the Village remains in doubt. All existing stormwater infrastructure was constructed by the Town of Waterford Sewer District #1 as a result of an Order on Consent issued by NYS DEC (c1994-5 & 2000). At this time the Village program entails assuring new construction that disturbs one or more acres complies with the Local Stormwater Construction Law and the Post-Construction requirements thereof

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Because no projects were proposed or approved within the Village the past reporting year which disturbed one or more acres, no observations could be made.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Application and Enforcement of the Local Stormwater Construction Law and the Post-Construction requirements by the Village Planning Board, should a project propose to disturb one or more acres.

1610116332

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

6. Evaluating Progress Toward Measurable Goals MCM 5

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.

Continue with post construction stormwater practices, inspections and maintenance as required.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Continue inspections with reported condition and maintenance requirements as needed.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Post construction practices deeded to the Town will continue to be inspected and maintained as required.

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

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.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	No	● Yes	No
Bridge Maintenance	Yes	● No	Yes	● No
Winter Road Maintenance	● Yes	No	● Yes	No
Salt Storage	● Yes	No	● Yes	No
Solid Waste Management	● Yes	No	● Yes	No
New Municipal Construction and Land Disturbance	● Yes	No	● Yes	No
Right of Way Maintenance	● Yes	No	● Yes	No
Marine Operations	Yes	● No	Yes	● No
Hydrologic Habitat Modification	Yes	● No	Yes	● No
Parks and Open Space	● Yes	No	● Yes	No
Municipal Building	● Yes	No	● Yes	No
Stormwater System Maintenance	● Yes	No	● Yes	No
Vehicle and Fleet Maintenance	● Yes	No	● Yes	No
Other	Yes	No	Yes	No

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

- [x] 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.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	[x] Yes	[ ] No	[ ] Yes	[x] No
Bridge Maintenance	[ ] Yes	[x] No	[ ] Yes	[x] No
Winter Road Maintenance	[x] Yes	[ ] No	[ ] Yes	[x] No
Salt Storage	[x] Yes	[ ] No	[ ] Yes	[x] No
Solid Waste Management	[ ] Yes	[x] No	[ ] Yes	[x] No
New Municipal Construction and Land Disturbance	[x] Yes	[ ] No	[ ] Yes	[x] No
Right of Way Maintenance	[x] Yes	[ ] No	[ ] Yes	[x] No
Marine Operations	[ ] Yes	[x] No	[ ] Yes	[x] No
Hydrologic Habitat Modification	[ ] Yes	[x] No	[ ] Yes	[x] No
Parks and Open Space	[x] Yes	[ ] No	[ ] Yes	[x] No
Municipal Building	[x] Yes	[ ] No	[ ] Yes	[x] No
Stormwater System Maintenance	[x] Yes	[ ] No	[ ] Yes	[x] No
Vehicle and Fleet Maintenance	[x] Yes	[ ] No	[ ] Yes	[x] No
Other	[ ] Yes	[ ] No	[ ] Yes	[ ] No

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

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.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	○ Yes	● No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	○ Yes	● No	○ Yes	● No
New Municipal Construction and Land Disturbance	● Yes	○ No	● Yes	○ No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

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

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.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	○ Yes	● No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance	● Yes	○ No	● Yes	○ No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	● Yes	○ No	● Yes	○ No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	● No	○ Yes	● No

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

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.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	○ Yes	● No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance	● Yes	○ No	● Yes	○ No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

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.

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	● Yes	○ No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance	● Yes	○ No	● Yes	○ No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	● Yes	○ No	● Yes	○ No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 6. Stormwater Management for Municipal Operations

