# MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 1

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

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# ○ This report is being submitted on behalf of a Single Entity

(Per Part II.E of GP-0-10-002)

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#### 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.

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# MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 1

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

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MCC form for period ending March 9, 2 0 2 1

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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:

- O 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:

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MCC form for period ending March 9, 2 0 2 1

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- O A Joint Report

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MCC form for period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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MCC form for period ending March 9, 2 0 2 1

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MCC form for period ending March 9, 2 0 2 1

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MCC form for period ending March 9, 2 0 2 1

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MCC form for period ending March 9, 2 0 2 1

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## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 1

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MCC form for period ending March 9, 2 0 2 1

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Joint reports may be submitted by permittees with legally binding agreements.

If Joint Report, enter coalition name:

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MCC form for period ending March 9, 2 0 2 1

|                            | SPI | DES | ID |        |   |   |   |   |   |
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| Name of MS4 TOWN OF MOREAU | N   | Y   | R  | 2      | 0 | A | 1 | 5 | 8 |
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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)
- O A Joint Report

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# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 1

|   |            | SPL  | )ES  | ID    |     |     |   |   |   |
|---|------------|------|------|-------|-----|-----|---|---|---|
| Name of MS4 Village of Round Lake                                   |            | N    | Y    | R 2   | 2 0 | ) A | 0 | 9 | 9 |
| Each MS4 must submit an MCC form.                                   |            |      |      |       |     |     |   |   |   |
| Section 1 - MCC Identification Page                                 |            |      |      |       |     |     |   |   |   |
| Indicate whether this MCC form is being submitted to certify endors | ement or a | ссер | tano | ce of |     |     |   |   |   |
| <ul> <li>An Annual Report for a single MS4</li> </ul>               |            |      |      |       |     |     |   |   |   |
| ○ A Single Entity (Per Part II.E of GP-0-10-002)                    |            |      |      |       |     |     |   |   |   |
| O A Joint Report  |            |      |      |       |     |     |   |   |   |
| Joint reports may be submitted by permittees with lega              | lly bindin | g ag | ree  | ment  | s.  |     |   |   |   |
| If Joint Report, enter coalition name:                              |            |      |      |       |     |     |   |   |   |
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MCC form for period ending March 9, 2 0 2 1

Name of MS4 Saratoga County, Department of Public Works

SPDES ID

| N | Y | R | 2 | 0 | A | 2 | 0 | 9

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)
- O A Joint Report

| If J | oint | Rep | ort, | ent | er c | oali | tion | nar | ne: |  |  |  |  |  |  |  |  |  |     |
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# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 1

|   | SPI   | DES      | ID   |      |     |                   |     |          |
|---|-------|----------|--|------|-----|-------------------|-----|----------|
| Name of MS4 City of Saratoga Springs  | N     | Y        | R  | 2    | 0 A | 2                 | 1   | 6        |
| Each MS4 must submit an MCC form.  Section 1 - MCC Identification Page      |       |          |  |      |     |                   |     |          |
| Indicate whether this MCC form is being submitted to certify endorsement or | accep | otan     | .ce (  | of:  |     |                   |     |          |
| ● An Annual Report for a single MS4   |       |          |  |      |     |                   |     |          |
| ○ A Single Entity (Per Part II.E of GP-0-10-002)                            |       |          |  |      |     |                   |     |          |
| O A Joint Report  |       |          |  |      |     |                   |     |          |
| Joint reports may be submitted by permittees with legally binding           | ng ag | gree     | me   | nts. |     |                   |     |          |
| If Joint Report, enter coalition name:                                      |       | -        |  |      |     |                   |     |          |
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MCC form for period ending March 9, 2 0 2 1

|             |                   | _ | SPI | DES | ID |   |   |   |   |   |   |
|-------------|-------------------|---|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | South Glens Falls |   | N   | Y   | R  | 2 | 0 | А | 0 | 9 | 1 |

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)
- O A Joint Report

| If J | oint | Rep | ort, | ent | er c | oali | tion | nar | ne: |  |  |  |  |  |  |  |  |  |     |
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# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 1

|   | SF     | DES   | SID   |      |     |     |   |   |
|---|--------|-------|-------|------|-----|-----|---|---|
| Name of MS4 Town of Stillwater  | N      | Y     | R     | 2    | 0 7 | A 5 | 4 | 9 |
| Each MS4 must submit an MCC form.   |        |       |       |      |     |     |   |   |
| Section 1 - MCC Identification Page   |        |       |       |      |     |     |   |   |
| Indicate whether this MCC form is being submitted to certify endorsement of | r acce | eptai | ice ( | of:  |     |     |   |   |
| <ul> <li>An Annual Report for a single MS4</li> </ul>                       |        |       |       |      |     |     |   |   |
| ○ A Single Entity (Per Part II.E of GP-0-10-002)                            |        |       |       |      |     |     |   |   |
| O A Joint Report  |        |       |       |      |     |     |   |   |
| Joint reports may be submitted by permittees with legally bind              | ding a | igre  | eme   | ents |     |     |   |   |
| If Joint Report, enter coalition name:                                      |        |       |       |      |     |     |   |   |
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# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

|   | SPI     | DES  | ID  |      |   |   |   |   |   |
|---|---------|------|-----|------|---|---|---|---|---|
| Name of MS4 Village of Stillwater   | N       | Y    | R   | 2    | 0 | A | 5 | 4 | 7 |
| Each MS4 must submit an MCC form.   |         |      |     |      |   |   |   |   |   |
| Section 1 - MCC Identification Page   |         |      |     |      |   |   |   |   |   |
| Indicate whether this MCC form is being submitted to certify endorsement or                           | r accep | tanc | e o | f:   |   |   |   |   |   |
| <ul> <li>An Annual Report for a single MS4</li> </ul>   |         |      |     |      |   |   |   |   |   |
| ○ A Single Entity (Per Part II.E of GP-0-10-002)  |         |      |     |      |   |   |   |   |   |
| ○ A Joint Report  |         |      |     |      |   |   |   |   |   |
| Joint reports may be submitted by permittees with legally bind If Joint Report, enter coalition name: | ling ag | reer | nen | its. |   |   |   |   |   |
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MCC form for period ending March 9, 2 0 2 1

|             |                   | SPI | DES | ID |   |   |   |   |   |   |
|-------------|-------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | Town of Waterford | N   | Y   | R  | 2 | 0 | А | 0 | 3 | 7 |

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)
- O A Joint Report

| If Jo | oint | Rep | ort, | ent | er c | oali | tion | nai | ne: |  |  |  |  |  |  |  |  |   |     |   |
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MCC form for period ending March 9, 2 0 2 1

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)
- O A Joint Report

| If Jo | oint | Rep | ort, | ent | er c | oali | tion | nar | ne: |  |  |  |  |  |  |  |  |  |     |               |
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MCC form for period ending March 9, 2 0 2 1

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|-------------|----------------|---|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | Town of Wilton |   | N   | Y   | R  | 2 | 0 | А | 1 | 1 | 4 |

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)
- O A Joint Report

| J | f Jo | oint | Rep | ort, | ent | er c | oali | tion | nar | ne: |  |  |  |  |  |  |  |  |  |          |
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MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ 

|  | SPDES ID        |   |
|--|-----------------|---|
| Name of MS4 Saratoga County ISWM Program | N Y R 2 0 C 0 0 | 6 |

## **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

| Firs     | t Na     | ame    |        |        |   |   |        |   |        |   |        |   |   |   |   | ΜI |   | Las      | t Na | ame |      |   |          |   |   |        |        |     |   |   |   |   |
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MCC form for period ending March 9, 2 0 2 1

| _           |                              | SPL | DES | ID. |   |   |   |   |   |   |
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| Name of MS4 | Saratoga County ISWM Program | N   | Y   | R   | 2 | 0 | С | 0 | 0 | 6 |

## **Section 2 - Contact Information**

Important Instructions - Please Read

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- 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.

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

| Firs      | t Na          | ame    |     |          |   |   |   |   |        |        |        |   |   |   | _ | MI | _ | Las | t Na | ıme                      |      |   |     |   |   |   |   |            |   |   |  |
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MCC form for period ending March 9, 2 0 2 1

|                                     | SPI | DES | ID |   |   |   |   |   |   |
|-------------------------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 Village of Ballston Spa | N   | Y   | R  | 2 | 0 | A | 3 | 7 | 6 |

## **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

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- 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).

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

| First Name                           | MI Last Name               |
|--------------------------------------|----------------------------|
| Lawrence                             | L Woolk right              |
| Title                                |                            |
| M a y o r                            |                            |
| Address                              |                            |
| 6 6 F r o n t S t r e e t            |                            |
|                                      |                            |
| City                                 | State Zip                  |
| City           B a 1 1 s t o n S p a | State Zip  N Y 1 2 0 2 0 - |
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| Ballston Spa                         |                            |
| Ballston Spa  eMail                  | N Y 1 2 0 2 0 -            |

MCC form for period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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| Name of MS4 | Town of Ballston | N   | Y   | R  | 2 | 0 | А | 1 | 5 | 7 |

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- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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MCC form for period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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| Name of MS4 | Town of Ballston | Ν   | Y   | R   | 2 | 0 | А | 1 | 5 | 7 |

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

| First Name  | MI Last Name                |
|---|-----------------------------|
| K a t h r y n                                     | C Serra                     |
| Title   |                             |
| Project Manager,                                  | C . T . M a l e A s s o c i |
| Address   |                             |
| 5 0 C e n t u r y H i 1 1                         | D   r   i   v   e           |
| City  | State Zip                   |
| Latham  | N Y 1 2 1 1 0 -             |
| eMail   |                             |
| k . s e r r a @ c t m a 1 e . c                   |                             |
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MCC form for period ending March 9, 2 0 2 1

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| Name of MS4 Town of Charlton | N   | Y   | R  | 2 | 0 | A | 0 | 3 | 2 |

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For each contact, select all that apply:

|  | Principal | Executive | Officer/Chief | Elected | Official |
|--|-----------|-----------|---------------|---------|----------|
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| ○ Stormwat            | er Managemen | t Program | (SWMP)     | Coordinator |

O Report Preparer

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MCC form for period ending March 9, 2 0 2 1

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| Name of MS4 Town of Charlton, Saratoga County, N.Y. | N   | Y   | R  | 2 | 0 | А | 0 | 3 | 2 |

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MCC form for period ending March 9, 2 0 2 1

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MCC form for period ending March 9, 2 0 2 1

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| Name of MS4 | Town of Charlton, Saratoga County, N.Y. |   | N   | Y   | R  | 2 | 0 | A | 0 | 3 | 2 |

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| FIrst  | Name    |   |   |   |        |   |   |   |        |   |        |   |   |   | _ | MI | _ | Las | t Na | ame      |      |   |          |   |   |   |   |            |  |      |
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MCC form for period ending March 9, 2 0 2 1

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| Name of MS4 TOWN OF CLIFTON PARK | N   | Y   | R  | 2 | 0 | А | 0 | 3 | 5 |

## **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

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MCC form for period ending March 9, 2 0 2 1

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| Name of MS4 | TOWN OF CLIFTON PARK | N   | Y   | R  | 2 | 0 | А | 0 | 3 | 5 |

## **Section 2 - Contact Information**

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- 5. Report Preparer (Consultants may provide company name in the space provided).

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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.

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

| Firs | st Na         | ame |   |   |   |        |   |   |   |   |   |   |   |   |   | ΜI |   | Las | t Na | ame |      |   |          |   |   |   |   |   |  |  |  |
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| City | У             |     |   |   |   |        |   |   |   |   |   |   |   |   |   |    |   |     |      | S   | tate |   | Zip      | ) |   |   |   | _ |  |  |  |
| City | 1             | i   | f | t | 0 | n      |   | Р | a | r | k |   |   |   |   |    |   |     |      |     |      | Y | Zip<br>1 | 2 | 0 | 6 | 5 | _ |  |  |  |
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MCC form for period ending March 9, 2 0 2 1

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## **Section 2 - Contact Information**

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- 5. Report Preparer (Consultants may provide company name in the space provided).

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

| Firs  | t Na          | ame |   |   |        |        |   |        |   |   |   |   |   |   | _ | MI |   | Las | t Na | ame |      |   |          |   |   |   |   |            |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| City  |               |     |   |   |        |        |   |        |   |   |   |   |   |   |   |    |   |     |      | S   | tate |   | Zip      | ) |   |   |   | _          |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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MCC form for period ending March 9, 2 0 2 1

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| Name of MS4 | Town of Greenfield | N   | Y   | R  | 2 | 0 | Α | 1 | 2 | 3 |

## **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

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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:

| _ | D ' 1     | г         | 0.00 /01:0    | T21 ( 1 | O CC' 1 1 |
|---|-----------|-----------|---------------|---------|-----------|
|   | Principal | Executive | Officer/Chief | Flected | Official  |

| O Duly | Authorized | Representative |
|--------|------------|----------------|
|--------|------------|----------------|

| $\bigcirc$ | Local | Stormwater | Dublic | Contact |
|------------|-------|------------|--------|---------|
| $\cup$     | Local | Stormwater | Public | Comaci  |

| $\bigcirc$ | Stormwater | Management | Program | (SWMP) | <ul> <li>Coordinator</li> </ul> |
|------------|------------|------------|---------|--------|---------------------------------|
|            |            |            |         |        |                                 |

O Report Preparer

| First Name                                     | MI Last Name        |
|--|---------------------|
| Daniel   | Pemrick             |
| Title  |                     |
| Supervisor                                     |                     |
| Address  |                     |
| P O B O x 1 0                                  |                     |
| City   | State Zip           |
| GreenfieldCente                                | e r N Y 1 2 8 3 3 - |
| eMail  |                     |
|  |                     |
| Phone  | County              |
| <b>(</b> 5 1 8 <b>)</b> 8 9 3 <b>-</b> 7 6 0 4 | S A R A T O G A     |

MCC form for period ending March 9, 2 0 2 1

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## **Section 2 - Contact Information**

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- O Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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MCC form for period ending March 9, 2 0 2 1

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| Name of MS4 Town of Greenfield, Saratoga County, NY | N   | Y   | R  | 2 | 0 | А | 1 | 2 | 3 |

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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.

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

| First Name MI                   | Last Name                                  |
|---------------------------------|--|
| C h a r l e s D                 | Baker                                      |
| Title                           |  |
| E n v i r o n m e n t a 1 D e s | i g n P t r . L L P P E                    |
| Address                         |  |
| 9 0 0 R o u t e 1 4 6           |  |
|                                 |  |
| City                            | State Zip                                  |
| City C l i f t o n P a r k      | State Zip    N   Y   1   2   0   6   5   - |
|                                 |  |
| C l i f t o n P a r k           |  |
| Clifton Park  eMail             |  |

MCC form for period ending March 9, 2 0 2 1

|   | SPDES ID        |   |
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| Name of MS4 Town of Greenfield, Saratoga County, NY | N Y R 2 0 A 1 2 | 3 |

#### **Section 2 - Contact Information**

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

| First Name   | MI Last Name                  |
|--|-------------------------------|
| Michael  | Waldron                       |
| Title  |                               |
| Zoning Enforceme   | ent Officer                   |
| Address  |                               |
| P O B O x 1 0  |                               |
| City   | State Zip                     |
| Greenfield Cente   | e r N Y 1 2 0 2 0 -           |
| eMail  |                               |
|  |                               |
| Phone  | County                        |
| <b>(</b>   5   1   8   <b>)</b>   8   9   3   <b>-</b>   7   6   0   4 | S   A   R   A   T   O   G   A |

MCC form for period ending March 9, 2 0 2 1

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| Name of MS4 | Town of Halfmoon | N   | Y   | R  | 2 | 0 | A | 3 | 7 | 5 |

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- 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).

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

| Firs     | st Na         | ame |   |        |   |   |        |   |   |   |   |   |   |   |   | ΜI |   | Las      | t Na | ame |      |   |     |   |   |        |        |            |  |  |
|----------|---------------|-----|---|--------|---|---|--------|---|---|---|---|---|---|---|---|----|---|----------|------|-----|------|---|-----|---|---|--------|--------|------------|--|--|
| K        | е             | v   | i | n      |   |   |        |   |   |   |   |   |   |   |   |    |   | Т        | 0    | 1   | 1    | i | s   | е | n |        |        |            |  |  |
| Titl     | e             |     |   |        |   |   |        |   |   |   |   |   |   |   |   |    |   |          |      |     |      |   |     |   |   |        |        |            |  |  |
| Т        | 0             | w   | n |        | S | u | р      | е | r | v | i | S | 0 | r |   |    |   |          |      |     |      |   |     |   |   |        |        |            |  |  |
| Add      | dres          | S   |   |        |   |   |        |   |   |   |   |   |   |   |   |    |   |          |      |     |      |   |     |   |   |        |        |            |  |  |
| 2        |               | Н   | a | 1      | f | m | 0      | 0 | n |   | Т | 0 | w | n |   | Р  | 1 | a        | Z    | a   |      |   |     |   |   |        |        |            |  |  |
| ~.       |               |     |   |        |   |   |        |   |   |   |   |   |   |   |   |    |   |          |      |     |      |   | 7.  |   |   |        |        |            |  |  |
| City     | У             |     |   |        |   |   |        |   |   |   |   |   |   |   |   |    |   |          |      | 5   | tate |   | Zip |   |   |        |        | _          |  |  |
| H        | a             | 1   | f | m      | 0 | 0 | n      |   |   |   |   |   |   |   |   |    |   |          |      |     |      | Y | 21p | 2 | 0 | 6      | 5      | _          |  |  |
|          | a             | 1   | f | m      | 0 | 0 | n      |   |   |   |   |   |   |   |   |    |   |          |      |     |      |   |     |   | 0 | 6      | 5      | _          |  |  |
| Н        | a             | 0   | f | m<br>1 | o | 0 | n<br>e | n | @ | t | 0 | w | n | 0 | f | h  | а | 1        | f    |     |      |   |     |   | 0 | 6<br>r | 5<br>g | ] <b>-</b> |  |  |
| H<br>eMa | a<br>ail<br>t |     |   |        |   |   |        | n | @ | t | 0 | W | n | 0 | f | h  |   | 1<br>Cou |      | m   | 1 .  | Y | 1   | 2 |   |        |        | ]-         |  |  |

MCC form for period ending March 9, 2 0 2 1

|             |                  | SPL | DES | ID |   |   |   |   |   |   |
|-------------|------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | Town of Halfmoon | N   | Y   | R  | 2 | 0 | А | 3 | 7 | 5 |

# **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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)
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- 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).

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

| Firs     | t Na          | ame    |   |        |   |        |        |   |    |   |   |   |   |   |   | ΜI |   | Las      | t Na | ame |      |   |          |   |        |   |   |     |  |  |
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| Р        | a             | u      | 1 |        |   |        |        |   |    |   |   |   |   |   |   | М  |   | M        | а    | r   | 1    | 0 | W        |   |        |   |   |     |  |  |
| Titl     | e             |        |   |        |   |        |        |   |    |   |   |   |   |   |   |    |   |          |      |     |      |   |          |   |        |   |   |     |  |  |
| Р        | 1             | а      | n | n      | Ψ | r      | /      | S | IJ | 0 | r | m | W | a | ħ | ω  | r |          | Т    | е   | С    | h | n        | i | С      | i | a | n   |  |  |
| Add      | lres          | S      |   |        |   |        |        |   |    |   |   |   |   |   |   |    |   |          |      |     |      |   |          |   |        |   |   |     |  |  |
| 2        |               | Н      | a | 1      | f | m      | 0      | 0 | n  |   | Т | 0 | w | n |   | Р  | 1 | a        | Z    | а   |      |   |          |   |        |   |   |     |  |  |
|          |               |        |   |        |   |        |        |   |    |   |   |   |   |   |   |    |   |          |      |     |      |   |          |   |        |   |   |     |  |  |
| City     | /             |        |   |        |   |        |        |   |    |   |   |   |   |   |   |    |   |          |      | S   | tate |   | Zip      | ) |        |   |   |     |  |  |
| City     | a             | 1      | f | m      | 0 | 0      | n      |   |    |   |   |   |   |   |   |    |   |          |      |     |      | Y | Zip<br>1 | 2 | 0      | 6 | 5 | ] - |  |  |
|          | a             | 1      | f | m      | 0 | 0      | n      |   |    |   |   |   |   |   |   |    |   |          |      |     |      |   |          |   | 0      | 6 | 5 | ] - |  |  |
| Н        | a             | 1<br>a | f | m      | 0 | 0<br>W | n<br>@ | t | 0  | w | n | 0 | f | h | а | 1  | f | m        | 0    |     |      |   |          |   | 0<br>g | 6 | 5 | _   |  |  |
| H<br>eMa | a<br>ail<br>m |        |   | m<br>1 |   |        |        | t | 0  | W | n | 0 | f | h | a | 1  |   | m<br>Cou |      | 0   | N .  | Y | 1        | 2 |        | 6 | 5 | _   |  |  |

MCC form for period ending March 9, 2 0 2 1

|             |                  | SPI | DES | ID |   |   |   |   |   |   |
|-------------|------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | Town of Halfmoon | N   | Y   | R  | 2 | 0 | А | 3 | 7 | 5 |

#### **Section 2 - Contact Information**

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- 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).

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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.