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

- [x] 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.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	[x] Yes	[ ] No	[ ] Yes	[x] No
Bridge Maintenance	[ ] Yes	[x] No	[ ] Yes	[x] No
Winter Road Maintenance	[x] Yes	[ ] No	[ ] Yes	[x] No
Salt Storage	[x] Yes	[ ] No	[ ] Yes	[x] No
Solid Waste Management	[x] Yes	[ ] No	[ ] Yes	[x] No
New Municipal Construction and Land Disturbance	[x] Yes	[ ] No	[ ] Yes	[x] No
Right of Way Maintenance	[x] Yes	[ ] No	[ ] Yes	[x] No
Marine Operations	[ ] Yes	[x] No	[ ] Yes	[x] No
Hydrologic Habitat Modification	[ ] Yes	[x] No	[ ] Yes	[x] No
Parks and Open Space	[x] Yes	[ ] No	[ ] Yes	[x] No
Municipal Building	[x] Yes	[ ] No	[ ] Yes	[x] No
Stormwater System Maintenance	[x] Yes	[ ] No	[ ] Yes	[x] No
Vehicle and Fleet Maintenance	[x] Yes	[ ] No	[ ] Yes	[x] No
Other	[ ] Yes	[x] No	[ ] Yes	[x] No

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

- [x] 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.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	[x] Yes	[ ] No	[x] Yes	[ ] No
Bridge Maintenance	[ ] Yes	[x] No	[ ] Yes	[x] No
Winter Road Maintenance	[x] Yes	[ ] No	[x] Yes	[ ] No
Salt Storage	[ ] Yes	[x] No	[ ] Yes	[x] No
Solid Waste Management	[x] Yes	[ ] No	[x] Yes	[ ] No
New Municipal Construction and Land Disturbance	[ ] Yes	[x] No	[ ] Yes	[x] No
Right of Way Maintenance	[ ] Yes	[x] No	[ ] Yes	[x] No
Marine Operations	[ ] Yes	[x] No	[ ] Yes	[x] No
Hydrologic Habitat Modification	[ ] Yes	[x] No	[ ] Yes	[x] No
Parks and Open Space	[x] Yes	[ ] No	[x] Yes	[ ] No
Municipal Building	[x] Yes	[ ] No	[x] Yes	[ ] No
Stormwater System Maintenance	[x] Yes	[ ] No	[x] Yes	[ ] No
Vehicle and Fleet Maintenance	[x] Yes	[ ] No	[x] Yes	[ ] No
Other	[ ] Yes	[ ] No	[ ] Yes	[ ] No

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

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

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.

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	○ Yes	○ No
Bridge Maintenance	● Yes	○ No	○ Yes	○ No
Winter Road Maintenance	● Yes	○ No	○ Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	○ Yes	○ No
New Municipal Construction and Land Disturbance	● Yes	○ No	○ Yes	○ No
Right of Way Maintenance	● Yes	○ No	○ Yes	○ No
Marine Operations	○ Yes	○ No	○ Yes	○ No
Hydrologic Habitat Modification	○ Yes	○ No	○ Yes	○ No
Parks and Open Space	● Yes	○ No	○ Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	○ Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	○ Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

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.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	○ Yes	● No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	○ Yes	● No
New Municipal Construction and Land Disturbance	● Yes	○ No	○ Yes	● No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	● No	○ Yes	● No

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

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.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	○ Yes	● No
Bridge Maintenance	○ Yes	● No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	○ Yes	● No
Salt Storage	● Yes	○ No	○ Yes	● No
Solid Waste Management	● Yes	○ No	○ Yes	● No
New Municipal Construction and Land Disturbance	○ Yes	● No	○ Yes	● No
Right of Way Maintenance	● Yes	○ No	○ Yes	● No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	● Yes	○ No	○ Yes	● No
Municipal Building	● Yes	○ No	○ Yes	● No
Stormwater System Maintenance	● Yes	○ No	○ Yes	● No
Vehicle and Fleet Maintenance	● Yes	○ No	○ Yes	● No
Other	○ Yes	○ No	○ Yes	● No

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

- [x] 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.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	[x] Yes	[ ] No	[x] Yes	[ ] No
Bridge Maintenance	[x] Yes	[ ] No	[x] Yes	[ ] No
Winter Road Maintenance	[x] Yes	[ ] No	[x] Yes	[ ] No
Salt Storage	[x] Yes	[ ] No	[x] Yes	[ ] No
Solid Waste Management	[x] Yes	[ ] No	[x] Yes	[ ] No
New Municipal Construction and Land Disturbance	[x] Yes	[ ] No	[x] Yes	[ ] No
Right of Way Maintenance	[x] Yes	[ ] No	[x] Yes	[ ] No
Marine Operations	[ ] Yes	[x] No	[ ] Yes	[x] No
Hydrologic Habitat Modification	[ ] Yes	[x] No	[ ] Yes	[x] No
Parks and Open Space	[ ] Yes	[x] No	[ ] Yes	[x] No
Municipal Building	[x] Yes	[ ] No	[x] Yes	[ ] No
Stormwater System Maintenance	[x] Yes	[ ] No	[x] Yes	[ ] No
Vehicle and Fleet Maintenance	[x] Yes	[ ] No	[x] Yes	[ ] No
Other	[ ] Yes	[x] No	[ ] Yes	[x] No