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

| Firs     | t Na          | ıme    |   |        |   |   |        |   |   |   |   |   |   |   | _ | MI |   | Las | t Na | ame                      |      |          |          |   |        |   |   |            |  |  |
|----------|---------------|--------|---|--------|---|---|--------|---|---|---|---|---|---|---|---|----|---|-----|------|--------------------------|------|----------|----------|---|--------|---|---|------------|--|--|
| Р        | a             | u      | 1 |        |   |   |        |   |   |   |   |   |   |   |   | M  |   | М   | a    | r                        | 1    | 0        | w        |   |        |   |   |            |  |  |
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| Р        | 1             | a      | n | n      | е | r | /      | S | t | 0 | r | m | W | a | t | е  | r |     | Т    | е                        | С    | h        | n        | i | С      | i | a | n          |  |  |
| Add      | lres          | S      |   |        |   |   |        |   |   |   |   |   |   |   |   |    |   |     |      |                          |      |          |          |   |        |   |   |            |  |  |
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|          |               |        |   |        |   | • |        |   |   |   |   |   |   |   |   |    |   |     |      |                          |      | •        |          |   |        |   |   |            |  |  |
| City     | /             |        |   |        |   |   |        |   |   |   |   |   |   |   |   |    |   |     |      | $\underline{\mathbf{S}}$ | tate | <u> </u> | Zip      | ) |        |   | _ | _          |  |  |
| City     | a             | 1      | f | m      | 0 | 0 | n      |   |   |   |   |   |   |   |   |    |   |     |      |                          |      | Y        | Zip<br>1 | 2 | 0      | 6 | 5 | _          |  |  |
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| Н        | a             | 1<br>a | f | m<br>1 | 0 | o | n<br>@ | t | 0 | w | n | 0 | f | h | а | 1  | f | m   | 0    |                          |      |          |          |   | 0<br>g | 6 | 5 | _          |  |  |
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MCC form for period ending March 9, 2 0 2 1

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| Name of MS4 Town of Malta | N   | Y   | R  | 2 | 0 | A | 0 | 8 | 6 |

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- O Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

| Firs    | st Na         | ame    |   |   |   |   |   |   |   |   |   |   |   |   |   | ΜI |   | Las | t Na | ame          |      |   |     |   |   |   |   |     |  |  |
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| F       | 1             | 0      | r | i | a |   |   |   |   |   |   |   |   |   |   |    |   | Н   | u    | i            | Z    | i | n   | g | a |   |   |     |  |  |
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| Р       | 1             | a      | n | n | Φ | r | , |   | S | M | 0 |   |   |   |   |    |   |     |      |              |      |   |     |   |   |   |   |     |  |  |
| Add     | dres          | S      |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |      |              |      |   |     |   |   |   |   |     |  |  |
| 2       | 5             | 4      | 0 |   | R | 0 | u | t | е |   | 9 |   |   |   |   |    |   |     |      |              |      |   |     |   |   |   |   |     |  |  |
|         |               |        |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |      |              |      |   |     |   |   |   |   |     |  |  |
| City    | У             |        |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |      | $\mathbf{S}$ | tate |   | Zip | ) |   |   |   |     |  |  |
| City    | a             | 1      | t | а |   |   |   |   |   |   |   |   |   |   |   |    |   |     |      |              |      | Y | Zip | 2 | 0 | 2 | 0 | ] - |  |  |
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MCC form for period ending March 9, 2 0 2 1

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| Name of MS4 Town of Malta |   | N   | Y   | R  | 2 | 0 | A | 0 | 8 | 6 |

#### **Section 2 - Contact Information**

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- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

| 1.11.2    | t Na         | ame    |   |   |   |   |   |   |   |   |   |   |   |   |   | MI |   | Las | t Na | ame      |      |   |     |   |   |   |   |            |  |  |
|-----------|--------------|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|-----|------|----------|------|---|-----|---|---|---|---|------------|--|--|
| D         | a            | r      | r | е | n |   |   |   |   |   |   |   |   |   |   |    |   | 0   | С    | 0        | n    | n | 0   | r |   |   |   |            |  |  |
| Title     | ,            |        |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |      |          |      |   |     |   |   |   |   |            |  |  |
| T         | 0            | W      | n |   | ន | u | р | е | r | v | i | ន | 0 | r |   |    |   |     |      |          |      |   |     |   |   |   |   |            |  |  |
| Add       | res          | S      |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |      |          |      |   |     |   |   |   |   |            |  |  |
| 2         | 5            | 4      | 0 |   | R | 0 | u | t | е |   | 9 |   |   |   |   |    |   |     |      |          |      |   |     |   |   |   |   |            |  |  |
|           |              |        |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |      |          |      |   |     |   |   |   |   |            |  |  |
| City      |              |        |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |     |      | <u>S</u> | tate |   | Zip | ) |   |   |   | _          |  |  |
| City<br>M | a            | 1      | t | а |   |   |   |   |   |   |   |   |   |   |   |    |   |     |      |          |      | Y | Zip | 2 | 0 | 2 | 0 | _          |  |  |
|           | a            | 1      | t | а |   |   |   |   |   |   |   |   |   |   |   |    |   |     |      |          |      |   |     |   | 0 | 2 | 0 | _          |  |  |
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| M<br>eMa  | a<br>il<br>u |        |   |   | v | i | S | 0 | r | @ | m | a | 1 | t | a | _  |   |     | w    | n        | 1 .  | Y | 1   | 2 | 0 | 2 | 0 | <b>-</b>   |  |  |

MCC form for period ending March 9, 2 0 2 1

|             |                       | SPI | DES | ID |   |   |   |   |   |   |
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| Name of MS4 | City of Mechanicville | N   | Y   | R  | 2 | 0 | А | 5 | 5 | 1 |

#### **Section 2 - Contact Information**

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- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

| Firs     | t Na          | ame |   |   |   |     |   |   |   |        |        |        |   |   |   | ΜI |   | Las      | t Na | ame |      |   |          |   |        |        |        |            |   |   |   |  |
|----------|---------------|-----|---|---|---|-----|---|---|---|--------|--------|--------|---|---|---|----|---|----------|------|-----|------|---|----------|---|--------|--------|--------|------------|---|---|---|--|
| D        | е             | n   | n | i | s |     |   |   |   |        |        |        |   |   |   | М  |   | В        | a    | k   | е    | r |          |   |        |        |        |            |   |   |   |  |
| Titl     | e             |     |   |   |   |     |   |   |   |        |        |        |   |   |   |    |   |          |      |     |      |   |          |   |        |        |        |            |   |   |   |  |
| М        | a             | У   | 0 | r |   |     |   |   |   |        |        |        |   |   |   |    |   |          |      |     |      |   |          |   |        |        |        |            |   |   |   |  |
| Add      | lres          | S   |   |   |   |     |   |   |   |        |        |        |   |   |   |    |   |          |      |     |      |   |          |   |        |        |        |            |   |   |   |  |
| 3        | 6             |     | N | 0 | r | t   | h |   | M | a      | i      | n      |   | S | t | r  | е | е        | t    |     |      |   |          |   |        |        |        |            |   |   |   |  |
|          |               |     |   |   |   |     |   |   |   |        |        |        |   |   |   |    |   |          |      |     |      |   |          |   |        |        |        |            |   |   |   |  |
| City     | /             |     |   |   |   |     |   |   |   |        |        |        |   |   |   |    |   |          |      | S   | tate |   | Zip      |   |        |        |        |            |   |   |   |  |
| City     | e             | С   | h | a | n | i   | C | v | i | 1      | 1      | е      |   |   |   |    |   |          |      |     |      | Y | Zip<br>1 | 2 | 1      | 1      | 8      | _          |   |   |   |  |
|          | е             | С   | h | a | n | i   | С | v | i | 1      | 1      | е      |   |   |   |    |   |          |      |     |      |   |          |   | 1      | 1      | 8      | _          |   |   |   |  |
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| M<br>eMa | e<br>ail<br>e |     |   |   |   |     |   |   |   |        |        |        | m | е | С | h  |   | n<br>Cou |      | C   | N .  | Y | 1        | 2 |        | _      |        |            | g | 0 | v |  |

MCC form for period ending March 9, 2 0 2 1

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|-------------|-----------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | City of Mechanicville | N   | Y   | R  | 2 | 0 | А | 5 | 5 | 1 |

#### **Section 2 - Contact Information**

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Contact information must be provided for <u>each</u> of the following positions as indicated below:

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- 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.

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

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MCC form for period ending March 9, 2 0 2 1

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#### **Section 2 - Contact Information**

Important Instructions - Please Read

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- 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).

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

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MCC form for period ending March 9, 2 0 2 1

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# **Section 2 - Contact Information**

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

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MCC form for period ending March 9, 2 0 2 1

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# **Section 2 - Contact Information**

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

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#### **Section 2 - Contact Information**

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

| First Name  | MI Last Name                |
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# Section 2 - Contact Information

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- O Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

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| Name of MS4 Town of Moreau | N Y R 2 0 | A 1 | . 5 | 8 |

# **Section 2 - Contact Information**

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MCC form for period ending March 9, 2 0 2 1

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| Name of MS4 | TOWN OF MOREAU | N  | Y   | R    | 2 | 0 | A | 1 | 5 | 8 |

# **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 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.

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

| Fir  | st N | ame | 2 |   |   |   |   |   |   |   |   |   |   |   |   | M | ſ | La  | st N | ame | 2    |   |     |   |   |   |   |    |   |   |   |    |
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# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 1

|             |                       | SPI | DES | ID |   |   |   |   |   |   |
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| Name of MS4 | Village of Round Lake | N   | Y   | R  | 2 | 0 | A | 0 | 9 | 9 |

#### **Section 2 - Contact Information**

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- 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.

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

| Firs | st Na | ame | ,      |     |   |   |   |   |        |   |   |   |   |   |   | MI | , | Las | t Na | me |      |   |     |   |   |   |   |   |   |  |  |
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# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 \end{vmatrix}$ 

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| Name of MS4 | Village of Round Lake | N  | Y   | R   | 2 | 0 | А | 0 | 9 | 9 |

#### **Section 2 - Contact Information**

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- 5. Report Preparer (Consultants may provide company name in the space provided).

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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.

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

| Firs | t Na | ame |   |   |   |   |   |   |   |   |   |   |   |   |   | MI |   | Las | st Na | ame |      |   |     |   |   |   |   |   |   |   |  |
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# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 1

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| Name of MS4 | Village of Round Lake | N  | Y   | R   | 2 | 0 | A | 0 | 9 | 9 |

#### **Section 2 - Contact Information**

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- O Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

| Firs | t Na | ame |   |   |   |   |   |   |   |   |   |   |   |   | 1 | MI | 1 | Las | t Na | me |      | _ |     | - |   |   |   |   | _ |  |
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MCC form for period ending March 9, 2 0 2 1

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#### **Section 2 - Contact Information**

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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 Officer |
|---|
|---|

| <ul> <li>Duly Authorized Representa</li> </ul> | itive |
|--|-------|
|--|-------|

| $\bigcirc$ | Local | Stormwater | Dublic | Contact |
|------------|-------|------------|--------|---------|
| $\cup$     | Local | Stormwater | Public | Comaci  |

| $\bigcirc$ | Stormwater | Management | Program  | (SWMP)       | Coordinator |
|------------|------------|------------|----------|--------------|-------------|
| $\cup$     | Stormwater | Management | riogiani | US VV IVIT 1 | Coordinator |

O Report Preparer

| Firs     | st Na         | ame |   |   |   |   |   |   |   |    |   |   |   |   |   | ΜI |   | Las      | t Na | ame          |      |   |          |   |   |        |   |            |   |   |   |   |
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MCC form for period ending March 9, 2 0 2 1

| Name of MS4 | Saratoga | County, | Department | of Pub | lic Works |
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- 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).

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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.

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

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MCC form for period ending March 9, 2 0 2 1

Name of MS4 Saratoga County, Department of Public Works

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#### **Section 2 - Contact Information**

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- O Duly Authorized Representative
- Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- Report Preparer

| First Name  | MI Last Name  |
|---|---|
| B 1 u e   | R Neils   |
| Title   |   |
| S   C   C   E   I   S   W   M   P   r   o         | g   r   a   m     C   o   o   r   d   i   n   a   t   o   r |
| Address   |   |
| 5 0 West High St                                  | reet  |
| City  | State Zip   |
| B a 1 1 s t o n S p a                             | N Y 1 2 0 2 0 -   |
| eMail   |   |
| b r n 5 @ c o r n e 1 1 . e d                     | u   |
| Phone   | County  |
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#### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 1

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| Name of MS4 City of Saratoga Springs | N   | Y   | R | 2 | 0 | Α | 2 | 1 | б |

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- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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MCC form for period ending March 9, 2 0 2 1

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#### **Section 2 - Contact Information**

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

| First Name                | MI Last Name               |
|---------------------------|----------------------------|
| Deborah                   | LeBreche P.E.              |
| Title                     |                            |
| City Engineer             |                            |
| Address                   |                            |
| 474 Broadway Sui          | t e 13                     |
|                           |                            |
| City                      | State Zip                  |
| City Saratoga Springs     | State Zip  N Y 1 2 8 6 6 - |
|                           |                            |
| Saratoga Springs          |                            |
| Saratoga Springs<br>eMail | N Y 1 2 8 6 6 -            |

MCC form for period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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- Report Preparer

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MCC form for period ending March 9, 2 0 2 1

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| Name of MS4 | South Glens Falls | N   | Y   | R  | 2 | 0 | А | 0 | 9 | 1 |

# **Section 2 - Contact Information**

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For each contact, select all that apply:

|  | Principal | Executive | Officer/Chief | Elected | Official |
|--|-----------|-----------|---------------|---------|----------|
|--|-----------|-----------|---------------|---------|----------|

| ∪ Duly | ' Aut | horized | Rep | oresent | ative |
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| $\bigcirc$ | Local | Stormwater | Dublic | Contact |
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| $\cup$     | Local | Stormwater | Public | Comaci  |

|        | Stormwater | Management | Drogram  | (CW/MD)   | Coordinat | or |
|--------|------------|------------|----------|-----------|-----------|----|
| $\cup$ | Stormwater | Management | riogiani | US WIVE I | Coordinat | OL |

O Report Preparer

| Firs     | t Na          | ame |   |   |   |   |        |   |   |   |   |   |   |        |   | ΜI |   | Las | t Na | ame |      |   |          |   |   |   |   |            |   |  |
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#### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 1

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- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

| Fire         | st N | ame | - |   |   |    |   |   |   |   |   |   |   |   |   | М |   | Las | t N  | ame | ,    | - | _   |   |   |     |   |   | , |      |   |  |
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# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 1

| SPL | DES | ID    |       |           |           |         |           |           |
|-----|-----|-------|-------|-----------|-----------|---------|-----------|-----------|
| N   | Y   | R     | 2     | 0         | A         | 5       | 4         | 9         |
|     | 311 | SIDLS | N Y R | SI DES ID | SI DES ID | SIDLSID | SI DES ID | SI DES ID |

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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.

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

| Firs    | t Na          | ame |        |        |        |   |   |   |   |   |   |   |   |   | 6 | MI | 1 | Las | t Na | me |        |   |     |   |   |   | 1 |   | _ | T |   |  |
|---------|---------------|-----|--------|--------|--------|---|---|---|---|---|---|---|---|---|---|----|---|-----|------|----|--------|---|-----|---|---|---|---|---|---|---|---|--|
| L       | i             | n   | d      | s      | a      | У |   |   |   |   |   |   |   |   |   | В  |   | В   | u    | C  | k      |   |     |   |   |   |   |   |   |   |   |  |
| Titl    | e             |     |        |        |        |   |   |   |   |   |   |   |   |   |   |    |   |     |      |    |        |   |     |   |   |   |   |   |   | - |   |  |
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| Add     | ires          | S   |        |        |        |   |   |   |   |   |   |   |   |   |   |    |   |     |      |    |        |   |     |   |   |   |   |   |   | 1 | _ |  |
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#### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 1

|             |                       | SPI | DES | ID |   |   |   |   |   |   |
|-------------|-----------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | Village of Stillwater | N   | Y   | R  | 2 | 0 | A | 5 | 4 | 7 |

#### Section 2 - Contact Information

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Contact information must be provided for <u>each</u> of the following positions as indicated below:

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- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
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- 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.

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

| Firs | t Na | ame |     |   |   |   |   |   |   | , | _ |      |   |   | , | MI |   | Las | t Na | ime |      |   |     |    |   |   |   |   |   |   |   |   |
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| Titl | e    |     |     |   |   |   |   |   |   |   |   |      |   |   |   |    |   |     |      |     |      |   |     |    |   |   |   |   |   |   |   |   |
| V    | i    | 1   | 1   | а | g | е |   | M | a | У | 0 | r    |   |   |   |    |   |     |      |     |      |   |     |    |   |   |   |   |   |   |   |   |
| Add  | ires | S   | (4) |   |   |   |   |   |   |   |   |      |   |   |   |    |   |     |      |     |      |   |     |    |   |   |   |   |   |   |   |   |
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| City | /    |     |     |   |   |   |   |   |   |   |   |      |   |   |   |    |   |     |      | S   | tate |   | Zip | ıΙ |   |   |   |   |   |   |   |   |
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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 1

| SPDES ID |     |     |       |         |           |             |               |                 |
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- O Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

| Firs     | t Na | ame |     |   |   |   |   |   |   |   |     |   |   |   |   | MI |   | Las | st Na | ame  |      |   |     |   | T- | , |   |   | _ | _ | - | _ |
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| Add      | ires | S   |     |   |   |   |   |   |   |   |     |   |   |   |   |    |   |     |       |      |      |   |     |   |    |   |   |   |   |   |   |   |
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| City     | /    |     |     |   |   |   |   |   |   |   |     |   |   |   |   |    |   |     |       | S    | tate |   | Zij | ) |    |   |   |   |   |   |   |   |
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MCC form for period ending March 9, 2 0 2 1

|                         |                   | SPL | DES | Ш |   |   |   |   |   |   |
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| Name of MS <sup>2</sup> | Town of Waterford | N   | Y   | R | 2 | 0 | А | 0 | 3 | 7 |

#### **Section 2 - Contact Information**

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- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

| First Name  John   | MI Last Name  E Lawler        |
|--|-------------------------------|
| Title  |                               |
| Town Supervisor  |                               |
| Address  |                               |
| 6 5 B r o a d S t r e e t  |                               |
| City   | State Zip                     |
| Waterford  | N Y 1 2 1 8 8 -               |
| eMail  |                               |
|  |                               |
| Phone  | County                        |
| <b>(</b>   5   1   8   <b>)</b>   2   3   5   <b>-</b>   8   1   8   4 | S   a   r   a   t   o   g   a |

MCC form for period ending March 9, 2 0 2 1

| _           |                   | SPI | DES | ID |   |   |   |   |   |   |
|-------------|-------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | Town of Waterford | N   | Y   | R  | 2 | 0 | А | 0 | 3 | 7 |

#### **Section 2 - Contact Information**

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- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- Report Preparer

| Firs | t Na          | ame |   |   |    |   |   |   |   |   |   |   |   |   | _ | MI |   | Las | t Na | ame |      |   |          |   |        |   |        |          |   |   |  |
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| N    | a             | d   | i | n | е  |   |   |   |   |   |   |   |   |   |   | R  |   | М   | е    | d   | i    | n | a        |   |        |   |        |          |   |   |  |
| Titl | е             |     |   |   |    |   |   |   |   |   |   |   |   |   |   |    |   |     |      |     |      |   |          |   |        |   |        |          |   |   |  |
| S    | r             |     |   | Р | r  | 0 | j | е | С | t |   | Ε | n | g | i | n  | е | е   | r    |     |      |   |          |   |        |   |        |          |   |   |  |
| Add  | lres          | S   |   |   |    |   |   |   |   |   |   |   |   |   |   |    |   |     |      |     |      |   |          |   |        |   |        |          |   |   |  |
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| City | /             |     |   |   |    |   |   |   |   |   |   |   |   |   |   |    |   |     |      | S   | tate |   | Zip      | ) |        | _ |        | _        |   | _ |  |
| City | 1             | b   | a | n | У  |   |   |   |   |   |   |   |   |   |   |    |   |     |      |     |      | Y | Zip<br>1 | 2 | 2      | 0 | 5      | _        |   |   |  |
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MCC form for period ending March 9, 2 0 2 1

|                                  | SPL | DES | ID |   |   |   |   |   |   |
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| Name of MS4 Village of Waterford | N   | Y   | R  | 2 | 0 | А | 4 | 6 | 9 |

# **Section 2 - Contact Information**

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- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

| FILS     | t Na    | ıme |        |   |   |   |   |        |   |   |   |   |   |   |   | ΜI |   | Las      | t Na | ame |      |   |          |   |   |   |   |            |  |      |
|----------|---------|-----|--------|---|---|---|---|--------|---|---|---|---|---|---|---|----|---|----------|------|-----|------|---|----------|---|---|---|---|------------|--|------|
| В        | е       | r   | t      |   |   |   |   |        |   |   |   |   |   |   |   |    |   | М        | a    | h   | 0    | n | е        | У |   |   |   |            |  |      |
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| Add      | ress    | S   |        |   |   |   |   |        |   |   |   |   |   |   |   |    |   |          |      |     |      |   |          |   |   |   |   |            |  | <br> |
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|          |         |     |        |   |   |   |   |        |   |   |   |   |   |   |   |    |   |          |      |     |      |   |          |   |   |   |   |            |  |      |
| City     |         |     |        |   |   |   |   |        |   |   |   |   |   |   |   |    |   |          |      | S   | tate |   | Zip      | ) |   |   |   |            |  |      |
|          | a       | t   | е      | r | f | 0 | r | d      |   |   |   |   |   |   |   |    |   |          |      |     |      | Y | Zip<br>1 | 2 | 1 | 8 | 8 | _          |  |      |
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MCC form for period ending March 9, 2 0 2 1

|                                  | _ | SPL | DES | ID |   |   |   |   |   |   |
|----------------------------------|---|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 Village of Waterford |   | N   | Y   | R  | 2 | 0 | А | 4 | 6 | 9 |

#### **Section 2 - Contact Information**

Important Instructions - Please Read

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- 5. Report Preparer (Consultants may provide company name in the space provided).

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- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

| FILS     | : Na    | ıme |        |   |   |   |   |        |   |   |   |   |   |   |   | MI |   | Las      | t Na | ame |      |   |     |   |   |   |   |            |  |  |
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| Add      | ress    | S   |        |   |   |   |   |        |   |   |   |   |   |   |   |    |   |          |      |     |      |   |     |   |   |   |   |            |  |  |
| 6        | 5       |     | В      | r | 0 | a | d |        | S | t | r | е | е | t |   |    |   |          |      |     |      |   |     |   |   |   |   |            |  |  |
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| City     |         |     |        |   |   |   |   |        |   |   |   |   |   |   |   |    |   |          |      | S   | tate |   | Zip | ) |   |   |   |            |  |  |
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MCC form for period ending March 9, 2 0 2 1

|                            | _ | SPI | DES | ID |   |   |   |   |   |   |
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| Name of MS4 Town of Wilton |   | N   | Y   | R  | 2 | 0 | A | 1 | 1 | 4 |

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For each contact, select all that apply:

| _ | D ' 1     | г         | 0.00 /01:0    | T21 ( 1 | O CC' 1 1 |
|---|-----------|-----------|---------------|---------|-----------|
|   | Principal | Executive | Officer/Chief | Flected | Official  |

| 0 | Duly | Authorized | Representative |
|---|------|------------|----------------|
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| $\bigcirc$ | Local | Stormwater | Dublic | Contact |
|------------|-------|------------|--------|---------|
| $\cup$     | Local | Stormwater | Public | Comaci  |

|        | Stormwater | Management | Drogram  | (CW/MD)   | Coordinat | or |
|--------|------------|------------|----------|-----------|-----------|----|
| $\cup$ | Stormwater | Management | riogiani | US WIVE I | Coordinat | OL |

O Report Preparer

| Firs      | t Na          | ame |   |   |        |   |   |   |   |   |   |   |   |   |   | ΜI |   | Las | t Na | ame |      |   |          |   |   |   |   |            |  |      |  |
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| Title     | е             |     |   |   |        |   |   |   |   |   |   |   |   |   |   |    |   |     |      |     |      |   |          |   |   |   |   |            |  |      |  |
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| Add       | lres          | S   |   |   |        |   |   |   |   |   |   |   |   |   |   |    |   |     |      |     |      |   |          |   |   |   |   |            |  | <br> |  |
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| City      | 7             |     |   |   |        |   |   |   |   |   |   |   |   |   |   |    |   |     |      | S   | tate |   | Zip      | ) |   |   |   |            |  |      |  |
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MCC form for period ending March 9, 2 0 2 1

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| Firs      | t Na          | ame    |   |        |   |   |   |   |   |   |   |   |   |   | _ | MI |   | Las      | t Na | ame      |      |   |     |   |   |   |   |            |  |   |  |
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| R         | У             | a      | n |        |   |   |   |   |   |   |   |   |   |   |   |    |   | R        | i    | р        | е    | r | ,   |   | Р | E |   |            |  |   |  |
| Title     |               |        |   |        |   |   |   |   |   |   |   |   |   |   |   |    |   |          |      |          |      |   |     |   |   |   |   |            |  |   |  |
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| Add       | lres          | s      |   |        |   |   |   |   |   |   |   |   |   |   |   |    |   |          |      |          |      |   |     |   |   |   |   |            |  |   |  |
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| City      |               |        |   |        |   |   |   |   |   |   |   |   |   |   |   |    |   |          |      |          |      |   |     |   |   |   |   |            |  |   |  |
| City      | /             |        |   |        |   |   |   |   |   |   |   |   |   |   |   |    |   |          |      | <u>S</u> | tate |   | Zip | ) |   | _ |   | _          |  | _ |  |
| City<br>W | i             | 1      | t | 0      | n |   |   |   |   |   |   |   |   |   |   |    |   |          |      |          |      | Y | Zip | 2 | 8 | 3 | 1 | ] -        |  |   |  |
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SPDES ID

# MS4 Municipal Compliance Certification (MCC) Form

| Name         | of  | M     | S4[\       | Vill      | ag    | je   | of    | Ва    | lls | tor             | ı S       | spa | ì   |      |                 |     |      |      |      |       |      |      | N            | Y    | R               | 2     | 0    | А         | 3    | 7      | 6        |
|--------------|-----|-------|------------|-----------|-------|------|-------|-------|-----|-----------------|-----------|-----|-----|------|-----------------|-----|------|------|------|-------|------|------|--------------|------|-----------------|-------|------|-----------|------|--------|----------|
| Sect         | ior | 1 3   | - I        | Par       | ·tn   | er   | In    | for   | m   | ati             | <u>on</u> |     |     |      |                 |     |      |      |      |       |      |      |              |      |                 |       |      |           |      |        |          |
| Did yo       | ur  |       |            |           |       |      |       |       |     |                 |           | to  | con | ıple | ete s           | om  | e oı | all  | pe   | rmi   | t re | quii | rem          | ents | s du            | ırinş | _    | is r      |      | _      | g<br>]No |
| If Yes       |     | -     |            |           |       |      |       |       |     |                 |           |     |     |      |                 |     |      |      |      |       |      |      |              |      |                 |       |      |           |      |        |          |
|              |     |       |            |           |       |      |       |       |     |                 |           |     |     |      |                 |     |      |      |      |       |      |      | for<br>th t  |      |                 |       |      |           | 3    |        |          |
|              | -   |       |            | •         |       |      |       | •     |     |                 |           |     |     |      |                 |     |      |      |      |       |      |      | ui i<br>i th |      |                 |       |      | пе        |      |        |          |
| If No,       |     |       |            |           |       |      |       | •     |     |                 |           |     |     | _    |                 |     |      |      |      |       |      |      |              |      |                 |       |      |           |      |        |          |
| Partner      | /Co | aliti | on N       | Nam       | e     |      |       |       |     |                 |           |     |     |      |                 |     |      |      |      |       |      |      |              |      |                 |       |      |           |      |        |          |
| Sa           | r   | a     | t          | 0         | g     | a    |       | С     | 0   | u               | n         | t   | У   |      | С               | С   | Е    |      | I    | S     | W    | M    |              | Р    | r               | 0     | g    | r         | a    | m      |          |
| Partner      | /Cc | alit  | ion l      | Nan       | ne (c | on'  | t.)   |       |     |                 |           |     |     |      |                 |     |      |      |      |       |      | _    | SPI          | DES  | Pa              | rtne  | r ID | ) - II    | fapp | lica   | ble      |
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| City         | -   | Ī,    |            |           |       | T    |       |       | T   | Ι_              |           |     | Т   | T    |                 | Π   | Τ    |      | 1 [  | tate  |      | Zip  |              |      |                 |       | ]    |           | Τ    |        |          |
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| eMail<br>b r | n   | 5     | @          | С         | 0     | r    | n     | е     | 1   | 1               |           | e   | d   | u    |                 |     |      |      |      |       |      |      |              |      |                 |       |      |           |      |        |          |
| Phone        | 11  | ٦     | œ.         |           | O     | -    | 11    |       |     | -               | •         |     | u   | u    | ļ               |     |      |      |      |       |      | ļ    |              |      |                 |       |      |           |      |        |          |
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| What         | tas | ks/i  | resj       | pon       | sib   | ilit | ies   | are   | sha | are             | l w       | ith | thi | s pa | artn            | er  | (e.g | g. N | 1M   | 1 S   | cho  | ool  | Pro          | gra  | ms              | or    | Mι   | ıltij     | ple  | Tas    | sks)?    |
| • MM         | 1   | С     | 0          | u         | n     | t    | У     | -     | W   | i               | d         | е   |     | E    | d               | /   | 0    | u    | t    | r     | е    | a    | С            | h    |                 |       |      |           |      |        |          |
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| Addit        | ion | al t  | ask        | s/r       | esp   | ons  | sibi  | litie | es  |                 |           |     |     |      |                 |     |      |      |      |       |      |      |              |      |                 |       |      |           |      |        |          |
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|                                     |                           | Г                      |                 |                    |                  |            |                    |                    |                     |       |             |          |             |             |            |       |                        |  |              |             |               | SPI                | DES           | ID             |          |              |           |           |      |          |
| Name of                             | f M                       | S4                     |                 |                    |                  |            |                    |                    |                     |       |             |          |             |             |            |       |                        |  |              |             |               | N                  | Y             | R              | 2        | 0            | A         |           |      |          |
| Section                             | n 3                       | <b>-</b> ]             | Pai             | ·tn                | er               | In         | for                | m                  | ati                 | on    |             |          |             |             |            |       |                        |  |              |             |               |                    |               |                |          |              |           |           |      |          |
| oid your<br>eriod?                  | MS                        | 4 w                    | ork             | wi                 | th p             | art        | ners               | s/co               | alit                | ion   | to          | con      | nple        | te s        | om         | e o   | r all                  | pe   | rmi          | t re        | quii          | em                 | ent           | s du           | rin      | g th         | _         | epc<br>∋s | rtir | ıg<br>]n |
| Yes, c<br>Subn<br>accep<br>coali    | nit a<br>otec<br>tion     | a se<br>l. If<br>n. It | par<br>yo<br>is | ate<br>ur I<br>not | sho<br>MS<br>neo | eet<br>4 c | for<br>oop<br>sary | eac<br>era<br>y to | ch p<br>ited<br>ind | l wi  | ith<br>de a | a co     | oali<br>par | tioi<br>ate | n, s<br>sh | ubı   | nit                    | one  | e sh         | ieet        | t wi          | th 1               | the           | nar            | ne       | of 1         |           | e         |      |          |
| rtner/Co                            | oalit                     | ionl                   | Nan             | ie                 |                  |            |                    |                    |                     |       |             |          |             |             |            |       |                        |  |              |             |               |                    |               |                |          |              |           |           |      |          |
| a r                                 | a                         | t                      | 0               | g                  | a                |            | С                  | 0                  | u                   | n     | t           | У        |             | С           | С          | E     |                        | I  | S            | M           | М             |                    | Р             | r              | 0        | g            | r         | а         | m    |          |
| artner/C                            | oalit                     | ion                    | Nan             | ne (c              | con'             | t.)        |                    |                    |                     |       |             |          | 1           |             |            |       |                        |  |              |             | 7             |                    |               | Par            |          |              |           | Τ.        |      | Τ.       |
|                                     |                           |                        |                 |                    |                  |            |                    |                    |                     |       |             |          |             |             |            |       |                        |  |              |             |               | N                  | Y             | R              | 2        | 0            | С         | 0         | 0    | 16       |
| ddress<br>5 0                       | Н                         | i                      | g               | h                  | S                | t          | r                  | е                  | е                   | t     |             |          |             |             |            |       |                        |  |              |             |               |                    |               |                |          |              |           |           |      |          |
| ty                                  | 1                         |                        | 12              |                    |                  |            | 1 -                |                    |                     |       |             |          |             |             |            |       |                        | S  | tate         | _           | Zip           |                    |               |                |          |              |           |           |      |          |
| a l                                 | 1                         | s                      | t               | 0                  | n                |            | S                  | р                  | a                   |       |             |          |             |             |            |       |                        | ] [V   | 1 A          | +           | 1             | 2                  | 0             | 2              | 0        | _            |           |           |      |          |
|                                     |                           |                        |                 |                    |                  |            |                    |                    |                     |       |             |          |             |             |            |       |                        |  |              |             |               |                    |               |                |          |              |           |           |      |          |
|                                     |                           |                        |                 |                    |                  |            |                    |                    |                     |       |             |          |             |             |            |       | 1                      |  |              |             |               |                    |               |                |          |              |           |           |      | _        |
| r n                                 | 5                         | @                      | С               | 0                  | r                | n          | е                  | 1                  | 1                   |       | е           | d        | u           |             |            |       |                        |  |              |             |               |                    |               |                |          |              |           |           |      |          |
| rn                                  | 5                         | ١.,                    | C 8             | 0 8                | r<br>5           | 1          | e<br>8             | 1 9                | 1 9                 | . 5   | е           | d        | u           |             |            |       |                        | _  | ly B<br>GP-0 |             | _             | _                  |               |                |          | _            | rdar<br>Y |           |      | ][       |
| r n                                 | 8                         | )                      | 8               | 8                  | 5                | ] -        | 8                  | 9                  | 9                   |       |             | 1        | 1           | artn        | ler        | (e.g  | wi                     | th C   | GP-C         | -08         | -002          | 2 Pa               | rt F          | V.G            | .?       | *            | Y         | es        |      | ]N       |
| r n none ( 5 1                      | 8                         | )                      | 8               | 8                  | 5                | ] -        | 8                  | 9                  | 9                   |       |             | 1        | 1           | artn        | ier /      | (e.g  | wi                     | th C   | GP-C         | -08         | -002          | 2 Pa<br>Pro        | rt F          | V.G            | .?       | *            | Y         | es        |      |          |
| r n none / 5 1 What tas MM1         | 8 8 Sks/                  | ) (res                 | 8 pon           | 8 sib              | 5 iliti          | ies        | 8 are              | 9<br>sha           | 9<br>area           | d w   | ith         | thi      | s pa        | d           | /          | 0     | wi<br>g. <b>N</b><br>u | IM<br>t  | SP-0         | 0-08<br>cho | ool           | Pro                | nrt Γ ogra    | V.G<br>ims     | or       | Mı           | Y Y       | es        |      |          |
| none                                | 8 sks/                    | res                    | 8 pon           | 8 sib              | 5                | ] -        | 8                  | 9<br>sha           | 9<br>area           | d w   | ith         | 1        | s pa        |             | er /       |       | wi<br>g. <b>N</b>      | th C   | SP-0         | 0-08<br>cho | -002<br>ool   | 2 Pa<br>Pro        | ırt Γ<br>ogra | V.G            | .?       | *            | Y         | es        |      |          |
| r n none ( 5 1 What tas             | 8 8 Sks/                  | ) (res                 | 8 pon           | 8 sib              | 5 iliti          | ies        | 8 are              | 9<br>sha           | 9<br>area           | d w   | ith         | thi      | s pa        | d           | /          | 0     | wi<br>g. <b>N</b><br>u | IM<br>t  | SP-0         | 0-08<br>cho | ool           | Pro                | nrt Γ ogra    | V.G<br>ims     | or       | Mı           | Y Y       | es        |      |          |
| r n none / 5 1 What tas MM1 MM2 MM3 | 8 8 Sks/                  | res                    | 8 pon u         | 8 sib              | 5 iliti          | ies y      | are                | 9 <b>sha</b> w     | 9<br>area           | d w   | e e         | thi      | s pa        | d           | /          | o     | wig. <b>N</b> u        | th C IM t  | SP-0         | e e         | a S           | Pro<br>C           | rt Γ ogra     | v.G<br>ums     | .?<br>or | Mu<br>r      | Y ulti    | es<br>ple | Ta   |          |
| r n none ( 5 1 What tas MM1 MM2     | 8   8   C   C   M   M   M | res:                   | 8 pon u t       | 8 sib n e          | 5 iliti t        | ies y      | are a              | 9 sha w            | 9<br>area           | d w   | ith e       | thi      | s pa        | d           | n<br>T     | o i   | wig. Muu c             | th (   | 1 S r 1      | e i         | ool a S       | Pro<br>C<br>u<br>g | rt Γ ogra     | v.G<br>ms<br>p | or o     | Mu<br>r<br>p | Y ultip   | es<br>ple | Ta   |          |
| r n none ( 5 1 What tas MM1 MM2 MM3 | 8 8 C M M M               | o a a a                | 8 pon u t t     | sib<br>n<br>e      | 5 iliti t r      | ies y i    | are a a            | 9 sha w 1 1 1      | 9<br>area           | d w d | ith e e e   | thi<br>c | s pa        | d           | / n T      | o i r | wing. Muuccaaaaaaaaaa  | th (Market) the last section of the last secti | 1 S r 1      | e i         | a   S   n   n | Pro<br>C           | rt Γ ogra     | p S            | or o u u | Mu<br>r<br>p | Y Y ultip | ple o     | Ta   |          |

|                       |       | _        |       |       |       |          |       |     |                 |     |     |     |      |          |          |      |       |       |       |        |       | SPI   | DES  | ID          |       |      |        |      |       |         |
|-----------------------|-------|----------|-------|-------|-------|----------|-------|-----|-----------------|-----|-----|-----|------|----------|----------|------|-------|-------|-------|--------|-------|-------|------|-------------|-------|------|--------|------|-------|---------|
| Name of               | M     | S4       | To    | wn    | of (  | Ch       | arlt  | on  |                 |     |     |     |      |          |          |      |       |       |       |        |       | N     | Y    | R           | 2     | 0    | А      | 0    | 3     | 2       |
| Section               | 1 3   | - I      | Par   | tn:   | er    | In       | for   | m   | ati             | on  |     |     |      |          |          |      |       |       |       |        |       |       |      |             |       |      |        |      |       |         |
| Did your period?      |       |          |       |       |       |          |       |     |                 |     | to  | con | nple | ete s    | som      | e oı | r all | pe    | rmi   | t re   | quir  | em    | ents | s du        | rin   | _    | is r   |      |       | g<br>No |
| If Yes, c             | omi   | nlei     | te iı | nfo   | rms   | ntio     | n h   | elo | W               |     |     |     |      |          |          |      |       |       |       |        |       |       |      |             |       |      |        |      | Ü     |         |
| Subn                  | nit a | a se     | par   | ate   | she   | eet      | for   | eac | շի լ            |     |     |     |      |          |          | -    |       |       |       |        |       |       |      |             |       |      |        | е    |       |         |
| accer<br>coali        |       |          | •     |       |       |          | -     |     |                 |     |     |     |      |          | -        |      |       |       |       |        |       |       |      |             |       |      | he     |      |       |         |
| If No, pr             |       |          |       |       |       |          | -     |     |                 |     |     |     | -    |          |          | cci  | 101   | cac   | J11 1 | VIO    | т 11. | 1 111 | C C( | Jan         | illo. | 11.  |        |      |       |         |
| Partner/Co            | aliti | ionl     | Vam   | ie    |       |          |       |     |                 |     |     |     |      |          |          |      |       |       |       |        |       |       |      |             |       |      |        |      |       |         |
| S a r                 | a     | t        | 0     | g     | a     |          | С     | 0   | u               | n   | t   | У   |      | С        | C        | E    |       | I     | S     | W      | M     |       | Р    | r           | 0     | g    | r      | a    | m     |         |
| Partner/Co            | alit  | ion]     | Nan   | ne (c | con't | .)       |       |     |                 |     |     |     |      | _        |          |      |       |       |       |        | 7     | SPI   |      |             |       | r ID | ) - I1 | fapp | olica | ble     |
|                       |       |          |       |       |       |          |       |     |                 |     |     |     |      |          |          |      |       |       |       |        |       | N     | Y    | R           | 2     | 0    | С      | 0    | 0     | 6       |
| Address               |       |          |       |       |       |          |       |     |                 |     |     |     | Τ    |          |          |      |       |       |       |        |       |       |      |             |       |      |        |      |       |         |
| City                  |       |          |       |       |       |          |       |     |                 |     |     |     |      |          |          |      |       | Sı    | tate  |        | Zip   |       |      |             |       |      |        |      |       |         |
| B a 1                 | 1     | s        | t     | 0     | n     |          | S     | р   | a               |     |     |     |      | Τ        |          |      |       |       |       | -      | 1     | 2     | 0    | 2           | 0     | _    |        |      |       |         |
| eMail                 |       | 1        | -     | 1     |       | 1        |       | 1   |                 |     | -   |     | -    | -        |          | 1    |       |       |       |        |       |       | I    |             |       | J    |        |      |       |         |
| b r n                 | 5     | @        | С     | 0     | r     | n        | е     | 1   | 1               |     | е   | d   | u    |          |          |      |       |       |       |        |       |       |      |             |       |      |        |      |       |         |
| Phone                 |       | 1 、      |       |       |       | 1        |       |     | 1               |     | 1   |     |      |          |          |      | Le    | egall | уΒ    | indi   | ng A  | Agre  | eem  | ent i       | in a  | ccoı | dan    | ice  |       |         |
| ( 5 1                 | 8     | <b>)</b> | 8     | 8     | 5     | <b>-</b> | 8     | 9   | 9               | 5   |     |     |      |          |          |      | wi    | th C  | δP-0  | -08    | -002  | 2 Pa  | rt I | V.G         | .?    |      | Y      | es   | 0     | No      |
| What tas              | ks/   | resj     | pon   | sib   | iliti | ies      | are   | sha | are             | d w | ith | thi | s p  | artr     | er       | (e.g | g. N  | 1M    | 1 S   | cho    | ol!   | Pro   | gra  | ms          | or    | Mι   | ıltij  | ple  | Tas   | sks)'   |
| • MM1                 | С     | 0        | u     | n     | t     | У        | _     | W   | i               | d   | е   |     | Е    | d        | /        | 0    | u     | t     | r     | е      | a     | С     | h    |             |       |      |        |      |       |         |
| <ul><li>MM2</li></ul> | M     | a        | t     | е     | r     | i        | a     | 1   | /               | Т   | е   | С   | h    | i        | n        | i    | С     | a     | 1     |        | s     | u     | р    | р           | 0     | r    | t      |      |       |         |
|                       |       |          |       |       |       |          |       |     | <u>'</u><br>  , |     |     |     | +    | -<br>  , | <u> </u> |      |       |       |       | <br> . |       |       | P    |             |       |      |        |      |       |         |
| • MM3                 | M     | a        | t     | е     | r     | i        | a     | 1   |                 | Т   | е   | С   | h    | /        | Т        | r    | а     | i     | n     | i      | n     | a     |      | S           | u     | р    | р      | 0    | r     | t       |
| • MM4                 | M     | a        | t     | е     | r     | i        | a     | 1   | /               | Т   | е   | С   | h    | /        | Т        | r    | а     | i     | n     | i      | n     | g     |      | S           | u     | p    | р      | 0    | r     | t       |
| • MM5                 | M     | a        | t     | е     | r     | i        | a     | 1   | /               | Т   | е   | С   | h    | /        | Т        | r    | a     | i     | n     | i      | n     | g     |      | S           | u     | р    | р      | 0    | r     | t       |
| • MM6                 | M     | a        | t     | е     | r     | i        | a     | 1   | /               | Т   | е   | С   | h    | /        | Т        | r    | a     | i     | n     | i      | n     | g     |      | S           | u     | р    | р      | 0    | r     | t       |
| Addition              | nal t | ask      | ss/r  | esn   | ons   | ihi      | 1itie | -5  |                 | •   |     | •   |      |          | •        |      | •     |       |       |        | •     |       |      |             |       |      |        |      |       |         |
| <ul><li>Wat</li></ul> |       |          |       | -     |       |          |       |     | teo             | v B | est | Ma  | าทส  | oen      | nen      | t P  | rac   | tice  | 25 Te | eau    | ire   | 1 fo  | r N  | <b>1</b> S4 | ls i  | n ir | ททล    | iire | d     |         |
| wate                  |       |          |       |       |       |          |       |     |                 |     |     |     |      |          |          | '    |       |       | ~ -   | - 1    |       | 10    | '    |             |       |      | r      |      |       |         |
|                       |       |          |       |       |       |          |       |     |                 |     |     |     |      |          |          |      |       |       |       |        |       |       |      |             |       |      |        |      |       |         |
|                       |       |          |       |       |       |          |       |     |                 |     |     |     |      |          |          |      |       |       |       |        |       |       |      |             |       |      |        |      |       |         |