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

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.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	○ Yes	● No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance	● Yes	○ No	● Yes	○ No
Right of Way Maintenance	○ Yes	● No	○ Yes	● No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	● Yes	○ No	● Yes	○ No

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

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.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	○ Yes	● No
Bridge Maintenance	○ Yes	● No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	○ Yes	● No
Salt Storage	● Yes	○ No	○ Yes	● No
Solid Waste Management	○ Yes	● No	○ Yes	● No
New Municipal Construction and Land Disturbance	● Yes	○ No	○ Yes	● No
Right of Way Maintenance	● Yes	○ No	○ Yes	● No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	● Yes	○ No	○ Yes	● No
Municipal Building	● Yes	○ No	○ Yes	● No
Stormwater System Maintenance	● Yes	○ No	○ Yes	● No
Vehicle and Fleet Maintenance	● Yes	○ No	○ Yes	● No
Other	○ Yes	○ No	○ Yes	● No

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

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.

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	○ Yes	● No
Bridge Maintenance	● Yes	○ No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	○ Yes	● No
Salt Storage	● Yes	○ No	○ Yes	● No
Solid Waste Management	● Yes	○ No	○ Yes	● No
New Municipal Construction and Land Disturbance	● Yes	○ No	○ Yes	● No
Right of Way Maintenance	● Yes	○ No	○ Yes	● No
Marine Operations	● Yes	○ No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	● Yes	○ No	○ Yes	● No
Municipal Building	● Yes	○ No	○ Yes	● No
Stormwater System Maintenance	● Yes	○ No	○ Yes	● No
Vehicle and Fleet Maintenance	● Yes	○ No	○ Yes	● No
Other	○ Yes	● No	○ Yes	● No

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

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.

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	○ Yes	● No
Bridge Maintenance	● Yes	○ No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	○ Yes	● No
Salt Storage	● Yes	○ No	○ Yes	● No
Solid Waste Management	● Yes	○ No	○ Yes	● No
New Municipal Construction and Land Disturbance	● Yes	○ No	○ Yes	● No
Right of Way Maintenance	● Yes	○ No	○ Yes	● No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	● Yes	○ No	○ Yes	● No
Parks and Open Space	○ Yes	● No	○ Yes	● No
Municipal Building	● Yes	○ No	○ Yes	● No
Stormwater System Maintenance	● Yes	○ No	○ Yes	● No
Vehicle and Fleet Maintenance	● Yes	○ No	○ Yes	● No
Other	○ Yes	● No	○ Yes	● No

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

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.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	● Yes	○ No	● Yes	○ No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance	○ Yes	● No	○ Yes	● No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	● Yes	○ No	● Yes	○ No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

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.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	○ Yes	● No
Bridge Maintenance	○ Yes	● No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	○ Yes	● No
Salt Storage	○ Yes	● No	○ Yes	● No
Solid Waste Management	● Yes	○ No	○ Yes	● No
New Municipal Construction and Land Disturbance	○ Yes	● No	○ Yes	● No
Right of Way Maintenance	● Yes	○ No	○ Yes	● No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	○ Yes	● No	○ Yes	● No
Municipal Building	● Yes	○ No	○ Yes	● No
Stormwater System Maintenance	○ Yes	● No	○ Yes	● No
Vehicle and Fleet Maintenance	○ Yes	● No	○ Yes	● No
Other	○ Yes	● No	○ Yes	● No

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

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.**

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	○ Yes	● No	○ Yes	● No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance	● Yes	○ No	○ Yes	● No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	○ Yes	● No	○ Yes	● No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	● Yes	○ No	○ Yes	● No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	● No	○ Yes	● No

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	2
● Streets Swept (Number of miles X Number of times swept)	# Miles	53
● Catch Basins Inspected and Cleaned Where Necessary	#	63
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	28
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	0
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	0.0

3. **How many stormwater management trainings have been provided to municipal employees during this reporting period?** 1

4. **What was the date of the last training?** 01 / 18 / 2018

5. **How many municipal employees have been trained in this reporting period?** 2

6. **What percent of municipal employees in relevant positions and departments receive stormwater management training?** 100 %

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	2
● Streets Swept (Number of miles X Number of times swept)	# Miles	20
● Catch Basins Inspected and Cleaned Where Necessary	#	10
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

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? / /

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

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 50 %

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

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

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
● Streets Swept (Number of miles X Number of times swept)	# Miles	10
● Catch Basins Inspected and Cleaned Where Necessary	#	25
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	1
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

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? 06 / 03 / 2016

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? 25 %

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	24
● Streets Swept (Number of miles X Number of times swept)	# Miles	454
● Catch Basins Inspected and Cleaned Where Necessary	#	648
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	14
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
● Nitrogen Applied In Chemical Fertilizer	# Lbs.	2800
● Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	93.8

3. **How many stormwater management trainings have been provided to municipal employees during this reporting period?** 1

4. **What was the date of the last training?** 10 / 19 / 2017

5. **How many municipal employees have been trained in this reporting period?** 1

6. **What percent of municipal employees in relevant positions and departments receive stormwater management training?** 33 %

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	6
● Streets Swept (Number of miles X Number of times swept)	# Miles	16
● Catch Basins Inspected and Cleaned Where Necessary	#	163
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	10
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

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

4. What was the date of the last training? ___ / ___ / ____

5. How many municipal employees have been trained in this reporting period? 2

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 50 %

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	7.5
● Streets Swept (Number of miles X Number of times swept)	# Miles	7.5
● Catch Basins Inspected and Cleaned Where Necessary	#	158
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	3
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
● Nitrogen Applied In Chemical Fertilizer	# Lbs.	622
● Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	10.0

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? ___ / ___ / ____

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? 0 %

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	4
● Streets Swept (Number of miles X Number of times swept)	# Miles	423
● Catch Basins Inspected and Cleaned Where Necessary	#	633
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
● Nitrogen Applied In Chemical Fertilizer	# Lbs.	9312
● Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	37.3

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 8

4. What was the date of the last training? 02 / 22 / 2018

5. How many municipal employees have been trained in this reporting period? 23

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 100 %

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	6
● Streets Swept (Number of miles X Number of times swept)	# Miles	450
● Catch Basins Inspected and Cleaned Where Necessary	#	60
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	1
● Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
● Nitrogen Applied In Chemical Fertilizer	# Lbs.	0
● Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	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? / /

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? 0 %

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	18
● Streets Swept (Number of miles X Number of times swept)	# Miles	384
● Catch Basins Inspected and Cleaned Where Necessary	#	30
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	3
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	0
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	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?

02 / 23 / 2011

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?

100 %

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

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

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
● Streets Swept (Number of miles X Number of times swept)	# Miles	23
● Catch Basins Inspected and Cleaned Where Necessary	#	12
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	8
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 1

4. What was the date of the last training? 12 / 19 / 2017

5. How many municipal employees have been trained in this reporting period? 4

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 85 %

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

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

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	0
● Streets Swept (Number of miles X Number of times swept)	# Miles	11
● Catch Basins Inspected and Cleaned Where Necessary	#	60
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	0
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	0
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	00.