SPDES ID

# MS4 Municipal Compliance Certification (MCC) Form

| N        | am         | e of      | MS         | S4_      | TOW                                   | VN O  | F CI       | LIFT     | ON I  | PAR          | K    |            |      |      |         |      |      |       |      |      |      |        |      | N             | Y      | R           | 2    | 0    | A     | 0       | 3     | 5       |
|----------|------------|-----------|------------|----------|---------------------------------------|-------|------------|----------|-------|--------------|------|------------|------|------|---------|------|------|-------|------|------|------|--------|------|---------------|--------|-------------|------|------|-------|---------|-------|---------|
| S        | ec         | tior      | 1 3        | - F      | Par                                   | ·tn   | er         | In       | for   | ma           | ati  | o <u>n</u> |      |      |         |      |      |       |      |      |      |        |      |               |        |             |      |      |       |         |       |         |
| Di<br>pe |            | our<br>d? | MS         | 4 w      | ork                                   | wi    | th p       | artı     | ners  | s/co         | alit | ion        | to c | com  | ple     | te s | om   | e or  | all  | per  | mit  | rec    | quir | eme           | ents   | du          | ring | g th | is ro | -       |       | g<br>No |
| If       | Υe         | es, c     | omi        | olet     | te ii                                 | 1fo   | rma        | atio     | n b   | elo          | w.   |            |      |      |         |      |      |       |      |      |      |        |      |               |        |             |      |      |       |         |       |         |
|          |            | ubn       |            |          |                                       |       |            |          |       |              |      | art        | ner  | . In | for     | ma   | tioı | ı pı  | ovi  | ideo | l in | ot     | her  | for           | ma     | ts v        | vill | no   | t be  | •       |       |         |
|          |            | ccep      |            |          |                                       |       |            |          |       |              |      |            |      |      |         |      |      |       |      |      |      |        |      |               |        |             |      |      |       |         |       |         |
|          | c          | oalit     | ion        | . It     | is 1                                  | not   | neo        | cess     | sary  | to to        | ino  | cluc       | le a | se   | par     | ate  | she  | eet : | for  | eac  | h N  | ΛS     | 4 in | the           | e co   | oali        | tioı | 1.   |       |         |       |         |
| If       | No         | , pr      | oce        | ed '     | to S                                  | Sect  | tior       | 1 4      | - C   | erti         | fic  | atic       | n S  | stat | em      | ent. |      |       |      |      |      |        |      |               |        |             |      |      |       |         |       |         |
| Pai      | rtne       | er/Co     | aliti      | ion N    | Jam                                   | ıe.   |            |          |       |              |      |            |      |      |         |      |      |       |      |      |      |        |      |               |        |             |      |      |       |         |       |         |
| S        |            |           | a          | t        |                                       | g     | а          |          | С     | 0            | u    | n          | t    | У    |         | С    | С    | E     |      | I    | S    | W      | M    |               | Р      | r           | 0    | g    | r     | a       | m     |         |
|          |            | er/Co     | ∟<br>aliti | ion l    | L<br>Nan                              |       | ∟<br>con'i | t )      |       |              |      |            |      |      |         |      |      |       |      |      |      |        |      | SPE           |        | Par         | tne  |      |       | <br>anr | ulica | ble     |
|          |            |           | -          |          | T T T T T T T T T T T T T T T T T T T | 10 (0 |            |          |       |              |      |            |      |      |         |      |      |       |      |      |      |        |      | N             | Y      | R           | 2    | 0    | A     | 0       | 0     | 6       |
| ∟<br>Ad  | dre        | ACC.      |            |          |                                       |       |            |          |       |              |      |            |      |      |         |      |      |       |      |      |      |        | ]    |               |        |             |      |      |       |         |       |         |
| 5        |            |           | W          | е        | s                                     | t     |            | Н        | i     | g            | h    |            | S    | t    | r       | е    | е    | t     |      |      |      |        |      |               |        |             |      |      |       |         |       |         |
| Ci       | l<br>v     |           |            |          |                                       |       |            |          |       |              |      |            |      |      |         |      |      |       |      | St   | ate  |        | Zip  |               |        |             |      |      |       |         |       |         |
| В        | 1          | 1         | 1          | s        | t                                     | 0     | n          |          | S     | р            | a    |            |      |      |         |      |      |       |      |      |      | $\neg$ | 1    | 2             | 0      | 2           | 0    | _    |       |         |       |         |
| eM       |            |           |            |          |                                       |       |            |          |       |              |      |            |      |      |         |      |      |       |      | J L  |      |        |      |               |        |             |      |      |       |         | ш     |         |
| b        |            | n         | 5          | @        | С                                     | 0     | r          | n        | е     | 1            | 1    |            | е    | d    | u       |      |      |       |      |      |      |        |      |               |        |             |      |      |       |         |       |         |
| Ph       |            |           |            |          |                                       |       | _          |          |       | _            |      |            |      |      |         |      |      |       |      |      |      |        |      |               |        |             |      |      |       |         | ш     |         |
| 111      | ָנָ<br>פַּ |           | 8          | ١        | 8                                     | 8     | 5          | ]_       | 8     | 9            | 9    | 5          |      |      |         |      |      |       |      |      |      |        |      | Agre<br>2 Pai |        |             |      |      |       |         |       | ΝIο     |
| '        | Ľ          |           |            | <i>)</i> |                                       |       |            |          | L     | _            |      |            |      |      |         |      |      |       | WI   | ui O | r-0  | -00    | -002 | z rai         | IL I V | <i>.</i> U. |      |      | Υe    | ;S      |       | No      |
| W        | ha         | t tas     | ks/1       | resp     | on                                    | sib   | iliti      | ies      | are   | sha          | arec | l w        | ith  | this | s pa    | ırtn | er ( | (e.g  | g. M | IM:  | l So | cho    | ol : | Pro           | gra    | ms          | or   | Μι   | ıltip | ole '   | Tas   | ks)     |
|          |            |           | C          |          |                                       | - n   | _          |          |       | 7.7          | -    | ٦          |      |      | 177     | ٦    |      | /     |      |      |      | +      | 70   |               | _      |             | h    |      |       |         |       |         |
|          | M          | Ml        |            | 0        | u                                     | n     | t          | У        | _     | W            | i    | d          | е    |      | Ε       | d    |      |       |      | 0    | u    | t      | r    | е             | a      | С           | h    |      |       |         |       |         |
|          | ΜI         | M2        | M          | a        | t                                     | е     | r          | i        | a     | 1            | /    | Т          | е    | С    | h       | n    | i    | С     | a    | 1    |      | S      | u    | р             | р      | 0           | r    | t    |       |         |       |         |
| _        |            |           |            |          |                                       |       |            | <u> </u> |       | _            |      |            |      |      | <br>  _ |      |      |       |      |      |      |        |      |               | _      |             |      |      |       |         |       |         |
|          | M          | М3        | M          | a        | t                                     | е     | r          | i        | а     | Τ            | /    | Т          | е    | С    | h       | /    | Т    | r     | a    | i    | n    | i      | n    | g             |        | S           | u    | р    | р     | 0       | r     | t       |
|          | ΜI         | M4        | M          | a        | t                                     | е     | r          | i        | a     | 1            | /    | Т          | е    | С    | h       | /    | Т    | r     | a    | i    | n    | i      | n    | g             |        | S           | u    | р    | р     | 0       | r     | t       |
| _        |            |           |            |          |                                       |       |            |          |       | _            |      |            |      |      |         |      |      |       |      |      |      |        |      |               |        |             |      | _    | _     | =       |       |         |
|          | Mi         | M5        | M          | a        | t                                     | е     | r          | i        | а     | 1            | /    | Т          | е    | С    | h       | /    | Т    | r     | a    | i    | n    | i      | n    | g             |        | S           | u    | р    | р     | 0       | r     | t       |
|          | MI         | M6        | M          | a        | t                                     | е     | r          | i        | а     | 1            | /    | Т          | е    | С    | h       | /    | Т    | r     | a    | i    | n    | i      | n    | g             |        | S           | u    | р    | р     | 0       | r     | t       |
|          |            |           |            | _        | ,                                     | 1     |            | • • •    |       | 1            |      | 1          |      |      |         |      |      |       | 1    |      |      |        |      |               |        |             |      |      |       |         |       |         |
| A        | dd:        | ition     | al t       | ask      | s/r                                   | esp   | ons        | sibi     | litie | es           |      |            |      |      |         |      |      |       |      |      |      |        |      |               |        |             |      |      |       |         |       |         |
| 0        |            | Wate      |            |          | -                                     |       |            |          |       |              | 0    |            |      |      |         | gen  | ien  | t Pi  | raci | tice | s re | equ    | irec | d fo          | r N    | 1S4         | s ii | ı in | npa   | ire     | d     |         |
|          |            | wate      | ersh       | eds      | ine                                   | clu   | ded        | in       | GP    | <b>'-</b> 0- | 08-  | .002       | 2 Pa | art  | IX.     |      |      |       |      |      |      |        |      |               |        |             |      |      |       |         |       |         |
|          |            |           |            |          |                                       |       |            |          |       |              |      |            |      |      |         |      |      |       |      |      |      |        |      |               |        |             |      |      |       |         |       |         |
|          |            |           |            |          |                                       |       |            |          |       |              |      |            |      |      |         |      |      |       |      |      |      |        |      |               |        |             |      |      |       |         |       |         |

|                       |       |                  |                 |       |       |      |          |             |          |      |     |      |      |          |     |      |         |      |       |      |       | SPI  | —<br>DES | ID          |          |      |               |         |     |         |
|-----------------------|-------|------------------|-----------------|-------|-------|------|----------|-------------|----------|------|-----|------|------|----------|-----|------|---------|------|-------|------|-------|------|----------|-------------|----------|------|---------------|---------|-----|---------|
| Name of               | f M   | S4               | To              | wn    | of    | Gre  | eeni     | fiel        | d        |      |     |      |      |          |     |      |         |      |       |      |       | N    | Y        | R           | 2        | 0    | А             | 1       | 2   | 3       |
|                       |       |                  |                 |       |       |      |          |             |          |      |     |      |      |          |     |      |         |      |       |      |       |      |          | -           |          | -    |               | -       |     |         |
| Section               |       |                  |                 |       |       |      |          |             |          |      |     |      | 1    |          |     |      | 11      |      |       |      |       |      |          | 1           |          | .1   |               |         |     |         |
| Did your period?      | MS    | 4 W              | /ork            | W1    | th p  | art  | ners     | s/co        | alit     | 10n  | to  | con  | npie | ete s    | om  | e oi | r all   | pe   | rmı   | t re | quii  | em   | ents     | s du        | rın      | _    | .1S r<br>) Y∈ | •       |     | g<br>No |
| If Yes, c             | om    | ple <sup>-</sup> | te i            | nfo   | rma   | atio | n b      | elo         | w.       |      |     |      |      |          |     |      |         |      |       |      |       |      |          |             |          | •    | ,             | ,,,     |     | 110     |
| Subn                  |       |                  |                 |       |       |      |          |             |          | art  | ner | : Ir | ıfoı | ma       | tio | n pı | ov      | ide  | d in  | ot   | her   | for  | ma       | ts v        | vill     | no   | t be          | э       |     |         |
| accep                 |       |                  | •               |       |       |      | •        |             |          |      |     |      |      |          |     |      |         |      |       |      |       |      |          |             |          |      | he            |         |     |         |
| coali                 |       |                  |                 |       |       |      | •        |             |          |      |     |      | _    |          |     | eet  | for     | eac  | ch N  | MS.  | 4 in  | the  | e co     | oali        | tio      | n.   |               |         |     |         |
| If No, pr             | oce   | ea               | to :            | Sec   | tior  | 14   | - C      | erti        | ITIC:    | atic | n S | stat | em   | ent      | •   |      |         |      |       |      |       |      |          |             |          |      |               |         |     |         |
| Partner/Co            | oalit | ion]             | Nam             | ne    |       |      |          |             |          |      |     |      | _    |          |     |      |         |      |       |      |       |      |          |             |          |      |               |         |     |         |
| S a r                 | a     | t                | 0               | g     | a     |      | С        | 0           | u        | n    | t   | У    |      | C        | С   | Е    |         | I    | S     | W    | M     |      | Р        | r           | 0        | g    | r             |         | m   |         |
| Partner/Co            | oalit | ion              | Nan<br>         | ne (c | con't | t.)  |          |             |          |      |     |      | _    |          |     |      |         |      |       |      | 7     |      |          |             |          |      |               | app     |     |         |
|                       |       |                  |                 |       |       |      |          |             |          |      |     |      |      |          |     |      |         |      |       |      |       | N    | Y        | R           | 2        | 0    | С             | 0       | 0   | 6       |
| Address               |       |                  |                 |       |       |      |          |             |          |      |     |      |      |          |     |      |         |      |       |      |       |      |          |             |          |      |               | _       |     |         |
|                       |       |                  |                 |       |       |      |          |             |          |      |     |      |      |          |     |      |         |      |       |      |       |      |          |             |          |      |               |         |     |         |
| City                  | Τ,    |                  | Τ.              |       |       |      | T_       |             |          |      |     |      | _    | T        |     |      |         | 7    | tate  |      | Zip   |      |          |             |          | ]    |               | _       |     |         |
| B a l                 | 1     | s                | t               | 0     | n     |      | S        | р           | a        |      |     |      |      |          |     |      |         |      | I Y   |      | 1     | 2    | 0        | 2           | 0        | -    |               |         |     |         |
| eMail                 | Τ_    |                  |                 |       |       |      | 1        | I_          | I_       |      |     | Ι.   |      |          |     |      |         |      |       |      |       |      |          |             |          |      |               | _       |     |         |
| b r n                 | 5     | @                | С               | 0     | r     | n    | е        | 1           | 1        | •    | е   | d    | u    |          |     |      |         |      |       |      |       |      |          |             |          |      |               | L       |     |         |
| Phone                 |       | 1                |                 |       | Τ_    | 1    |          |             |          | Τ_   | 1   |      |      |          |     |      |         |      |       |      | ng A  |      |          |             |          | ccor | dan           | ce      |     |         |
| ( 5 1                 | . 8   | <b>)</b>         | 8               | 8     | 5     | _    | 8        | 9           | 9        | 5    |     |      |      |          |     |      | wi      | th C | 3P-0  | -08  | -002  | 2 Pa | rt I     | V.G         | .?       |      | Y (           | es      | 0   | No      |
| What tas              | sks/  | res              | pon             | sib   | iliti | ies  | are      | sha         | areo     | d w  | ith | thi  | s pa | artn     | er  | (e.g | g. N    | 1M   | 1 S   | cho  | ool i | Pro  | gra      | ms          | or       | Μι   | ıltij         | ple     | Tas | sks)'   |
| _                     |       |                  |                 |       | Ι.    |      | <u> </u> |             | Ι.       | 7    |     |      | _    | T .      |     |      |         | Ι.   |       |      |       |      | 1.       |             |          |      |               | _       |     |         |
| • MM1                 | С     | 0                | u               | n     | t     | У    | _        | W           | i        | d    | е   |      | E    | d        | /_  | 0    | u       | t    | r     | е    | a     | С    | h        |             |          |      |               | <u></u> |     |         |
| <ul><li>MM2</li></ul> | M     | a                | t               | е     | r     | i    | a        | 1           | /        | Т    | е   | С    | h    | i        | n   | i    | С       | a    | 1     |      | S     | u    | р        | р           | 0        | r    | t             |         |     |         |
| <ul><li>MM3</li></ul> | M     | a                | t               | е     | r     | i    | a        | 1           | /        | Т    | е   | С    | h    | 7        | Т   | r    | а       | i    | n     | i    | n     | g    |          | S           | u        | р    | р             | 0       | r   | t       |
|                       |       |                  |                 |       | -     |      | <u> </u> |             | <u>'</u> |      |     |      |      | <u>'</u> |     | -    | <u></u> |      |       |      |       |      |          |             | <u> </u> |      |               |         |     |         |
| • MM4                 | M     | a                | t               | е     | r     | i    | a        | 1           |          | Т    | е   | C    | h    |          | Т   | r    | a       | i    | n     | i    | n     | a    |          | S           | u        | р    | р             | 0       | r   | t       |
| • MM5                 | M     | а                | t               | е     | r     | i    | a        | 1           | /        | Т    | е   | С    | h    | /        | Т   | r    | а       | i    | n     | i    | n     | g    |          | S           | u        | р    | р             | 0       | r   | t       |
| • MM6                 | М     | a                | t               | е     | r     | i    | а        | 1           | /        | Т    | е   | С    | h    | /        | Т   | r    | а       | i    | n     | i    | n     | g    |          | S           | u        | р    | р             | 0       | r   | t       |
| Addition              | nal 1 | task             | ks/r            | esp   | ons   | sibi | litie    | es          |          |      |     |      |      |          |     |      |         |      |       |      |       |      |          |             |          |      |               |         |     |         |
| O Wat                 | ersi  | hed              | <sup>l</sup> Im | pro   | ver   | ner  | ıt S     | tra         | teg      | v B  | est | Μc   | ana  | gen      | nen | t Pi | rac     | tice | es re | equ  | ire   | d fo | r N      | <b>1</b> S4 | ls i     | n in | npa           | iire    | d   |         |
| wate                  | ersh  | eds              | s in            | clu   | ded   | in   | GF       | <b>-</b> 0- | 08       | 002  | 2 P | art  | IX   | •        |     |      |         |      |       | -    |       |      |          |             |          |      | _             |         |     |         |
|                       |       |                  |                 |       |       |      |          |             |          |      |     |      |      |          |     |      |         |      |       |      |       |      |          |             |          |      |               |         |     |         |
|                       |       |                  |                 |       |       |      |          |             |          |      |     |      |      |          |     |      |         |      |       |      |       |      |          |             |          |      |               |         |     |         |