3. **How many stormwater management trainings have been provided to municipal employees during this reporting period?** 1

4. **What was the date of the last training?** 04 / 17 / 2017

5. **How many municipal employees have been trained in this reporting period?** 4

6. **What percent of municipal employees in relevant positions and departments receive stormwater management training?** 100 %

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

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

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
○ Streets Swept (Number of miles X Number of times swept)	# Miles	0
● Catch Basins Inspected and Cleaned Where Necessary	#	5
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	7
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

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? 04 / 27 / 2014

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? 100 %

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	10
● Streets Swept (Number of miles X Number of times swept)	# Miles	281
● Catch Basins Inspected and Cleaned Where Necessary	#	66
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	3
● Phosphorus Applied In Chemical Fertilizer	# Lbs.	21
● Nitrogen Applied In Chemical Fertilizer	# Lbs.	761
● Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	0044.2

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?** 02 / 11 / 2016

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?** 90 %

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	12
● Streets Swept (Number of miles X Number of times swept)	# Miles	433
● Catch Basins Inspected and Cleaned Where Necessary	#	38
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	1
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	0
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	0.

3. **How many stormwater management trainings have been provided to municipal employees during this reporting period?** 1

4. **What was the date of the last training?** 12 / 17 / 2013

5. **How many municipal employees have been trained in this reporting period?** 2

6. **What percent of municipal employees in relevant positions and departments receive stormwater management training?** 20 %

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

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

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
● Streets Swept (Number of miles X Number of times swept)	# Miles	35.65
● Catch Basins Inspected and Cleaned Where Necessary	#	39
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
● Nitrogen Applied In Chemical Fertilizer	# Lbs.	7860
● Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	6.5

3. **How many stormwater management trainings have been provided to municipal employees during this reporting period?** 2

4. **What was the date of the last training?** 06 / 22 / 2017

5. **How many municipal employees have been trained in this reporting period?** 1

6. **What percent of municipal employees in relevant positions and departments receive stormwater management training?** 100 %

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

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

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
● Streets Swept (Number of miles X Number of times swept)	# Miles	6.8
● Catch Basins Inspected and Cleaned Where Necessary	#	6
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	0
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.0

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 1

4. What was the date of the last training? 06 / 22 / 2017

5. How many municipal employees have been trained in this reporting period? 1

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 50 %

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	3
● Streets Swept (Number of miles X Number of times swept)	# Miles	48
● Catch Basins Inspected and Cleaned Where Necessary	#	114
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	3
● Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
● Nitrogen Applied In Chemical Fertilizer	# Lbs.	427
● Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	30.

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 1

4. What was the date of the last training? 02 / 27 / 2018

5. How many municipal employees have been trained in this reporting period? 8

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 33 %

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

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

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	0
○ Streets Swept (Number of miles X Number of times swept)	# Miles	0
○ Catch Basins Inspected and Cleaned Where Necessary	#	
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	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?** ___ / ___ / ____

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?** 0 %

6445134838

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

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

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	8
○ Streets Swept (Number of miles X Number of times swept)	# Miles	373
○ Catch Basins Inspected and Cleaned Where Necessary	#	75
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	12
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 1

4. What was the date of the last training? 06 / 22 / 2017

5. How many municipal employees have been trained in this reporting period? 1

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 100 %

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Ballston

SPDES ID: NYR20A157

7. Evaluating Progress Toward Measurable Goals MCM 6

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.

Plan to implement housekeeping checklists once NYSDEC's new permit is approved and also to attend SMP maintenance training once recommendations provided by NYSDEC regarding locations.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Metrics kept regarding annual sweepings, catch basin cleanouts, and walkthroughs of areas.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

The town will continue to track the metrics regarding housekeeping practices. Staff will conduct a self-audit in the 2018-2019 reporting year. Stormwater training will be provided to select highway staff.

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Ballston Spa

SPDES ID: NYR20A376

7. Evaluating Progress Toward Measurable Goals MCM 6

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.

Continue Street Sweeping SOP, document all Miles of Street swept;
Continue Parking Lot Sweeping SOP, document all acres of parking lot swept;
Continue Catch Basin Inspection and Cleaning SOP, document all catch basins inspected and/or cleaned.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Continued the Street Sweeping SOP and record keeping program, swept the downtown area streets weekly, as weather allowed;
Continued Parking Lot Sweeping SOP and record keeping program;
Continue Catch Basin Inspection and Cleaning SOP and record keeping program.

C. How many times was this observation measured or evaluated in this reporting period?

3

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☑ Yes ☐ 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).