SPDES ID

# MS4 Municipal Compliance Certification (MCC) Form

| Name of               | M     | S4         | To       | wn        | of :     | Ha              | lfm      | oor  | 1               |           |      |         |       |                 |     |          |       |      |       |      |      | N       | Y    | R     | 2     | 0        | А            | 3       | 7          | 5       |
|-----------------------|-------|------------|----------|-----------|----------|-----------------|----------|------|-----------------|-----------|------|---------|-------|-----------------|-----|----------|-------|------|-------|------|------|---------|------|-------|-------|----------|--------------|---------|------------|---------|
| Section               | n 3   | <u>- ]</u> | Pai      | rtn       | er       | In              | for      | ·m:  | ati             | <u>on</u> |      |         |       |                 |     |          |       |      |       |      |      |         |      |       |       |          |              |         |            |         |
| Did your period?      | MS    | 4 w        | ork      | wi        | th p     | art             | ners     | s/co | alit            | ion       | to o | con     | ıple  | ete s           | som | e o      | r all | pe   | rmi   | t re | quii | em      | ents | s du  | ıring | _        | is r<br>) Y∈ | •       |            | g<br>No |
| If Yes, c             | om    | ple        | te i     | nfo       | rma      | atic            | n b      | elo  | w.              |           |      |         |       |                 |     |          |       |      |       |      |      |         |      |       |       |          |              |         |            |         |
| Subn                  |       |            | -        |           |          |                 |          |      | -               |           |      |         |       |                 |     | -        |       |      |       |      |      |         |      |       |       |          |              | е       |            |         |
| accer                 |       |            | •        |           |          |                 | •        |      |                 |           |      |         |       |                 |     |          |       |      |       |      |      |         |      |       |       |          | he           |         |            |         |
| coali<br>If No, pr    |       |            |          |           |          |                 | •        |      |                 |           |      |         | _     |                 |     | eei      | 101   | eat  | 311 T | VIO. | 4 11 | 1 111   | e 00 | Jan   | шоі   | 1.       |              |         |            |         |
|                       |       |            |          |           |          |                 | Ŭ        | 010  |                 |           | ,,,, | , , , , | .0111 |                 | •   |          |       |      |       |      |      |         |      |       |       |          |              |         |            |         |
| Partner/Co            | aliti | ton I      |          |           | _        |                 | С        | 0    | u               | n         | t    | 7.7     |       | С               | С   | E        |       | I    | S     | W    | M    |         | Р    | r     |       | ~        | r            |         | m          |         |
| Partner/Co            |       |            | O<br>Non | g<br>30(4 | a<br>an' | F )             |          | 0    | u               | 11        |      | У       |       |                 |     | г        |       | 1    | Б     | VV   | 1,1  | CDI     |      | r     |       | a ID     | r            |         | m<br>olica | hla     |
| Partner/Co            | Jani  | 1011       | Nan      | 16 (0     | 7011     | ι. <i>)</i><br> |          |      |                 |           |      |         |       |                 |     |          |       |      |       |      | ]    | N       | Y    | R     | 2     | 0        | C            | О       |            | 6       |
| Address               |       |            |          |           |          |                 |          |      |                 |           |      |         |       |                 |     |          |       |      |       |      | _    | Ľ.      |      |       |       |          |              |         |            |         |
| Truck C33             |       |            |          |           |          |                 |          |      |                 |           |      |         |       |                 |     |          |       |      |       |      |      |         |      |       |       |          |              |         |            |         |
| City                  |       |            |          |           |          |                 |          |      |                 |           |      |         |       |                 |     |          |       | S    | tate  |      | Zip  |         |      |       |       |          |              |         |            |         |
| B a 1                 | 1     | s          | t        | 0         | n        |                 | S        | р    | a               |           |      |         |       |                 |     |          |       |      |       |      | 1    | 2       | 0    | 2     | 0     | _        |              |         |            |         |
| eMail                 |       |            |          |           |          |                 |          |      |                 |           |      |         |       |                 |     |          |       |      |       |      |      |         |      |       |       |          |              |         |            |         |
| b r n                 | 5     | @          | С        | 0         | r        | n               | е        | 1    | 1               |           | е    | d       | u     |                 |     |          |       |      |       |      |      |         |      |       |       |          |              |         |            |         |
| Phone                 |       | ,          | _        |           |          | 7               |          |      |                 |           | ,    |         | '     |                 |     |          | I e   | ษอลไ | v R   | indi | nσ   | Δ ore   | em   | ent   | in ac | cor      | ·dan         | ce      |            |         |
| ( 5 1                 | 8     | )          | 8        | 8         | 5        | _               | 8        | 9    | 9               | 5         |      |         |       |                 |     |          |       |      | 3P-0  |      |      |         |      |       |       |          | Ye           |         | 0          | No      |
| What tas              | ke/   | reci       | non      | eih       | iliti    | iec             | are      | ch   | are             | 1 w       | ith  | thi     | c n   | artr            | er  | (e c     | ı N   | M    | 1 S   | cho  | no1  | Pro     | ora  | me    | or    | Мı       | ıltiı        | nle     | Тас        | eke)    |
| what tas              | NS/.  | ics        | POI      | 1310      | 1111     | ics             | arc      | 5116 | arcı            | J VV      | 1111 | um      | s p   | ar tr           |     | ٤. ک     | 5. IV | 1111 | 13    | CIIC | ,O1  | 110     | gra  | 11115 | 01    | 1710     | ոււլ         | ,JIC    | T as       | ,KS)    |
| • MM1                 | С     | 0          | u        | n         | t        | У               | _        | W    | i               | d         | е    |         | E     | d               | /   | 0        | u     | t    | r     | е    | а    | С       | h    |       |       |          |              |         |            |         |
| <ul><li>MM2</li></ul> | M     | a          | t        | е         | r        | i               | a        | 1    | /               | Т         | е    | С       | h     | i               | n   | i        | С     | a    | 1     |      | s    | u       | р    | р     | 0     | r        | t            |         |            |         |
| • WIIVIZ              |       | <u>а</u>   |          |           | -        |                 | <u> </u> |      | <i>'</i>        | -         |      | _       |       | -               | 111 | -        |       | a    |       |      |      | <u></u> | Ρ    | P     |       | _        |              | <u></u> | _          |         |
| <ul><li>MM3</li></ul> | M     | а          | t        | е         | r        | i               | a        | 1    | /               | Т         | е    | С       | h     | /               | Т   | r        | a     | i    | n     | i    | n    | g       |      | S     | u     | р        | р            | 0       | r          | t       |
| • MM4                 | M     | a          | t        | е         | r        | i               | a        | 1    | /               | Т         | е    | С       | h     | /               | Т   | r        | a     | i    | n     | i    | n    | g       |      | S     | u     | р        | р            | 0       | r          | t       |
| <ul><li>MM5</li></ul> | M     | a          | t        | е         | r        | i               | a        | 1    | /               | Т         | е    | С       | h     | /               | Т   | r        | a     | i    | n     | i    | n    | g       |      | S     | u     | р        | р            | 0       | r          | t       |
|                       |       |            |          |           |          |                 | <u> </u> |      | <u>'</u><br>  . |           |      |         |       | <u>'</u><br>  . | _   | <u> </u> |       |      |       | I .  |      |         |      |       |       | <u> </u> |              | <br>T   |            |         |
| • MM6                 | M     | а          | t        | е         | r        | i               | a        | 1    | /               | Т         | е    | С       | h     | /               | Т   | r        | a     | i    | n     | i    | n    | g       |      | S     | u     | р        | р            | 0       | r          | t       |
| Addition              | nal t | ask        | ks/r     | esp       | ons      | sibi            | litie    | es   |                 |           |      |         |       |                 |     |          |       |      |       |      |      |         |      |       |       |          |              |         |            |         |
| O Wat                 | ersl  | hed        | ! Im     | pro       | vei      | пен             | nt S     | 'tra | teg             | y B       | est  | Μα      | ana   | gen             | nen | t P      | rac   | tice | es re | equ  | ire  | d fo    | or N | 1S4   | 4s iı | ı in     | npa          | iire    | d          |         |
| wate                  |       |            |          |           |          |                 |          |      |                 |           |      |         | ,     | _               |     |          |       |      |       | •    |      |         |      |       |       |          | •            |         |            |         |
|                       |       |            |          |           |          |                 |          |      |                 |           |      |         |       |                 |     |          |       |      |       |      |      |         |      |       |       |          |              |         |            |         |
|                       |       |            |          |           |          |                 |          |      |                 |           |      |         |       |                 |     |          |       |      |       |      |      |         |      |       |       |          |              |         |            |         |

SPDES ID

# MS4 Municipal Compliance Certification (MCC) Form

| Name of               | M         | S4[-       | To   | wn    | of    | f <b>N</b> | lalt  | ta   |          |     |     |     |        |        |      |      |      |      |        |      |       | N    | Y      | R     | 2     | 0     | А             | 0     | 8     | 6        |
|-----------------------|-----------|------------|------|-------|-------|------------|-------|------|----------|-----|-----|-----|--------|--------|------|------|------|------|--------|------|-------|------|--------|-------|-------|-------|---------------|-------|-------|----------|
| Section               | n 3       | - I        | Par  | ·tn   | er    | In         | for   | m    | ati      | on  |     |     |        |        |      |      |      |      |        |      |       |      |        |       |       |       |               |       |       |          |
| Did your period?      | MS        | 4 w        | ork  | wi    | th p  | art        | ners  | s/co | alit     | ion | to  | con | ple    | te s   | om   | e oı | all  | pe   | rmi    | t re | quir  | eme  | ents   | du    | ring  | _     | is re<br>]Y∈  | -     | rtin  | g<br>]No |
| If Yes, c             | -         | -          |      |       |       |            |       |      |          |     |     |     |        |        |      |      |      |      |        |      |       |      |        |       |       |       |               |       |       |          |
| Subn<br>accer         |           |            | •    |       |       |            |       |      | -        |     |     |     |        |        |      | -    |      |      |        |      |       |      |        |       |       |       |               | )     |       |          |
| coali                 |           |            | •    |       |       |            |       |      |          |     |     |     |        |        |      |      |      |      |        |      |       |      |        |       |       |       | ne            |       |       |          |
| If No, pr             |           |            |      |       |       |            | •     |      |          |     |     |     | _      |        |      |      |      |      |        |      |       |      |        |       |       |       |               |       |       |          |
| Partner/Co            | oalit:    | ion l      | Nam  | ie    |       |            |       |      |          |     |     |     |        |        |      |      |      |      |        |      |       |      |        |       |       |       |               |       |       |          |
| S a r                 | a         | t          | 0    | g     | a     |            | С     | 0    | u        | n   | t   | У   |        | С      | С    | E    |      | I    | S      | W    | M     |      | Р      | r     | 0     | g     | r             | a     | m     |          |
| Partner/Co            | alit      | ion :      | Nan  | ne (c | on't  | .)         |       |      |          |     |     |     |        |        |      |      |      |      |        |      | _     | SPI  | DES    | Par   | tne   | r ID  | - If          | apr   | olica | able     |
|                       |           |            |      |       |       |            |       |      |          |     |     |     |        |        |      |      |      |      |        |      |       | N    | Y      | R     | 2     | 0     | С             | 0     | 0     | 6        |
| Address               |           |            |      |       |       |            |       |      |          |     |     |     |        |        |      |      |      |      |        |      |       |      |        |       | 1     |       |               |       |       |          |
|                       |           |            |      |       |       |            |       |      |          |     |     |     |        |        |      |      |      |      |        |      |       |      |        |       |       |       |               |       |       |          |
| City                  | Τ_        |            | 1.   |       |       |            | T     |      |          |     |     |     |        |        |      |      |      | 1 [  | tate   |      | Zip   |      | _      | _     | _     | '     |               |       |       |          |
| B a l                 | 1         | S          | t    | 0     | n     |            | S     | р    | a        |     |     |     |        |        |      |      |      |      | 1 X    |      | 1     | 2    | 0      | 2     | 0     | -     |               |       |       |          |
| eMail                 | T_        |            |      |       |       |            |       | 7    | ļ,       |     |     |     | I      |        |      |      |      |      |        |      |       |      |        |       |       |       |               |       |       |          |
| b r n                 | 5         | @          | С    | 0     | r     | n          | е     | 1    | 1        | ٠   | е   | d   | u      |        |      |      |      |      |        |      |       |      |        |       |       |       |               |       |       |          |
| Phone <b>(</b> 5 1    | 8         | ١ [        | 8    | 8     | 5     | _          | 8     | 9    | 9        | 5   | 7   |     |        |        |      |      |      |      | ly B   |      |       |      |        |       |       | _     | _             |       |       | lat -    |
| (   3   ±             |           | . <i>)</i> |      |       |       | _          | L     |      |          |     |     |     |        |        |      |      | W1   | tn C | 3P-0   | -08  | -002  | 2 Pa | rt I v | / .G. | .?    | ▣     | JΥϵ           | es    | Ш     | No       |
| What tas              | sks/:     | resj       | pon  | sib   | iliti | ies        | are   | sha  | are      | d w | ith | thi | s pa   | artn   | er   | (e.g | g. M | 1M   | 1 S    | cho  | ol :  | Pro  | gra    | ms    | or    | Mu    | ıltir         | ole   | Tas   | sks)?    |
| <ul><li>MM1</li></ul> | С         | 0          | u    | n     | t     | У          | _     | w    | i        | d   | е   |     | E      | d      | /    | 0    | u    | t    | r      | е    | a     | С    | h      |       |       |       |               |       |       |          |
|                       |           |            |      |       |       |            |       |      | <u> </u> |     |     |     |        | <br>   |      |      |      |      | _      |      |       |      |        |       |       |       |               |       |       |          |
| • MM2                 | M         | a          | t    | е     | r     | i          | a     |      | /        | Т   | е   | С   | h      | i      | n    | i    | С    | a    | ΙΤ     |      | S     | u    | р      | р     | 0     | r     | t             |       | _     |          |
| • MM3                 | M         | a          | t    | е     | r     | i          | a     | 1    | /        | Т   | е   | С   | h      | /      | Т    | r    | a    | i    | n      | i    | n     | g    |        | S     | u     | р     | р             | 0     | r     | t        |
| • MM4                 | M         | а          | t    | е     | r     | i          | a     | 1    | /        | Т   | е   | С   | h      | /      | Т    | r    | а    | i    | n      | i    | n     | g    |        | S     | u     | р     | р             | 0     | r     | t        |
| <ul><li>MM5</li></ul> | M         | a          | t    | е     | r     | i          | a     | 1    | /        | Т   | е   | С   | h      | /      | Т    | r    | a    | i    | n      | i    | n     | g    |        | S     | u     | р     | р             | 0     | r     | t        |
| <ul><li>MM6</li></ul> | M         | a          | t    | е     | r     | i          | a     | 1    | /        | Т   | е   | С   | h      | /      | Т    | r    | a    | i    | n      | i    | n     | g    |        | S     | u     | р     | р             | 0     | r     | t        |
| Addition              | <br>1 ler | tack       | ra/r | ecn   | one   | ihi        | litia | 20   |          |     | -   |     | -      |        |      |      |      |      |        |      |       |      |        |       |       |       |               |       |       |          |
| Addition Wat          |           |            |      | •     |       |            |       |      | too      | D   | aat | M   | 110.01 | or o w | 1011 | + D: | uaa  | tio  | 0 G 10 | 2011 | ira   | 1 fo | r N    | 1Q1   | ام ن  | a in  | <b>a 13</b> 0 | ira   | d     |          |
| wate                  |           |            |      | _     |       |            |       |      |          |     |     |     | -      | -      | ieri |      | uc   | iice | S 10   | -qu  | III C | a 10 | 1 1V   | 107   | ro 11 | 1 111 | тра           | ,II C | J     |          |
|                       |           |            |      |       |       |            |       |      |          |     |     |     |        |        |      |      |      |      |        |      |       |      |        |       |       |       |               |       |       |          |
|                       |           |            |      |       |       |            |       |      |          |     |     |     |        |        |      |      |      |      |        |      |       |      |        |       |       |       |               |       |       |          |
|                       |           |            |      |       |       |            |       |      |          |     |     |     |        |        |      |      |      |      |        |      |       |      |        |       |       |       |               |       |       |          |

|                       |        |           |          |            |       |      |          |       |            |      |       |      |      |       |      |      |      |              |      |      |      | SPL  | ES   | ID       |      |     |       |       |               |          |
|-----------------------|--------|-----------|----------|------------|-------|------|----------|-------|------------|------|-------|------|------|-------|------|------|------|--------------|------|------|------|------|------|----------|------|-----|-------|-------|---------------|----------|
| Name of               | MS     | 54        | City     | of M       | echa  | nicv | lle      |       |            |      |       |      |      |       |      |      |      |              |      |      |      | N    | Y    | R        | 2    | 0   | А     | 5     | 5             | 1        |
| C4*                   | . 2    |           | <b>)</b> | .4         |       | T    | C        |       | . 4.       |      |       |      |      |       |      |      |      |              |      |      | ,    |      |      |          |      |     |       |       |               |          |
| Section               |        |           |          |            |       |      |          |       |            |      | 4     |      | 1    | 4     |      |      | 11   |              | :4   |      | :    |      | 4    |          | :    | 41. | :     |       | . <b>.</b> :  |          |
| Did your period?      | IVI 54 | 4 W       | Ork      | . W1       | ın p  | aru  | iers     | 3/CO  | am         | lon  | 10 0  | om   | ipie | te s  | ome  | e or | an   | per          | mn   | rec  | luir | eme  | ents | au       | rıng | _   | is re |       |               | S<br>No  |
| If Yes, c             | omp    | olet      | te ii    | nfoi       | rma   | ıtio | n b      | elo   | w.         |      |       |      |      |       |      |      |      |              |      |      |      |      |      |          |      |     |       |       |               |          |
| Subn                  |        |           |          |            |       |      |          |       |            |      |       |      |      |       |      |      |      |              |      |      |      |      |      |          |      |     |       | ;     |               |          |
| accep                 |        |           | -        |            |       |      |          |       |            |      |       |      |      |       | -    |      |      |              |      |      |      |      |      |          |      |     | he    |       |               |          |
| coalit<br>If No, pr   |        |           |          |            |       |      | •        |       |            |      |       |      | -    |       |      | eet  | ior  | eac          | n N  | /154 | + 1n | tne  | cc   | oam      | tior | 1.  |       |       |               |          |
| . •                   |        |           |          |            | 1101  | 1 7  | <u> </u> | CI ti | 1100       | 1110 | 11 5  | riai | CIII | C11t. |      |      |      |              |      |      |      |      |      |          |      |     |       |       |               |          |
| Partner/Co            | aliti  | on N<br>t | Nam      |            | a     |      | С        | 0     | u          | n    | t     | У    |      | С     | С    | E    |      | I            | S    | W    | M    |      | Р    | r        | 0    | g   | r     | a     | m             |          |
| Partner/Co            |        |           |          | 9<br>1e (c |       | . )  |          |       | <u>и</u> . |      |       | У    |      |       |      |      |      |              |      |      |      | SPF  |      |          |      |     |       | app   |               | hle      |
|                       |        |           | \all     |            |       |      |          |       |            |      |       |      |      |       |      |      |      |              |      |      |      | N    | Y    | R        | 2    | 0   | C     | 0     | 0             | 6        |
| Address               |        |           |          |            |       |      |          |       |            |      |       |      |      |       |      |      |      |              |      |      |      |      |      |          |      |     |       |       |               |          |
| 5 0                   | W      | е         | s        | t          |       | Н    | i        | g     | h          |      | S     | t    | r    | е     | е    | t    |      |              |      |      |      |      |      |          |      |     |       |       |               |          |
| City                  |        |           |          |            |       |      |          |       |            |      |       |      |      |       |      |      |      | St           | ate  |      | Zip  |      |      |          |      |     |       |       |               |          |
| B a 1                 | 1      | ន         | t        | 0          | n     |      | S        | р     | a          |      |       |      |      |       |      |      |      | N            | 1 Z  | 7    | 1    | 2    | 0    | 2        | 0    | -   |       |       |               |          |
| eMail                 |        | ,         |          |            |       |      |          |       | ,          |      |       |      |      |       |      |      |      |              |      |      |      |      |      |          |      |     |       |       |               | _        |
| b r n                 | 5      | @         | С        | 0          | r     | n    | е        | 1     | 1          | •    | е     | d    | u    |       |      |      |      |              |      |      |      |      |      |          |      |     |       |       |               |          |
| Phone                 |        | ١.        |          |            |       | 1    |          |       |            |      | 1     |      |      |       |      |      | Le   | gall         | y Bi | indi | ng A | Agre | eme  | ent i    | n ac | cor | dan   | ce    |               |          |
| ( 5 1                 | 8      | )         | 8        | 8          | 5     | _    | 8        | 9     | 9          | 5    |       |      |      |       |      |      |      |              |      |      |      | Pa   |      |          |      |     | Ye    |       | $\circ$       | No       |
| What tas              | ks/1   | est       | oon      | sib        | iliti | es   | are      | sha   | rec        | l w  | ith   | this | s pa | ırtn  | er ( | e.g  | . M  | [ <b>M</b> ] | l So | cho  | ol l | Pro  | gra  | ms       | or   | Mu  | ltip  | ole ' | Γas           | ks)?     |
|                       |        |           | ·<br>    |            |       |      |          |       |            |      |       |      | _    |       | · ·  |      |      |              |      |      |      |      | _    |          |      |     |       |       | $\overline{}$ | <u> </u> |
| • MM1                 | С      | 0         | u        | n          | t     | У    | _        | W     | i          | d    | е     |      | е    | d     | /    | 0    | u    | t            | r    | е    | a    | С    | h    |          |      |     |       |       |               |          |
| <ul><li>MM2</li></ul> | М      | a         | t        | е          | r     | i    | a        | 1     | /          | t    | е     | С    | h    | n     | i    | С    | a    | 1            |      | s    | u    | р    | р    | 0        | r    | t   |       |       |               |          |
| <ul><li>MM3</li></ul> | М      | a         | t        | е          | r     | i    | a        | 1     |            | t    | е     | С    | h    | /     | t    | r    | а    | i            | n    | i    | n    | g    |      | ន        | u    | р   | р     | 0     | r             | t        |
| <ul><li>MM4</li></ul> | M      | _         | t        |            |       | i    |          | 7     |            | +    |       |      | h    |       |      |      |      | i            | n    | i    | n    |      |      | <b>-</b> |      |     |       |       | <u>~</u>      | +        |
| • IVIIVI4             | 141    | a         |          | е          | r     |      | a        | 1     |            | t    | е     | С    | 11   |       | t    | r    | a    |              | n    |      | n    | g    |      | S        | u    | р   | р     | 0     | r             | t        |
| • MM5                 | M      | a         | t        | е          | r     | i    | a        | 1     | /          | t    | е     | С    | h    | /     | t    | r    | a    | i            | n    | i    | n    | g    |      | s        | u    | р   | р     | 0     | r             | t        |
| • MM6                 | М      | a         | t        | е          | r     | i    | a        | 1     | /          | t    | е     | С    | h    | /     | t    | r    | a    | i            | n    | i    | n    | g    |      | ន        | u    | р   | р     | 0     | r             | t        |
| Addition              | al t   | ask       | s/r      | esp        | ons   | ibi  | litie    | es    |            |      |       |      |      |       |      |      |      |              |      |      |      |      |      |          |      |     |       |       |               |          |
| O Wate                | ersh   | ied       | Im       | pro        | ver   | nen  | t Si     | trai  | egy        | , Be | est . | Ma   | nag  | zem   | ieni | t Pi | raci | tice         | s re | equ  | irec | l fo | r M  | [S4      | s ir | in  | ıpa   | irec  | i             |          |
| wate                  | rsh    | eds       | in       | clud       | ded   | in   | GP       | -0-   | 08-        | 002  | 2 Pa  | art  | IX.  |       |      |      |      |              |      | _    |      |      |      |          |      |     | _     |       |               |          |
|                       |        |           |          |            |       |      |          |       |            |      |       |      |      |       |      |      |      |              |      |      |      |      |      |          |      |     |       |       |               |          |
|                       |        |           |          |            |       |      |          |       |            |      |       |      |      |       |      |      |      |              |      |      |      |      |      |          |      |     |       |       |               |          |