Continue Street Sweeping SOP, document all Miles of Street swept;
Continue Parking Lot Sweeping SOP, document all acres of parking lot swept;
Continue Catch Basin Inspection and Cleaning SOP, document all catch basins inspected and/or cleaned.
Conduct a Self-Assessment and ISWM Program MCM 6/P2 Training by 12/31/2018.

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Charlton

SPDES ID: NYR20A032

7. Evaluating Progress Toward Measurable Goals MCM 6

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.

Maintain Town Hall storm system, housekeeping policies at Town Garage, training class for Highway Superintendent, street sweeping agreement with Ballston Spa, rotate storm sewer cleanout, ditch maintenance. Implemented manure management plan & updated septic regs with new zoning. Began brine pretreatment of roads to reduce salt usage, $5K inventory program of roads BMP initiated, $10K tub grinder/screen investment for brush recycling/disposal reduction.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Charlton's water testing program continues to validate the lack of pollutants in the watershed. Town owned & managed facilities are in good condition and are well maintained. Municipal facilities are observed daily and maintenance issues are addressed as soon as possible.

C. How many times was this observation measured or evaluated in this reporting period?

365

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Charlton's good housekeeping MCM is in full implementation in accordance with its Storm Water Management Program Plan. The Town will continue to pursue the same policies in the upcoming year. In early 2018, the Town hired a new Highway Superintendent. Some reporting parameters were not available from the departing Superintendent. The Town Engineer will meet soon to brief the new Super on MS4 responsibilities.

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 CLIFTON PARK

SPDES ID: NYR20A035

7. Evaluating Progress Toward Measurable Goals MCM 6

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.

Maintain all selected BMPs detailed in the Town of Clifton Park MS4 SWMP Plan.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

A significant amount of debris removed from the stormwater system as a result of maintenance.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Maintain all selected BMPs detailed in the Town of Clifton Park MS4 SWMP Plan. Continued maintenance of the town's streets and stormwater system. Expansion of the program to include the cleaning of retention ponds as time and manpower permits.

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Greenfield

SPDES ID: NYR20A123

7. Evaluating Progress Toward Measurable Goals MCM 6

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.

The Town Highway Department has established an inventory system and a maintenance schedule plan to inspect and maintain all existing stormwater practices in the Town. The Town regularly inspects and maintains all municipal properties and addresses any noted deficiencies in a timely manor. The Highway Department cleaned 18.4 lane miles of roadside ditches and replaced 9 culvert structures in 2017.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Continued communication between Town officials, Highway Department personnel and Town Engineer, has helped to establish a successful good housekeeping and pollution prevention plan within the Town

C. How many times was this observation measured or evaluated in this reporting period?

2

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

The Town will continue to implement the maintenance program that has been established. The Highway Department has established a program to train their employees on stormwater related issues and will continue to provide opportunities for personnel to attend stormwater management training programs.

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Halfmoon

SPDES ID: NYR20A375

7. Evaluating Progress Toward Measurable Goals MCM 6

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.

Records maintained of all areas that are reported on for this minimum control measure. A form is completed by the Highway Department for each activity reported on. The Town Highway Department reported 75.1 miles of road swept with 90.25 cubic yards of debris collected. 158 catch basins were also cleaned out. A road side cleanup was held with a total of 250 bags of trash collected.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town Highway Department reported on 75.1 miles of road swept with 90.25 cubic yards of debris collected. 158 catch basins were also cleaned. a road side cleanup was held and 250 bags of trash were collected

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Roads will be swept on a continual basis. Catch basins will be cleaned as needed. Annual roadside cleanups will be held. Reports will be written and maintained by the Town. Conduct a Self-Assessment and ISWM Program MCM 6/P2 Training by 12/31/2018.

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

7. Evaluating Progress Toward Measurable Goals MCM 6

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.

The town will continue to work on training relevant staff, will hold its self-audit every three years and will maintain inspection, cleaning and repair records. Stormwater training for parks and highway staff is planned to be held every three years, this is due in Spring 2020.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town conducted a self-assessment last reporting 2015 and will conduct its next self-assessment no later than 2018. The Town revised its SWMP Plan in 2016 year to provide better guidance to town staff on BMP's to use and to align the plan with initiatives the town has been undertaking. Training for parks and highway staff was held in 2017. The Town had a stormwater management officers to one this year. The Town anticipates hiring and training an additional stormwater

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☑ Yes ☐ 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).

The town will continue to work on training relevant staff, will conduct its next self-audit in 2018, and will maintain inspection, cleaning and repair records. Stormwater training will be provided this spring to parks and highway staff. Hire an additional stormwater management officer in 2018.

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Mechanicville

SPDES ID: NYR20A551

7. Evaluating Progress Toward Measurable Goals MCM 6

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.

The measurable goal tracked was the number of employees trained.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

While there has not been any training provided, stormwater management personnel were scheduled to attend a training this reporting year that was canceled by the host

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☑ Yes ☐ 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).

The City will continue to track stormwater training, and intends to attend or provide it to stormwater management personnel.

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MILTON

SPDES ID: NYR20A108

7. Evaluating Progress Toward Measurable Goals MCM 6

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.

Continue to keep accurate records of municipal pollution prevention and good housekeeping activities to assist in completion of annual MS4 report.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Record of PP/GH activities were available at the time of report completion.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Keep records on forms found in SWMPP or in manner acceptable to the Town Stormwater Officer. Review record keeping procedures with responsible parties. To be further reviewed for completeness.

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 MOREAU

SPDES ID: NYR20A158

7. Evaluating Progress Toward Measurable Goals MCM 6

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.

Keep all required records on forms found in SWMPP or in a manner acceptable to the Town's Stormwater Management Officer (SMO).
Provide Pollution Prevention and Good Housekeeping training to all departments.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The receipt/keeping of records has kept pace with related activities with exception of the Recreation department.
The need for continued dust management in yard areas and a need to cover fueling station/operations.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

○ Yes ● 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).

A review of the self-assessment will be made to determine actions or modifications to operations that are needed. The Town Board is pursuing possible grant funding of a fuel station canopy. Staff training will continue by watching stormwater training videos or webcasts by EPA or similar agencies, attending Saratoga County ISWM trainings and keeping logs of staff sign in training.

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Round Lake

SPDES ID: NYR20A099

7. Evaluating Progress Toward Measurable Goals MCM 6

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.

The Village, as an automatically designated MS4 since 2003, has a fully developed MCM6 program of training, operations, and system inspection & maintenance.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Village continues all applicable SOPs and BMPs relative to Public Works and MS4 inspection, operations, and maintenance. Each year all catch basins, system connectors (i.e. culverts), inlet and outlet points are inspected; general GH/P2 measures are implemented as part of daily operations; all such measures have been fully implemented.

C. How many times was this observation measured or evaluated in this reporting period?

240

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Village Public Works will conduct a Self-Assessment of all applicable operations with assistance from the Saratoga County/CCE Saratoga ISWM Program in Reporting Year 15 (i.e. 2017 - 2018); all other SOPs and BMPs will continue to be implemented, any new/necessary SOPs/BMPs discovered through Self-Assessment will be included in the SWMP Plan and implemented the following year (i.e. Year-16, 2018 - 2019).

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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, Department of Public Works

SPDES ID: NYR20A209

7. Evaluating Progress Toward Measurable Goals MCM 6

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.

Continue with GH/PP BMP implementation at DPW/County Facilities (i.e. zero or limited exposure of potential SW Pollutants; no fertilizer application and organic debris management of turf grass areas; Employee trainings; MS4 system inspections; etc.)

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Continuing: street/road sweeping; BMPs at DPW Facilities were maintained/implemented; catch basin inspection/cleaning program.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☑ Yes ☐ 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).

Continue MM6 Program implementation. Resume employee training program with the goal of training 100% of DPW employees on pollution prevention BMPs and policies.

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Saratoga Springs

SPDES ID: NYR20A216

7. Evaluating Progress Toward Measurable Goals MCM 6

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.