SPDES ID

# MS4 Municipal Compliance Certification (MCC) Form

| Na             | ame             | e of                         | M                  | S4_                | TOW               | VN O               | F M              | ILTO          | ON                 |                  |                    |            |          |      |             |             |             |      |       |      |      |     |          | N                   | Y     | R    | 2    | 0    | A     | 1             | 0        | 8          |
|----------------|-----------------|------------------------------|--------------------|--------------------|-------------------|--------------------|------------------|---------------|--------------------|------------------|--------------------|------------|----------|------|-------------|-------------|-------------|------|-------|------|------|-----|----------|---------------------|-------|------|------|------|-------|---------------|----------|------------|
| S              | ect             | ior                          | ı 3                | - I                | Par               | tn:                | er               | In            | for                | ma               | atio               | o <u>n</u> |          |      |             |             |             |      |       |      |      |     |          |                     |       |      |      |      |       |               |          |            |
| Di             |                 | our                          |                    |                    |                   |                    |                  |               |                    |                  |                    |            | to o     | com  | ple         | te s        | om          | e or | · all | per  | mit  | rec | quir     | eme                 | ents  | s du | ring | g th | is ro | -             |          | g<br>No    |
|                | Su<br>ac<br>cc  | s, co<br>ubm<br>ecep<br>alit | it a<br>ted<br>ion | se<br>. If<br>. It | par<br>yo<br>is 1 | ate<br>ur N<br>not | she<br>MS<br>neo | eet<br>4 cess | for<br>oop<br>sary | eac<br>era<br>to | ch p<br>ted<br>ind | wi<br>cluc | th a     | a co | oali<br>par | tioi<br>ate | n, s<br>she | ubr  | nit   | one  | sh   | eet | wi       | th t                | he    | nar  | ne ( | of t |       | <b>)</b>      |          |            |
|                |                 | r/Co                         |                    |                    |                   |                    |                  |               | Ŭ                  |                  |                    |            |          |      |             |             |             |      |       |      |      |     |          |                     |       |      |      |      |       |               |          |            |
| S              | a               | r                            | a                  | t                  | 0                 | g                  | a                |               | С                  | 0                | u                  | n          | t        | У    |             | С           | С           | Ε    |       | I    | S    | W   | M        |                     | Р     | r    | 0    | g    | r     | a             | m        |            |
| Pai            | tne             | r/Cc                         | alit               | ion l              | Nan               | ne (c              | on't             | t.)           |                    |                  |                    |            |          |      |             |             |             |      |       |      |      |     | 1        |                     |       |      |      | r ID | - If  | app           | lica     | ble        |
|                |                 |                              |                    |                    |                   |                    |                  |               |                    |                  |                    |            |          |      |             |             |             |      |       |      |      |     |          | N                   | Y     | R    | 2    | 0    | С     | 0             | 0        | 6          |
| <u>Ad</u><br>5 | dres<br>0       | ss                           | W                  | е                  | s                 | t                  |                  | Н             | i                  | a                | h                  |            | S        | t    | r           | е           | е           | t    |       |      |      |     |          |                     |       |      |      |      |       |               |          |            |
| Cit            |                 |                              |                    |                    | 5                 |                    |                  | 11            |                    | g                | 11                 |            |          |      |             |             |             |      |       | Ct   | ate  |     | 7in      |                     |       |      |      |      |       | Ш             |          |            |
| В              |                 | 1                            | 1                  | s                  | t                 | 0                  | n                |               | S                  | р                | а                  |            |          |      |             |             |             |      |       |      |      |     | Zip<br>1 | 2                   | 0     | 2    | 0    | _    |       |               |          |            |
| ь<br>eM        | ail             | -                            |                    |                    |                   | 1                  |                  |               |                    | 1                |                    |            |          |      |             |             |             |      |       | J [  |      |     |          |                     |       |      |      |      |       |               |          |            |
| b              | r               | n                            | 5                  | @                  | С                 | 0                  | r                | n             | е                  | 1                | 1                  | •          | е        | d    | u           |             |             |      |       |      |      |     |          |                     |       |      |      |      |       |               |          |            |
| (              | one<br>5<br>hat | 1 tas                        | 8<br>ks/1          | )<br>resi          | 8<br>pon          | 8                  | 5<br>iliti       | -<br>ies      | 8<br>are           | 9<br>sha         | 9<br>arec          | 5<br>l w   | ]<br>ith | this | s pa        | ırtn        | er (        | e.º  | wi    | th G | P-0  | -08 | -002     | Agre<br>2 Pa<br>Pro | rt IV | V.G  | .?   |      | Υe    | es            |          | No<br>ks)' |
|                | ΜN              |                              | С                  | 0                  | u                 | n                  | t                | У             | _                  | w                | i                  | d          | е        |      | E           | d           | 7           | 0    | u     | t    | r    | е   | a        | С                   | h     |      |      |      |       |               |          |            |
|                |                 |                              |                    |                    |                   |                    |                  |               |                    |                  |                    |            |          |      |             |             | L <u>′</u>  |      |       |      |      |     |          |                     |       |      |      |      |       | $\square$     |          |            |
|                | ΜN              | 12                           | M                  | a                  | t                 | е                  | r                | i             | a                  | 1                | s                  | /          | Т        | е    | С           | h           | n           | i    | С     | a    | 1    |     | S        | u                   | р     | р    | 0    | r    | t     | $\sqsubseteq$ |          |            |
|                | ΜN              | 13                           | M                  | a                  | t                 | е                  | r                | i             | a                  | 1                | /                  | Т          | е        | С    | h           | /           | Т           | r    | a     | i    | n    | i   | n        | g                   |       | S    | u    | р    | р     | 0             | r        | t          |
|                | ΜN              | 14                           | М                  | a                  | t                 | е                  | r                | i             | a                  | 1                | /                  | Т          | е        | С    | h           | /           | Т           | r    | a     | i    | n    | i   | n        | g                   |       | S    | u    | р    | р     | 0             | r        | t          |
|                | ΜN              | 15                           | М                  | a                  | t                 | е                  | r                | i             | a                  | 1                | /                  | Т          | е        | С    | h           | /           | Т           | r    | a     | i    | n    | i   | n        | g                   |       | S    | u    | р    | р     | 0             | r        | t          |
|                | ΜN              | 16                           | М                  | a                  | t                 | е                  | r                | i             | a                  | 1                | /                  | Т          | е        | С    | h           | /           | Т           | r    | а     | i    | n    | i   | n        | g                   |       | S    | u    | р    | р     | 0             | r        | t          |
| A(             | V               | tion<br>Vate                 | erst               | ned                | <sup>'</sup> Im   | pro                | ver              | ner           | nt S               | trai             | 0                  |            |          |      | •           | gen         | neni        | t Pi | raci  | tice | s re | equ | ired     | d fo                | r N   | 1S4  | s in | n in | npa   | ired          | <u>1</u> |            |

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# MS4 Municipal Compliance Certification (MCC) Form

|  |                      |  |         |   |             |                                       |             |                           |   |                   | 10n        | to          | com         | ıple | ete         | som         | e oi           | r al       | ll pe    | rmi             | t re          | quir           | eme      | ent   | s du        | ırin | g th    | is r           | epo    | rtin     |
|--|----------------------|--|---------|---|-------------|---------------------------------------|-------------|---------------------------|---|-------------------|------------|-------------|-------------|------|-------------|-------------|----------------|------------|----------|-----------------|---------------|----------------|----------|-------|-------------|------|---------|----------------|--------|----------|
| If Yes   | s, cc                | mp   | olet    | e ir                                    | ıfor        | ma                                    | itio        | n be                      | elov                                      | w.                |            |             |             |      |             |             |                |            |          |                 |               |                |          |       |             |      |         |                |        | 0        |
| Su   | bm:                  | it a   | se      | para                                    | ate         | she                                   | et i        | for e                     | eac                                       | h p               | art        | ner         | . In        | for  | ma          | tio         | ı pr           | ov.        | ride     | d in            | ot1           | 1er            | for      | ma    | ta -        | :11  | 22.50   | . 1            |        |          |
|  |                      |  |         |   |             |                                       |             |                           |   |                   |            |             |             |      |             |             |                |            |          |                 |               |                |          |       |             |      |         | t be           | 2      |          |
|  |                      |  |         |   |             |                                       |             |                           |   |                   |            |             |             |      |             |             | et f           | for        | eac      | ch N            | 154           | l in           | the      | 10    | nan<br>Mai  | tion | וונ     | ne             |        |          |
| If No,   | pro                  | cee  | ed t    | o S                                     | ecti        | on                                    | 4 -         | Ce                        | rtif                                      | ica               | itio       | n S         | tate        | eme  | ent         |             |                |            | -        |                 | 10            | 1111           | tiic     |       | all         | HOL  | l.      |                |        |          |
| Partner/   |                      |  |         |   |             |                                       |             |                           |   |                   |            |             |             |      |             |             |                |            |          |                 |               |                |          |       |             |      |         |                |        |          |
| -  |                      | a t  |         |   | ga          | 9                                     | (           | C                         |   | ,                 | n          | _           |             |      | ~           | ~           |                |            |          |                 |               |                |          |       |             |      |         |                |        |          |
| Partner/   |                      |  |         |   |             |                                       |             |                           |   | 1                 | n          | t           | У           |      | C           | C           | E              |            | I        | S               | W             | M              | I        | 2     | r           | 0    | 3       | r              | a I    | m        |
| T di tilei/  | Coa                  | IIIIC  | IIIN    | ame                                     | e(co        | n't.                                  | )           |                           |   | -                 | -          |             |             |      |             |             |                |            |          |                 |               | S              | PD       | ES    | Part        | ner  | ID      | - If a         | appl   | icab     |
|  |                      |  |         |   |             |                                       |             |                           |   |                   |            |             |             |      |             |             |                |            |          |                 |               | 1              |          |       | R 2         |      |         | 2 (            |        |          |
| Address  |                      |  | _       | _                                       |             | _                                     |             |                           |   |                   |            |             |             |      |             |             |                |            |          |                 |               | L_             |          |       |             |      |         |                |        |          |
|  |                      |  |         |   |             |                                       |             |                           |   |                   |            |             |             |      |             |             |                |            |          | T               | T             |                |          | T     | T           | T    | Т       |                | $\top$ | _        |
| City   |                      |  |         |   |             |                                       |             |                           |   |                   |            |             |             |      |             |             |                |            | C4       |                 |               |                |          |       |             |      |         |                |        |          |
| B a ]  | 1 1                  | . 8  | t       |   | n           |                                       | 2           | Бр                        | а   |                   |            | T           |             | T    |             |             | T              |            | Sta      | 1               |               | ip             |          | T     |             | _    |         |                |        |          |
| Mail   |                      |  |         |   |             |                                       |             | L                         |   |                   |            |             |             |      |             |             |                |            | N        | Y               | L             | 1 2            | 2 (      | )     | 2           | 0 .  | -       |                |        |          |
| o r n  | 1 5                  | @  | C       |   | ~           | 1                                     |             | 7                         | 7   | _                 |            |             | .           | _    | _           |             | _              | _          |          | _               |               |                |          |       |             |      |         |                |        |          |
|  |                      |  |         | 0                                       | r           | n                                     | е           | 1                         | 1   | •                 | e          | C           | l  u        | 1    |             |             |                |            |          |                 |               |                |          |       |             |      |         |                |        |          |
| Phone  |                      |  |         |   |             |                                       |             |                           |   |                   |            |             | _           | _    |             |             |                |            |          |                 | - 1           |                |          | -     | - 1         |      |         | - 1            |        | 11       |
| ( 5 :  | 1 8                  | 3)   | 8       | 3 8                                     | 3 5         | 5 -                                   | <b>-</b> [8 | 3 9                       | 9   | ) [               | 5          |             |             |      |             |             | I              | eg         | ally     | Bin             | ding          | Ag             | reen     | nen   | t in        | acco | orda    | ince           |        |          |
| What ta  | sks                  | /res   | ро      | nsil                                    | oilit       | ies                                   |             |                           | are                                       | ed v              | with       | ı th        | is p        | oart | ne          | r (e.       | V              | Vith       | 1 GP     | -0-0            | 8-00          | 02 P           | art ]    | V.    | G.?         | (    | 0 7     | l'es           | (      | ) No     |
| What ta  | sks                  | /  | u       | nsil                                    |             | J                                     |             |                           |   |                   | with       | n th        | is p        |      | T           | r (e.       | .g. l          | MI         | M1       | Sch             | 18-00<br>1001 | Pro            | art ]    | V.    | G.?         | (    | 0 7     | l'es           | (      | ) Ne     |
| What ta  | sks                  | /res   | ро      | nsil                                    | oilit       | ies                                   | are         | e sh                      | are                                       | ed v              | with       | th          |             |      | T           | 0           | .g. l          | MI         | M1       | Sch             | 18-00<br>1001 | Pro            | ogr      | V.    | G.?         | (    | 0 7     | l'es           | (      | O Ne     |
| What ta<br>MM1<br>MM2<br>MM3                         | c Sks                | /res   | u       | nsil                                    | bilit       | y                                     | are         | e sh                      | are                                       | ed v              | with       |             | E           | d    | /           | o           | .g. I          | MI         | M1 r     | Sch             | 100l          | Pro            | ogra     | am    | G.?         | r M  | ult     | l'es           | (      | ) Noasks |
| What ta<br>MM1<br>MM2<br>MM3                         | c M                  | /res   | u<br>t  | nsil<br>n<br>e                          | t<br>r<br>r | y i                                   | a are       | w 1                       | are                                       | d T               | with<br>e  | С           | E           | d    | /<br>n      | o           | g. I           | MI         | M1 r     | Sch             | a S           | Pro C          | ogra     | am    | G.?         | r M  | ult     | es<br>iple     | e Ta   | asks     |
| What ta<br>MM1<br>MM2<br>MM3<br>MM4                  | Sks, C M M           | /res   | u<br>t  | nsil<br>n<br>e                          | t r         | y i                                   | a a         | e sh                      | are                                       | d T               | with e     | С           | h<br>h      | d    | n<br>T      | o<br>i<br>r | g. Iu          | MI t       | M1 r     | -0-0<br>Sch     | a s           | Pro C u        | ogra     | am p  | o u         | r M  | t p     | les iple       | r      | t        |
| What ta  MM1  MM2  MM3  MM4  MM5                     | Sks.  C  M  M  M     | /res   | t t     | n e e e                                 | t r r       | y<br>i<br>i                           | a a a       | w 1                       | i / / /                                   | d d T T T         | with e e e | C           | h<br>h      | d    | n<br>T      | o<br>i<br>r | g. I u c a a   | MI t       | M1 r     | -0-0<br>Sch     | a s n         | Pro c u g g g  | ogra h p | p S S | o u u u u   | r M  | t p p   | (es iple       | r      | t        |
| What ta  MM1  MM2  MM3  MM4  MM5  MM6                | Sks/ C M M M M       | o a a a a  | t t t   | n e e e e                               | t r r r     | i i i                                 | a a a       | w   1   1   1   1   1   1 | i / / /                                   | d v d v d d T T T | e e e      | C<br>C<br>C | h<br>h<br>h | d    | n<br>T<br>T | i<br>r<br>r | g. I u c a a a | MI t       | M1       | -0-0 Sch        |               | Proc u g       | ogra h p | p s   | o u u       | r M  | t p     | les iple       | r      | t        |
| What ta  MM1  MM2  MM3  MM4  MM5  MM6  ddition  Wate | Sks, C M M M M al ta | /ressolution of the control of the c | t t t t | n e e e e e e e e e e e e e e e e e e e | r r r       | i i i i i i i i i i i i i i i i i i i | a a a litie | w  1  1  1  1  res        | are i / / / / / / / / / / / / / / / / / / | d v d d T T T T   | e e e e    | c c c       | h h h h     | d    | n<br>T<br>T | o i r r     | g. I u c a a a | MI t a i i | M1 r n n | Sch e i i i i i | a             | Procuu g g g g | p p      | p S S | o u u u u u | r M  | t p p p | (es iple o o o | r      | t        |
| What ta  MM1  MM2  MM3  MM4  MM5  MM6                | Sks, C M M M M al ta | /ressolution of the control of the c | t t t t | n e e e e e e e e e e e e e e e e e e e | r r r       | i i i i i i i i i i i i i i i i i i i | a a a litie | w  1  1  1  1  res        | are i / / / / / / / / / / / / / / / / / / | d v d d T T T T   | e e e e    | c c c       | h h h h     | d    | n<br>T<br>T | o i r r     | g. I u c a a a | MI t a i i | M1 r n n | Sch e i i i i i | a             | Procuu g g g g | p p      | p S S | o u u u u u | r M  | t p p p | (es iple o o o | r      | t        |

# MS4 Municipal Compliance Certification (MCC) Form

|               | me of MS4 Village of Round Lake    Village of Round Lake   N Y R 2 0 A 0 9 9 |                 |             |                    |                   |            |                   |                  |                   |           |      |      |      |             |       |     |       |      |      |      |      |      |       |          |           |         |       |          |     |     |
|---------------|--|-----------------|-------------|--------------------|-------------------|------------|-------------------|------------------|-------------------|-----------|------|------|------|-------------|-------|-----|-------|------|------|------|------|------|-------|----------|-----------|---------|-------|----------|-----|-----|
| Name of       | MS   | 34              | /illa       | ge of              | Rou               | nd L       | ake               |                  |                   |           |      |      |      |             |       |     |       |      |      |      |      | N    | Y     | R        | 2         | 0       | А     | 0        | 9   | 9   |
| Section       | 13   | - P             | ar          | tne                | er]               | Inf        | or                | ma               | tic               | <u>on</u> |      |      |      |             |       |     |       |      |      |      |      |      |       |          |           | *       |       |          |     |     |
|               | _  |                 |             |                    |                   |            |                   |                  |                   |           | to c | om   | ple  | te s        | ome   | or  | all   | per  | mit  | rec  | quir | eme  | ents  | du       | ring      | thi     |       |          |     |     |
| Subm          | it a<br>ted.   | sep<br>If<br>It | you<br>is r | ate<br>ur N<br>not | she<br>AS4<br>nec | et<br>1 co | for<br>oop<br>ary | eac<br>era<br>to | h p<br>ted<br>inc | wi        | th a | sej  | ali  | tion<br>ate | i, si | ıbn | nit ( | one  | sh   | eet  | wi   | th t | he    | nan      | ne c      | of t    | t be  |          |     |     |
| artner/Co     | aliti  | on N            | lam         | e                  |                   |            |                   |                  |                   |           |      |      |      |             |       |     |       |      |      |      |      |      |       |          |           |         |       |          |     |     |
| Sar           | a  | t               | 0           | g                  | a                 |            | C                 | 0                | u                 | n         | t    | У    |      | I           | n     | t   | е     | r    | m    | u    | n    | i    | С     | i        | p         | a       | 1     |          |     |     |
| artner/Co     | aliti  |                 |             |                    |                   |            |                   |                  |                   |           |      |      |      |             |       |     |       |      |      |      |      | SPI  | )ES   | Par<br>R | tner<br>2 | 0<br>ID | - If  | app<br>0 | 0   | abl |
| SWM           |  | P               | r           | 0                  | g                 | r          | a                 | m                |                   |           |      |      |      |             |       |     |       |      |      |      |      | IN   | 1     | 11       | 2         | U       | 0     | U        | 0   |     |
| ddress<br>5 0 | W  | е               | s           | t                  |                   | Н          | i                 | g                | h                 |           | S    | t    | r    | е           | e     | t   |       |      |      |      |      |      |       |          |           |         |       |          |     |     |
| City          | 197  |                 |             |                    |                   | 75         |                   | 9                | 00                |           | -    |      |      | 13.         | -     |     |       | St   | ate  |      | Zip  |      |       |          |           | -       |       |          |     |     |
| B a 1         | 1  | S               | t           | 0                  | n                 |            | S                 | р                | a                 |           |      |      |      |             |       |     |       | N    | 1 A  |      | 1    | 2    | 0     | 2        | 0         | -       |       |          |     |     |
| Mail          |  |                 |             |                    |                   |            |                   |                  |                   |           |      |      |      |             |       |     |       |      |      |      |      |      |       |          |           |         |       |          |     | 1   |
| b r n         | 5  | 9               | С           | 0                  | r                 | n          | е                 | 1                | 1                 |           | е    | d    | u    |             |       |     |       |      |      |      |      |      |       |          |           |         |       |          |     |     |
| hone          |  |                 |             |                    |                   |            |                   | -                |                   | 1-        | 1    |      |      |             |       |     | Le    | gall | у Ві | indi | ng A | Agre | eme   | ent i    | n ac      | cor     | dan   | ce       |     |     |
| ( 5 1         | 8  | )               | 8           | 8                  | 5                 | -          | 8                 | 9                | 9                 | 5         |      |      |      |             |       |     | wit   | th G | P-0  | -08  | -002 | 2 Pa | rt I\ | /.G.     | ?         |         | Ye    | es       | 0   | N   |
| What tas      | ks/1   | resp            | on          | sib                | iliti             | es         | are               | sha              | arec              | dw        | ith  | this | s pa | rtn         | er (  | e.g | . M   | M    | 1 S  | cho  | ol : | Pro  | gra   | ms       | or        | Mu      | ıltiş | ole      | Tas | sk  |
| MM1           | С  | 0               | u           | n                  | t                 | У          | -                 | W                | i                 | d         | е    |      | E    | d           | 1     | 0   | u     | t    | r    | е    | a    | С    | h     |          |           |         |       |          |     |     |
| MM2           | M  | a               | t           | е                  | r                 | i          | a                 | 1                |                   | &         |      | Т    | е    | С           | h     |     | S     | u    | р    | p    | 0    | r    | t     |          |           |         |       |          |     |     |
| MM3           | М  | a               | t           | е                  | r                 | i          | а                 | 1                | 1                 | t         | е    | С    | h    | 1           | t     | r   | a     | i    | n    | i    | n    | g    |       | S        | u         | р       | р     | 0        | r   |     |
| MM4           | M  | а               | t           | е                  | r                 | i          | a                 | 1                | 1                 | t         | е    | С    | h    | 1           | t     | r   | a     | i    | n    | i    | n    | g    |       | s        | u         | р       | р     | 0        | r   |     |
|               | М  | a               | t           | е                  | r                 | i          | a                 | 1                | 1                 | t         | е    | С    | h    | 1           | t     | r   | a     | i    | n    | i    | n    | g    |       | S        | u         | p       | р     | 0        | r   | 1   |
| MM5           |  |                 |             |                    | -                 | i          | a                 | 1                | 1                 | t         | е    | С    | h    | 1           | t     | r   | a     | i    | n    | i    | n    | g    |       | S        | u         | р       | p     |          |     | T   |
| MM5<br>MM6    | М  | a               | t           | е                  | r                 | +          | a                 | 1                | 1                 | _         | _    | _    | 100  | 1           |       |     |       |      |      |      | -    |      |       |          |           | -       | r     | 0        | r   | 1   |