- Implement best management practices to address pollutants identified by City self-assessment.
- Perform a self-assessment of municipal facilities/operations every (3) years to identify pollutants.
- Provide City employees with pollution prevention and good housekeeping training every (3) years.
- Enforce local ordinances regarding pet waste disposal and waterfowl feeding.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- Year-round implementation of Best Management Practices including parking lots/streets swept, storm drains cleaned, fertilizer/pesticide application, vehicle/equipment washing, fueling & repair, road salt storage, hazardous material handling & storage, spill prevention & clean-up.
- A self-assessment of municipal facilities/operations was performed in May 2016.
- Pollution prevention training for DPW employees was provided in February 2016.
- Standing ordinances that prohibit feeding of waterfowl and requires proper pet waste disposal

C. How many times was this observation measured or evaluated in this reporting period?

365

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

- Best management practices will continue to be implemented as well as monitored for effectiveness.
- The next self-assessment of municipal facilities/operations is scheduled for May 2019.
- The next pollution prevention training class for DPW employees is scheduled for February 2019.
- Ordinances prohibiting waterfowl feeding and improper pet waste disposal will remain in effect.

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: South Glens Falls

SPDES ID: NYR20A091

7. Evaluating Progress Toward Measurable Goals MCM 6

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.

Work with town of Moreau and SCI Stormwater Program to offer refresher courses for employees.
Maintain MSD Sheets.
Update materials inventory updated.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Work with town of Moreau setting up training.
Maintain all MSDS.
Materials inventory updated.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Using catchbasin record forms.
Ue street sweeping forms.
Continue to update MSD Sheets as needed.
Materials inventory update as needed.

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Stillwater

SPDES ID: NYR20A549

7. Evaluating Progress Toward Measurable Goals MCM 6

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.

As of this reporting year the Town of Stillwater has developed their Stormwater Management Plan (SWMP). The goals for inspection and maintenance of the Town owned facilities are outlined in the plan.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

A detailed reporting form was established by the Town that the Highway Department uses to report on activities outlined in this report. The activities reported have been managed and maintained by the department effectively to insure proper operation of BMPs.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

The Town of Stillwater is working with the Coalition (Saratoga County ISWM Program) on the creation of Standard Operation Procedures for Coalition members to create a consistent approach.

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition: Village of Stillwater

SPDES ID: NYR20A547

7. Evaluating Progress Toward Measurable Goals MCM 6

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.

The Village of Stillwater has developed their Stormwater Management Plan (SWMP). Goals for inspection and maintenance of the Village owned facilities are outlined in the plan.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

A detailed reporting form was established by the Village that the Highway Department uses to report on activities outlined in this report. The activities reported have been managed and maintained by the department effectively to insure proper operation of BMPs.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

The Village of Stillwater has developed their Stormwater Management Plan (SWMP). Goals for inspection and maintenance of the Village owned facilities are outlined in the plan. Through an Inter-municipal Agreement, a Stormwater Committee developed by the Town of Stillwater continues to educate the affected employees and set goals for the next step in the programs development.

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Waterford

SPDES ID: NYR20A037

7. Evaluating Progress Toward Measurable Goals MCM 6

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.

The Town practices good housekeeping measures such as those listed herein, as well as measures identified in their Good Housekeeping/Pollution Prevention Plan.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town removed sediment from 114 catch basins.

C. How many times was this observation measured or evaluated in this reporting period?

114

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

The Town will continue to implement good housekeeping measures.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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Name of MS4/Coalition: Village of Waterford

SPDES ID: NYR20A469

7. Evaluating Progress Toward Measurable Goals MCM 6

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.

Maintain all good housekeeping/pollution prevention programs.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Village continues to maintain it existing programs of Street, Winter Road, Solid Waste, Municipal Building, and Parks and Open Space management/maintenance to the maximum extent practicable.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Maintain all in-house programs as well as street sweeping, litter/trash pick up (daily), and winter road maintenance contracts.

7123078468

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 Wilton

SPDES ID: NYR20A114

7. Evaluating Progress Toward Measurable Goals MCM 6

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.

Regularly inspect, clean, maintain and repair catch basins. Maintenance and repairs are tracked. Perform good housekeeping practices. Determine sources of pollutants.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Catch basins cleaned, maintained or repaired. Facilities maintained in good order. Town garage oil/water separator connected to county sewer system.

C. How many times was this observation measured or evaluated in this reporting period?

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

● Yes ○ 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).

Town crews will continue to inspect catch basins on a regular ongoing basis and make repairs/clean in a timely manner. Continue with educational training.