SPDES ID

### MS4 Municipal Compliance Certification (MCC) Form

| Nam            | e of         | M         | S4[      | Saı                | rato  | oga   | а С     | oui   | nty | , D  | ера | artı  | ne  | nt ( | of F | Puk      | olic | W     | ork    | S             |      |                 | N    | Y       | R     | 2     | 0    | А           | 2             | 0   | 9               |
|----------------|--------------|-----------|----------|--------------------|-------|-------|---------|-------|-----|------|-----|-------|-----|------|------|----------|------|-------|--------|---------------|------|-----------------|------|---------|-------|-------|------|-------------|---------------|-----|-----------------|
| Sec            | tio          | n 3       | - ]      | Pai                | rtn   | er    | In      | for   | ·m  | ati  | on  |       |     |      |      |          |      |       |        |               |      |                 |      |         |       |       |      |             |               |     |                 |
| Did y<br>perio | our          |           |          |                    |       |       |         |       |     |      |     | to (  | con | ple  | te s | om       | e oı | r all | pe     | rmi           | t re | quii            | em   | ents    | s du  | rin   | ´    | is r<br>]Y∈ |               | _   | <b>g</b><br>]No |
| If Ye          | es, c        | om        | ple      | te i               | nfo   | rma   | atio    | n b   | elo | w.   |     |       |     |      |      |          |      |       |        |               |      |                 |      |         |       |       |      | _           |               |     | _               |
|                | ubn          |           |          | -                  |       |       |         |       |     | -    |     |       |     |      |      |          | _    |       |        |               |      |                 |      |         |       |       |      |             | e             |     |                 |
|                | ccep         |           |          |                    |       |       |         |       |     |      |     |       |     |      |      | -        |      |       |        |               |      |                 |      |         |       |       |      | he          |               |     |                 |
| If No          | oali<br>V pr |           |          |                    |       |       |         | •     |     |      |     |       |     | _    |      |          | eei  | 101   | eac    | JII T         | VI9. | <del>4</del> 11 | ı un | e c     | oan   | uoi   | 1.   |             |               |     |                 |
|                |              |           |          |                    |       | 1101  | 17      |       | CIU | 1110 | anc | )11 L | iai | CIII | CIII | •        |      |       |        |               |      |                 |      |         |       |       |      |             |               |     |                 |
| Partne         |              |           |          |                    |       |       |         |       |     |      |     | 1.    |     |      |      |          | _    |       | I_     | _             |      |                 |      | _       |       |       |      |             | $\overline{}$ |     |                 |
| Sa             |              | a         | t        | 0                  | g     | a     |         | С     | 0   | u    | n   | t     | У   |      | С    | С        | E    |       | I      | S             | W    | M               |      | Р       | r     | 0     | g    | r           |               | m   |                 |
| Partne         | er/Co        | oalit<br> | ion i    | Nan<br>            | ne (d | con't | t.)<br> | Т     | Т   | Г    |     | Т     |     | Т    | Т    | Т        |      |       | Т      | Π             | Т    | 7               |      |         |       |       |      |             | f app         |     |                 |
|                |              |           |          |                    |       |       |         |       |     |      |     |       |     |      |      |          |      |       |        |               |      |                 | N    | Y       | R     | 2     | 0    | С           | 0             | 0   | 6               |
| Addre          | ss           |           |          |                    |       |       |         |       |     |      |     |       |     |      |      |          |      |       |        |               |      |                 |      |         |       |       |      | _           | _             |     |                 |
|                |              |           |          |                    |       |       |         |       |     |      |     |       |     |      |      |          |      |       |        |               |      |                 |      |         |       |       |      |             | <u></u>       |     |                 |
| City           | Τ,           | Τ,        | Τ        | Τ.                 | Ι     |       |         |       | Τ   | Π    |     | Т     |     | Τ    | Τ    | Τ        |      |       | 1 [    | tate          |      | Zip             |      |         |       |       |      |             | _             |     |                 |
| Ва             | 1            | 1         | s        | t                  | 0     | n     |         | S     | р   | a    |     |       |     |      |      |          |      |       |        | I Y           |      | 1               | 2    | 0       | 2     | 0     | _    |             | <u></u>       |     |                 |
| eMail          |              |           |          | 1                  |       | 1     |         |       |     | I_   |     |       | Ι_  |      |      |          | Г    |       |        |               |      |                 |      |         |       |       |      |             | _             |     |                 |
| b r            | n            | 5         | @        | С                  | 0     | r     | n       | е     | 1   | 1    | •   | е     | d   | u    |      |          |      |       |        |               |      |                 |      |         |       |       |      |             | $\perp$       |     |                 |
| Phone          |              | <u> </u>  | ٦,       |                    |       |       | 7       |       |     |      |     | 7     |     |      |      |          |      | Le    | gall   | ly B          | indi | ng 1            | Agre | eem     | ent i | in ac | ccor | dan         | ice           |     |                 |
| ( [            | 5   1        | 8         | <b>)</b> | 8                  | 8     | 5     | _       | 8     | 9   | 9    | 5   |       |     |      |      |          |      | wi    | th C   | 3P <b>-</b> 0 | -08  | -002            | 2 Pa | rt I    | V.G   | .?    |      | ]Y          | es            |     | No              |
| Wha            | t tas        | sks/      | resi     | pon                | sib   | iliti | ies     | are   | sha | are  | d w | ith   | thi | s pa | artn | er (     | (e.g | 2. N  | 1M     | 1 S           | cho  | ol              | Pro  | gra     | ms    | or    | Μι   | ıltiı       | ble           | Tas | ks)?            |
|                |              |           |          | F                  |       |       |         |       |     |      | 1   |       |     | - F  |      |          | T    | J     |        | - ~           |      |                 |      | <i></i> |       |       |      |             | T             |     |                 |
| • MI           | <b>M</b> 1   | C         | 0        | u                  | n     | t     | У       | -     | W   | i    | d   | е     |     | E    | d    | /        | 0    | u     | t      | r             | е    | а               | С    | h       |       |       |      |             |               |     |                 |
| • MI           | MO           | M         | a        | t                  | е     | r     | i       | а     | 1   | /    | Т   | е     | С   | h    | i    | n        | i    |       | a      | 1             |      | S               | 11   | n       | n     | 0     | r    | t           | Т             |     |                 |
| • IVII         | V1Z          | [14]      | a        | <u>ا</u>           | _     | -     |         | a     |     |      | _   | _     |     | 111  |      | 111      | -    | С     | a      |               |      | ٥               | u    | р       | p     |       | r    |             | $\perp$       |     |                 |
| • MI           | M3           | M         | a        | t                  | е     | r     | i       | a     | 1   | /    | Т   | е     | С   | h    | /    | Т        | r    | a     | i      | n             | i    | n               | g    |         | S     | u     | р    | р           | 0             | r   | t               |
| <b>●</b> M     | M 1          | <u>ν</u>  |          | <br>  <sub> </sub> |       |       | i       |       | 7   | /    | m   |       | _   | h    | 7    | m        | 120  |       | i      |               | Ŀ    | _               | _    |         | C     |       |      |             |               | 70  | _               |
| • Mi           | V14          | M         | a        | t                  | е     | r     | 1       | а     | 1   | /    | Т   | е     | С   | h    | /    | Т        | r    | a     | 1      | n             | i    | n               | g    |         | S     | u     | р    | р           | 0             | r   | t               |
| • Mi           | M5           | M         | a        | t                  | е     | r     | i       | a     | 1   | /    | Т   | е     | С   | h    | /    | Т        | r    | a     | i      | n             | i    | n               | g    |         | S     | u     | р    | р           | 0             | r   | t               |
| • 10           | 1.0          |           |          | <br> .             |       |       |         |       |     |      | _   |       |     | ļ.   | Ι,   | <u> </u> |      |       | <br> - |               | <br> |                 |      |         | _     |       |      | _           | $\pm$         |     |                 |
| • Mi           | VIO          | M         | а        | t                  | е     | r     | i       | a     | 1   | /_   | Т   | е     | С   | h    | /_   | Т        | r    | a     | i      | n             | i    | n               | g    |         | S     | u     | р    | р           | 0             | r   | t               |
| Add            | itior        | nal 1     | task     | s/r                | esp   | ons   | sibi    | litie | es  |      |     |       |     |      |      |          |      |       |        |               |      |                 |      |         |       |       |      |             |               |     |                 |
| 0              | Wat          | ersi      | hed      | l Im               | pro   | vei   | mer     | ıt S  | tra | teg  | v B | est   | Μα  | ına  | gen  | nen      | t Pi | rac   | tice   | es re         | eau  | ire             | d fo | r N     | 1S4   | ls iı | ı in | ทธะ         | aire          | d   |                 |
|                | wate         |           |          |                    | _     |       |         |       |     |      |     |       |     | -    | -    |          |      |       | _      |               | 1    |                 | _    |         |       |       |      | 1           |               |     |                 |
|                |              |           |          |                    |       |       |         |       |     |      |     |       |     |      |      |          |      |       |        |               |      |                 |      |         |       |       |      |             |               |     |                 |
|                |              |           |          |                    |       |       |         |       |     |      |     |       |     |      |      |          |      |       |        |               |      |                 |      |         |       |       |      |             |               |     |                 |
|                |              |           |          |                    |       |       |         |       |     |      |     |       |     |      |      |          |      |       |        |               |      |                 |      |         |       |       |      |             |               |     |                 |

# MS4 Municipal Compliance Certification (MCC) Form

|                       |        |            |             |       |       |      |       |      |      |      |       |      |      |          |      |      |          |        | _     |     |              | SPE  | ES    | ID   |          |      |       |     |                   | —·-     |
|-----------------------|--------|------------|-------------|-------|-------|------|-------|------|------|------|-------|------|------|----------|------|------|----------|--------|-------|-----|--------------|------|-------|------|----------|------|-------|-----|-------------------|---------|
| Name of               | MS     | 34 <u></u> | City o      | of Sa | ratog | a Sp | rings | S .  |      |      |       |      |      |          |      |      |          |        |       |     |              | N    | Y     | R    | 2        | 0    | A     | 2   | 1                 | 6       |
| Section               | 3.     | _ P        | 'a r        | tne   | ar Ì  | ĺnf  | 'nr   | mя   | ıtic | m    |       |      |      |          |      |      |          |        |       |     |              |      |       |      |          |      |       |     |                   |         |
| Did your l<br>period? |        |            |             |       |       |      |       |      |      |      | to c  | om   | ple  | te s     | ome  | e or | all      | per    | mit   | rec | lui <b>r</b> | eme  | ents  | du   | ring     |      | is re |     |                   | 3<br>No |
| If Yes, co            | mr     | let        | e in        | ıfor  | ma    | tio  | n be  | elov | w.   |      |       |      |      |          |      |      |          |        |       |     |              |      |       |      |          |      |       |     |                   |         |
| Subm                  | _      |            |             |       |       |      |       |      |      | artı | ner.  | In   | for  | mat      | tion | pr   | ovi      | dec    | l in  | otl | ner          | for. | mai   | s w  | vill     | no   | t be  | ;   |                   |         |
| accep                 |        |            |             |       |       |      |       |      |      |      |       |      |      |          |      |      |          |        |       |     |              |      |       |      |          |      | he    |     |                   |         |
| coalit                |        |            |             |       |       |      | -     |      |      |      |       | _    |      |          |      | et f | for      | eac    | h N   | AS4 | in!          | the  | e co  | ali  | tior     | 1.   |       |     |                   |         |
| If No, pro            | ocee   | ed t       | o S         | ect   | ion   | 4 -  | - Ce  | erti | fica | ıtio | n S   | tate | eme  | ent.     |      |      |          |        |       |     |              |      |       |      |          |      |       |     |                   |         |
| Partner/Coa           | alitio | onN        | J <u>am</u> | e     |       |      |       |      |      |      |       |      |      |          |      |      | <b>.</b> |        |       |     |              |      |       |      |          |      |       |     |                   |         |
| Sar                   | a      | t          | 0           | g     | a     |      | C     | 0    | u    | n    | t     | У    |      | С        | C    | E    |          | Ι      | S     | W   | M            |      | P     | r    | 0        | g    | r     | a   | m                 |         |
| Partner/Co            | aliti  | on l       | Vam         | e(c   | on't. | .)   |       |      |      |      |       |      |      |          |      | '    | -        |        |       |     |              | SPE  | ES    | Par  | tner     | ·ID  | - If  | app | lica              | ble     |
|                       |        |            |             |       |       |      |       |      |      |      |       |      |      |          |      |      |          |        |       |     |              | N    | Y     | R    | 2        | 0    | С     | 0   | 0                 | 6       |
| Address               |        |            |             |       | ,     |      |       |      |      |      |       |      |      |          |      |      |          |        |       |     |              |      |       |      |          |      |       |     |                   |         |
| 5 0                   | W      | е          | s           | t     |       | Н    | i     | g    | h    |      | ន     | t    | r    | е        | e    | t    |          |        |       |     |              |      |       |      |          |      |       |     |                   |         |
| City                  |        |            |             |       |       |      |       |      |      |      |       |      |      |          |      |      |          | St     | ate   | _   | Zip          |      |       |      |          |      |       |     |                   | _       |
| Bal                   | 1      | s          | t           | 0     | n     |      | S     | q    | a    |      |       |      |      |          |      |      |          | N      | 1   A |     | 1            | 2    | 0     | 2    | 0        | -    |       |     |                   |         |
| eMail                 | 1      |            |             |       |       |      |       |      |      | -    |       |      |      |          |      |      |          |        |       |     |              |      |       | ,    |          |      |       |     |                   |         |
| b r n                 | 5      | @          | С           | 0     | r     | n    | е     | 1    | Ţ    |      | e     | d    | u    |          |      |      |          |        |       |     |              |      |       |      |          |      |       |     |                   |         |
| Phone                 |        |            |             |       |       | '    |       |      |      |      |       |      |      |          |      |      | Τ.       | 0011   | D:    | ndi | n 0 /        | are  | ome   | nt i | <b>.</b> |      | dan   | 20  |                   |         |
| (51                   | 8      | )          | 8           | 8     | 5     | _    | 8     | 9    | 9    | 5    |       |      |      |          |      |      |          |        |       |     |              |      | rt I\ |      |          |      | Ye    |     | 0                 | No      |
| TT 77                 |        | ,          |             | •••   | ••••  |      |       | 1    |      |      | • . 1 | .1 • |      |          | ,    |      |          | n . r  | 1.0   |     | 1 3          |      |       |      |          |      | 1     | 1   | T                 | 1 10    |
| What tas              | KS/I   | esp        | on          | S1D   | 11111 | es a | are   | sna  | irec | 1 W  | ıın   | tnis | s pa | ırın     | er ( | e.g  | . IVI    | LIVI . | 1 50  | cno | 01 1         | Pro. | gra   | ms   | Or.      | IVIU | ıııp  | пе  | 1 as              | KS)?    |
| • MM1                 | С      | 0          | u           | n     | t     | У    | -     | w    | i    | d    | е     |      | Ε    | đ        | /    | 0    | u        | t      | r     | e   | a            | С    | h     |      |          |      |       |     |                   |         |
|                       |        | i          |             |       |       |      |       |      |      |      |       |      |      |          |      |      |          |        |       |     |              | _    |       |      |          |      |       |     |                   |         |
| MM2                   | М      | a          | t           | е     | r     | i    | а     | 1    |      | Т    | е     | С    | h    | n        | i    | С    | a        | 1      |       | S   | u            | р    | р     | 0    | r        | t    |       |     |                   |         |
| <ul><li>MM3</li></ul> | M      | a          | t           | е     | r     | i    | a     | 1    | 1    | Т    | е     | С    | h    |          | Т    | r    | a        | i      | n     | i   | n            | ā    |       | s    | u        | р    | р     | 0   | r                 | t       |
|                       |        |            |             |       |       |      |       |      | ,    |      |       |      | ,    |          |      |      |          |        |       |     |              |      |       |      |          |      |       |     | $\overline{\Box}$ |         |
| • MM4                 | М      | а          | t           | e     | r     | i    | a     | 1    | /    | Т    | е     | С    | h    | <u> </u> | Т    | r    | a        | i      | n     | i   | n            | g    |       | S    | u        | p    | р     | 0   | r                 | t       |
| • MM5                 | M      | a          | t           | е     | r     | i    | a     | 1    | /    | Т    | е     | С    | h    |          | Т    | r    | a        | i      | n     | i   | n            | g    |       | S    | u        | p    | p     | 0   | r                 | t       |
| <b>.</b>              |        |            |             |       |       |      | !     |      |      | <br> |       |      | ,    |          |      |      |          |        |       |     |              |      |       | _    |          |      |       |     |                   | _       |
| MM6                   | M      | a          | t           | е     | r     | i    | a     | 1    | /    | Т    | е     | С    | h    |          | Т    | r    | a        | i      | n     | i   | n            | g    |       | S    | u        | р    | р     | 0   | r                 | t       |
| Addition              | al t   | ask        | s/re        | esp   | ons   | ibil | litie | es   |      |      |       |      |      |          |      |      |          |        |       |     |              |      |       |      |          |      |       |     |                   |         |
| O Wate                |        |            |             | •     |       |      |       |      | 'eo  | v Be | est.  | Ма   | nas  | en       | ieni | t Pi | aci      | tice   | s re  | au  | ired         | l fo | r M   | [S4  | s it     | ı in | าธล   | ire | d                 |         |
| wate                  |        |            |             |       |       |      |       |      | ~    |      |       |      | •    | _        |      |      |          |        |       | 1   |              |      | _,    |      |          |      | 1     | -   |                   |         |
|                       |        |            |             |       |       |      |       |      |      |      |       |      |      |          |      |      |          |        |       |     |              |      |       |      |          |      |       |     |                   | $\neg$  |
|                       |        |            |             |       |       |      |       |      |      |      |       |      |      |          |      |      |          |        |       |     |              |      |       |      |          |      |       |     |                   |         |
|                       |        |            |             |       |       |      |       |      |      |      |       |      |      |          |      |      |          |        |       |     |              |      |       |      |          |      |       |     |                   |         |

SPDES ID

# MS4 Municipal Compliance Certification (MCC) Form

| Na      | ame  | e of          | MS   | S4   | Soutl | ı Gle | ens F | alls |               |      |          |           |      |      |      |       |      |       |       |      |        |      |       | N     | Y        | R     | 2    | 0    | А        | 0        | 9    | 1       |
|---------|------|---------------|------|------|-------|-------|-------|------|---------------|------|----------|-----------|------|------|------|-------|------|-------|-------|------|--------|------|-------|-------|----------|-------|------|------|----------|----------|------|---------|
| S       | ec1  | tior          | 1 3  | - I  | Par   | tn    | er    | In   | for           | ma   | atio     | <u>on</u> |      |      |      |       |      |       |       |      |        |      |       |       |          |       |      |      |          |          |      |         |
| Die     | -    | our<br>1?     | MS   | 4 w  | ork   | wit   | th p  | artı | ners          | s/co | alit     | ion       | to c | com  | ple  | te s  | om   | e or  | · all | per  | mit    | rec  | quir  | eme   | ents     | du    | ring |      | is re    | -        |      | g<br>No |
| If      | Ye   | s, c          | omj  | plet | te ir | ıfoı  | rma   | itio | n b           | elo  | w.       |           |      |      |      |       |      |       |       |      |        |      |       |       |          |       |      |      |          |          |      |         |
|         |      | ubm           |      |      | •     |       |       |      |               |      | -        |           |      |      |      |       |      | -     |       |      |        |      |       |       |          |       |      |      |          | <b>;</b> |      |         |
|         |      | ccep<br>palit |      |      | •     |       |       |      | •             |      |          |           |      |      |      |       |      |       |       |      |        |      |       |       |          |       |      |      | he       |          |      |         |
| If      |      | , pr          |      |      |       |       |       |      | -             |      |          |           |      |      | _    |       |      | .Ct . | 101   | cac  | /11 1V | /13- | T 11. | LLIIV |          | an    | иоі  | 1.   |          |          |      |         |
|         |      | •             |      |      |       |       |       |      |               |      |          |           |      |      |      |       |      |       |       |      |        |      |       |       |          |       |      |      |          |          |      |         |
| S       | a    | r/Co          | anu  | t    | o     | g     | a     |      | С             | 0    | u        | n         | t    | У    |      | С     | С    | Е     |       | I    | S      | W    | М     |       | Р        | r     | 0    | g    | r        | а        | m    |         |
|         |      | r/Co          |      |      |       |       |       | . )  |               |      | <u> </u> |           |      | 1    |      |       |      |       |       | _    |        | •••  |       | SPI   |          |       |      |      |          |          | lica | ble     |
|         |      |               |      |      |       |       |       |      |               |      |          |           |      |      |      |       |      |       |       |      |        |      |       | N     | Y        | R     | 2    | 0    | C        | 0        | 0    | 6       |
| ∟<br>Ad | dre: | SS            |      |      |       |       |       |      |               |      |          |           |      |      |      |       |      |       |       |      |        |      | J     |       |          |       |      |      |          |          |      |         |
|         |      |               |      |      |       |       |       |      |               |      |          |           |      |      |      |       |      |       |       |      |        |      |       |       |          |       |      |      |          |          |      |         |
| Cit     | У    |               |      |      |       |       |       |      |               |      |          |           |      |      |      |       | _    |       |       | St   | ate    | _    | Zip   |       |          |       |      |      |          |          |      |         |
| В       | a    | 1             | 1    | ន    | t     | 0     | n     |      | S             | р    | a        |           |      |      |      |       |      |       |       | N    | l A    | 7    | 1     | 2     | 0        | 2     | 0    | -    |          |          |      |         |
| eМ      | ail  |               |      |      |       |       |       |      |               |      |          |           |      |      |      |       |      |       |       |      |        |      |       |       |          |       |      |      |          |          |      |         |
| b       | r    | n             | 5    | @    | С     | 0     | r     | n    | е             | 1    | 1        | •         | е    | d    | u    |       |      |       |       |      |        |      |       |       |          |       |      |      |          |          |      |         |
| Pho     | one  | _             |      | 1.   |       |       |       | 1    |               |      |          |           | 1    |      |      |       |      |       | Le    | gall | y Bi   | ndi  | ng A  | 4gre  | eeme     | ent i | n ac | cor  | dano     | ce       |      |         |
| (       | 5    | 1             | 8    | )    | 8     | 8     | 5     | _    | 8             | 9    | 9        | 5         |      |      |      |       |      |       |       |      |        |      |       |       | rt IV    |       |      |      | Ye       |          | 0    | No      |
| W       | hat  | tas           | ks/1 | resi | on    | sib   | iliti | es   | are           | sha  | arec     | l w       | ith  | this | s pa | ırtn  | er ( | e.Ω   | . N   | IM1  | LSo    | cho  | ol.   | Pro   | gra      | ms    | or   | Mu   | ltir     | ole '    | Tas  | ks)?    |
|         |      |               |      |      |       |       |       |      |               |      |          |           |      |      | _    |       | ,    | T     | ,,    |      |        |      |       |       | <i>B</i> |       |      |      | <b>r</b> |          |      |         |
| • ]     | ΜN   | <b>1</b> 1    | С    | 0    | u     | n     | t     | У    | -             | M    | i        | d         | е    |      | Ε    | d     | /    | 0     | u     | t    | r      | е    | а     | С     | h        |       |      |      |          |          |      |         |
| • ]     | ΜN   | 12            | M    | а    | t     | е     | r     | i    | a             | 1    | /        | Т         | е    | С    | h    | n     | i    | С     | a     | 1    |        | S    | u     | р     | р        | 0     | r    | t    |          |          |      |         |
| • ]     | ΜN   | <b>1</b> 3    | М    | а    | t     | r     | е     | i    | a             | 1    |          | Т         | е    | С    | h    |       | Т    | r     | a     | i    | n      | i    | n     | g     |          | S     | u    | р    | р        | 0        | r    | t       |
| _       |      |               |      |      | I .   |       |       |      |               | _    | ,        |           |      |      |      | _ ·   | L    |       |       |      |        |      |       |       |          |       |      |      |          |          |      |         |
| • ]     | MN   | <i>1</i> 14   | М    | a    | t     | е     | r     | i    | a             | 1    | /        | Т         | е    | С    | h    | /     | Т    | r     | a     | i    | n      | i    | n     | g     |          | S     | u    | р    | р        | 0        | r    | t       |
| • ]     | ΜN   | <b>1</b> 5    | M    | a    | t     | е     | r     | i    | a             | 1    | /        | Т         | е    | С    | h    | /     | Т    | r     | a     | i    | n      | i    | n     | g     |          | S     | u    | р    | р        | 0        | r    | t       |
| • ]     | ΜN   | 16            | M    | а    | t     | е     | r     | i    | a             | 1    | /        | Т         | е    | С    | h    | /     | Т    | r     | a     | i    | n      | i    | n     | g     |          | s     | u    | р    | р        | 0        | r    | t       |
| Αd      | ddi  | tion          | al t | ask  | s/re  | esne  | ons   | ibi  | liti <i>e</i> | es   |          |           |      |      |      |       |      |       |       |      |        |      |       |       |          |       |      |      |          |          |      |         |
| 0       |      | Vate          |      |      |       | •     |       |      |               |      | te on    | , R       | ost  | Ma   | ทสต  | o e n | าคท  | t Pi  | raci  | tice | s re   | ווחי | irea  | 1 fo  | r N      | 154   | s ir | ı in | าทล      | ire      | d    |         |
|         |      | vate          |      |      | -     |       |       |      |               |      | -        |           |      |      | _    | -     |      | ,     |       |      | ~ 1    | 74   |       | 10    | A 17.    | _~    | ~ 11 |      | -pu      |          |      |         |
|         |      |               |      |      |       |       |       |      |               |      |          |           |      |      |      |       |      |       |       |      |        |      |       |       |          |       |      |      |          |          |      |         |
|         |      |               |      |      |       |       |       |      |               |      |          |           |      |      |      |       |      |       |       |      |        |      |       |       |          |       |      |      |          |          |      |         |

# MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,  $\begin{bmatrix} 2 & 0 & 2 \end{bmatrix}$ 

|                                  |                       |          |                    |                    |                   |            |                    |                  |              |      |      |      |             |       |      |      |          |      |      |      |               | SPI  | DES  | ID   |     | -    |      | -   |    |          |
|----------------------------------|-----------------------|----------|--------------------|--------------------|-------------------|------------|--------------------|------------------|--------------|------|------|------|-------------|-------|------|------|----------|------|------|------|---------------|------|------|------|-----|------|------|-----|----|----------|
| lame of                          | MS                    | 54       | Tov                | vn                 | of S              | Stil       | lwa                | iter             |              |      |      |      |             |       |      |      |          |      |      |      |               | N    | Y    | R    | 2   | 0    | A    | 5   | 4  | 9        |
| Section                          | 13                    | - F      | ar                 | tne                | er                | In         | for                | m                | ati          | on   |      |      |             |       |      |      |          |      |      |      |               |      |      |      |     |      |      |     |    |          |
| id your<br>eriod?                |                       |          |                    |                    |                   |            | _                  |                  | _            | _    | to   | con  | ıple        | ete s | om   | e oi | rall     | pe   | rmi  | t re | quii          | em   | ents | s du | rin | g th | is r |     |    | ng<br>N  |
| Yes, c<br>Subn<br>accep<br>coali | nit a<br>oted<br>tion | se<br>If | par<br>you<br>is r | ate<br>ur N<br>not | she<br>AS-<br>nec | eet<br>4 c | for<br>oop<br>sary | eac<br>era<br>to | ch j<br>itec | l wi | th a | a co | oali<br>par | tio   | n, s | ubr  | nit      | one  | e sh | ieet | t wi          | th t | he   | nar  | ne  | of t | t be | e   |    |          |
| No, pr                           |                       |          |                    |                    | ior               | 4          | - C                | erti             | ific         | atio | n S  | Stat | em          | ent   |      |      |          |      |      |      |               |      |      |      |     |      |      |     |    |          |
| artner/Co                        |                       | L.       | 10.7               | 1                  | a                 |            | C                  | 0                | u            | n    | t    | У    |             | C     | C    | E    |          | I    | S    | W    | М             |      | Р    | r    | 0   | g    | r    | a   | m  |          |
| artner/Co                        | 0.0                   | 100      |                    | g<br>re(c          | 100               | 1          |                    | 0                | u            | 1.1  |      | Y    |             |       |      | 1    |          |      |      |      |               | SPI  |      |      | _   | -    |      |     |    | ⊥<br>abl |
| in their ex                      |                       |          | 1                  |                    |                   | ,          |                    |                  |              |      |      |      |             |       |      |      |          |      |      |      |               | N    |      | R    | 2   | 0    | C    | 0   | 0  | 6        |
| ddress                           |                       |          |                    |                    |                   |            |                    | 1                |              |      |      |      |             |       |      | 1    |          |      |      |      |               |      |      |      |     |      |      |     |    |          |
|                                  |                       |          |                    |                    |                   |            |                    |                  |              |      |      |      |             |       |      |      |          |      |      |      |               |      |      |      |     |      |      |     |    |          |
| ity                              |                       |          |                    |                    |                   |            |                    | 1                |              |      |      |      |             |       |      |      |          | 1    | tate |      | Zip           |      | 0    | 2    | 0   |      |      |     |    | Т        |
| a 1                              | 1                     | S        | t                  | 0                  | n                 |            | S                  | p                | a            |      |      |      |             | 1     |      |      |          | N    | 1 X  |      | 1             | 2    | U    | 2    | 0   | -    | _    |     |    |          |
| Mail<br>r n                      | 5                     | @        | C                  | 0                  | r                 | n          | е                  | 1                | 1            |      | е    | d    | u           |       |      |      |          |      |      | Γ    |               |      |      |      |     |      |      | 1   |    |          |
| hone                             |                       | G        | _                  |                    | -                 |            |                    | -                | -            | 1.   |      |      | 72          |       |      | -    | <u> </u> |      |      |      |               |      |      |      |     |      | 34.9 | 200 |    |          |
| ( 5 1                            | 8                     | )        | 8                  | 8                  | 5                 | _          | 8                  | 9                | 9            | 5    |      |      |             |       |      |      |          |      |      |      | ing .<br>3-00 |      |      |      |     |      | Y    |     | 0  | N        |
| Vhat ta                          | 1.0/                  |          |                    | oib                | :1343             | ioc        | nro                | ch               | nro          | du   | ith  | thi  | e n         | artr  | )er  | (0.0 | r 1      | лм   | 1 \$ | che  | 201           | Pro  | ora  | ms   | or  | Mı   | ilti | nle | Та | sk       |
| v nat ta:                        | SK5/                  | resj     | JOH                | SIU                | 1110              | ics        | arc                | 511              | arc          | u w  | 1411 | LIL  | 3 P         | 1     | ici  | (0.8 | 5. 19    | 1171 | 1    |      | 1             | 1    | 1    | 1    |     | 1    |      | Pie | 1  |          |
| MM1                              | C                     | 0        | u                  | n                  | t                 | У          | =                  | W                | i            | d    | е    |      | E           | d     | 1    | 0    | u        | t    | r    | е    | a             | C    | h    |      |     |      |      |     |    |          |
| MM2                              | M                     | a        | t                  | е                  | r                 | i          | a                  | 1                | 1            | Т    | е    | C    | h           | i     | n    | i    | C        | a    | 1    |      | S             | u    | p    | р    | 0   | r    | t    |     |    |          |
| мм3                              | M                     | a        | t                  | е                  | r                 | i          | a                  | 1                | 1            | Т    | е    | C    | h           | 1     | Т    | r    | a        | i    | n    | i    | n             | g    |      | S    | u   | p    | р    | 0   | r  | t        |
| MM4                              | M                     | a        | t                  | e                  | r                 | i          | a                  | 1                | 1            | T    | е    | c    | h           | 1     | T    | r    | a        | i    | n    | i    | n             | g    |      | S    | u   | р    | р    | 0   | r  | t        |
|                                  |                       |          |                    |                    |                   |            |                    | L                | 1            |      | H    |      | -           | 1     | Т    |      |          | i    |      | i    |               |      |      | S    | u   |      |      | 0   | r  | t        |
| MM5                              | M                     | a        | t                  | е                  | r                 | i          | a                  | 1                | /            | Т    | е    | C    | h           | 1     | L    | r    | a        | 1    | n    | 1    | 11            | g    |      | 3    | u   | р    | р    |     |    |          |
|                                  | M                     | a        | t                  | е                  | r                 | i          | a                  | 1                | 1            | T    | е    | C    | h           | 1     | T    | r    | a        | i    | n    | i    | n             | g    |      | S    | u   | p    | p    | 0   | r  | t        |
| MM6                              | 100                   | _        |                    |                    |                   |            |                    |                  |              |      |      |      |             |       |      |      |          |      |      |      |               |      |      |      |     |      |      |     |    |          |

SPDES ID

4643023765

MS4 Municipal Compliance Certification (MCC) Form

| eriod?                               |           | 4 w            |                |                    |                      |              |               |          |           | 1011 | 10 0          | OIII        | pie    | ie s        | OHIC        | 2 01        | all                       | per  | min                    | 100        | Jun           | CIIIC         | Jilla        | Citi    | 1 1115   |              | Y€               |     |      | S<br>No |
|--------------------------------------|-----------|----------------|----------------|--------------------|----------------------|--------------|---------------|----------|-----------|------|---------------|-------------|--------|-------------|-------------|-------------|---------------------------|------|------------------------|------------|---------------|---------------|--------------|---------|----------|--------------|------------------|-----|------|---------|
| f Yes, co<br>Subm<br>accep<br>coalit | it a      | sej<br>. If    | oar<br>you     | ate<br>.ir N       | she<br>1S4           | et i         | for<br>oop    | eac      | h p       | wi   | th a          | cc          | ali    | tior        | ı, sı       | ıbn         | nit                       | one  | sh                     | eet        | wi            | th t          | he           | nan     | ne o     | of t         | t be             | 9   |      |         |
| f No, pro                            |           |                |                |                    |                      |              |               |          |           |      |               |             |        |             |             |             |                           |      |                        |            |               |               |              |         |          |              |                  |     |      |         |
| artner/Co                            | 1         | 77.1           | 0.1            |                    | 31                   |              | 2             |          | 220       | 120  | agli          |             |        | 7           | C           | W           | М                         |      | Р                      | r          | 0             | ~             | r            | 9       | m        |              |                  |     |      | 1       |
| Sar                                  | a         | t              | 0              | g                  | a                    |              | C             | 0        | u         | n    | t             | У           |        | Ι           | S           | W           | I <sub>v</sub> I          |      | P                      | T          | 0             | g<br>SPE      |              | a<br>Do | 55.383.1 | . 110        | 14               | one | lico | hla     |
| artner/Co                            | aliti     | ion N          | lam            | ie(c               | on't                 | .)           |               |          |           |      |               |             |        |             |             |             |                           |      |                        |            | 1 1           | N             | Y            | R       | 2        | 0            | C                | 0   | 0    | 6       |
|                                      |           |                |                |                    |                      |              |               |          |           |      |               |             |        |             |             |             |                           | -    | -                      |            |               | 14            | 1            | 10      | 2        | U            |                  | U   | U    | 0       |
| ddress<br>5 0                        | W         | е              | S              | t                  |                      | Н            | i             | g        | h         |      | S             | t           | r      | е           | е           | t           |                           |      |                        |            |               |               |              |         |          |              |                  |     |      |         |
| ity                                  | 140       |                | -              |                    |                      | 25)          |               | 2        | 7394      |      | -             | 35.         |        | . 0.        | 100         | 100         |                           | St   | ate                    |            | Zip           |               |              |         |          |              |                  |     |      |         |
| B a 1                                | 1         | s              | t              | 0                  | n                    |              | S             | p        | a         |      |               |             |        |             |             |             |                           | N    |                        | 7          | 1             | 2             | 0            | 2       | 0        | -            |                  |     |      |         |
| Z 10                                 |           |                |                |                    |                      |              |               |          |           |      |               |             |        |             |             |             |                           | -    |                        |            |               |               |              |         |          |              |                  |     |      |         |
| Mail                                 |           |                |                |                    |                      |              |               |          |           |      |               |             |        |             |             |             |                           |      |                        |            |               |               |              |         |          |              |                  |     |      |         |
| 11/11/11/21                          | 5         | @              | С              | 0                  | r                    | n            | е             | 1        | 1         |      | е             | d           | u      |             |             |             |                           |      |                        |            |               |               |              |         |          |              |                  |     |      |         |
| o r n                                | 5         | @              | С              | 0                  | r                    | n            | е             | 1        | 1         |      | е             | d           | u      |             |             |             | Le                        | gall | v B                    | indi       | ng A          | Agre          | eme          | ent i   | n ac     | ccoi         | dan              | ce  |      |         |
| E RETURN                             | 5         | @ )            | c<br>8         | 8                  | r<br>5               | n<br>-       | e<br>8        | 9        | 9         | 5    | е             | d           | u      |             |             |             |                           |      | y Bi                   |            |               |               |              |         |          |              | dan<br>Ye        |     | 0    | N       |
| orn thone (51                        | 8         | )              | 8              | 8                  | 5                    | _            | 8             | 9        | 9         |      |               |             |        | artn        | er (        | e o         | wi                        | th G | P-0                    | -08        | -002          | 2 Pa          | rt I         | V.G     | ?        | 0            | Ye               | es  |      |         |
| o r n                                | 8         | )              | 8              | 8                  | 5                    | _            | 8             | 9        | 9         |      |               |             | s pa   | artn        | 1           | (e.g        | wi<br>g. N                | th G | P-0                    | -08        | -002          | 2 Pa<br>Pro   | rt I         | V.G     | ?        | 0            | Ye               | es  |      |         |
| orn thone (51                        | 8         | )              | 8              | 8                  | 5                    | _            | 8             | 9        | 9         |      |               |             |        | artn        | er (        | e.g         | wi                        | th G | P-0                    | -08        | -002          | 2 Pa          | rt I         | V.G     | ?        | 0            | Ye               | es  |      |         |
| hone (5 1 What tas                   | 8<br>ks/i | )<br>resp      | 8<br>oon<br>u  | 8<br>sib           | 5<br>iliti           | es<br>t      | 8<br>are      | 9<br>sha | 9<br>ared |      | ith           | this        | s pa   | artn        | 1           |             | wi<br>g. N                | th G | P-0                    | -08<br>chc | -002<br>ool 1 | 2 Pa<br>Pro   | rt IV<br>gra | w.G.    | ?        | 0            | Ye               | es  |      |         |
| hone (51 What tas MM1 MM2            | 8 ks/i    | )<br>resp<br>d | 8 voon u       | 8 sib              | 5<br>iliti<br>a<br>r | -<br>es<br>t | 8 are         | 9 sha    | 9<br>ared | d w  | ith<br>a<br>T | this<br>n   | d<br>c | h           | 0<br>n      | u           | wi<br>g. M<br>t           | th G | 6P-0<br>1 Se<br>e      | -08<br>chc | -002<br>ool l | Pro<br>h<br>u | rt I         | ms<br>p | or       | Mu           | Ye<br>ultij<br>t | ole | Tas  | sks     |
| hone (5 1 What tas                   | 8<br>ks/i | )<br>resp      | 8<br>oon<br>u  | 8<br>sib           | 5<br>iliti<br>a      | es<br>t      | 8<br>are      | 9<br>sha | 9<br>ared |      | ith<br>a      | thi:        | s pa   |             | 0           | u           | wi<br>g. N                | th G | iP-0                   | -08<br>chc | -002          | Pro           | rt IV<br>gra | w.G.    | or       | Mı           | Ye               | es  |      | sks     |
| hone (51 What tas MM1 MM2            | 8 ks/i    | )<br>resp<br>d | 8 voon u       | 8 sib              | 5<br>iliti<br>a<br>r | -<br>es<br>t | 8 are         | 9 sha    | 9<br>ared | d w  | ith<br>a<br>T | this<br>n   | d<br>c | h           | 0<br>n      | u           | wi<br>g. M<br>t           | th G | 6P-0<br>1 Se<br>e      | -08<br>chc | -002<br>ool l | Pro<br>h<br>u | rt IV<br>gra | ms<br>p | or       | Mu           | Ye<br>ultij<br>t | ole | Tas  | t       |
| hone (51 What tas MM1 MM2 MM3        | 8 ks/m    | d a a          | 8 con u t      | 8 sib c e e e      | 5 a r                | es t         | 8 are i a     | 9 sha    | 9<br>ared | d w  | ith<br>a<br>T | n<br>e<br>a | d c    | h<br>n      | o<br>n      | u<br>i<br>n | wi<br>g. N<br>t           | th G | 6P-0<br>1 Se<br>e<br>1 | a e        | -002 c c s c  | Pro h u h     | rt IV<br>gra | p<br>S  | or o     | Mu<br>r      | Ye altij         | o   | Tas  | t       |
| hone (5 1 What tas MM1 MM2 MM3 MM4   | 8 ks/l    | d a a a a      | 8 voon u t t t | sib<br>c<br>e<br>e | 5 a r                | t i i        | 8 are i a a a | 9 sha    | 9<br>ared | d w  | ith<br>a<br>T | this n e a  | d c i  | h<br>n<br>n | o<br>n<br>i | u<br>i<br>n | wi<br>g. M<br>t<br>c<br>g | th G | EP-0 1 Se e 1 T        | a e        | -002 c c s c  | Pro h h h     | rt IV<br>gra | y.G.ms  | or ou u  | Mu<br>r<br>p | Ye yelling       | o o | Tas  |         |

SPDES ID

# MS4 Municipal Compliance Certification (MCC) Form

| Na           | ame       | e of                                  | M                    | S4_                   | Town               | n of '             | Wate             | erforc      | 1                  |                  |                    |            |          |      |            |             |             |           |      |      |      |     |      | N        | Y        | R        | 2         | 0    | А                   | 0    | 3    | 7          |
|--------------|-----------|---------------------------------------|----------------------|-----------------------|--------------------|--------------------|------------------|-------------|--------------------|------------------|--------------------|------------|----------|------|------------|-------------|-------------|-----------|------|------|------|-----|------|----------|----------|----------|-----------|------|---------------------|------|------|------------|
| S            | ec1       | tior                                  | ı 3                  | - I                   | Par                | ·tn                | er               | In          | for                | ma               | atio               | <u>on</u>  |          |      |            |             |             |           |      |      |      |     |      |          |          |          |           |      |                     |      |      |            |
| Di           |           | our                                   |                      |                       |                    |                    |                  |             |                    |                  |                    |            | to o     | com  | ple        | te s        | om          | e oı      | all  | per  | mit  | rec | quir | eme      | ents     | du       | ring      |      | is re               | •    |      | g<br>No    |
|              | Stac      | s, co<br>ubm<br>ccep<br>palit<br>, pr | nit a<br>ted<br>tion | se<br>. If<br>. It    | par<br>you<br>is 1 | ate<br>ur N<br>not | she<br>MS<br>neo | eet<br>4 co | for<br>oop<br>sary | eac<br>era<br>to | ch p<br>ted<br>ind | wi<br>cluc | th a     | a co | ali<br>par | tior<br>ate | n, s<br>she | ubr       | nit  | one  | sh   | eet | wi   | th t     | he       | nar      | ne o      | of t |                     | 2    |      |            |
| Par          | tne       | r/Co                                  | aliti                | onl                   | Nam                | ie                 |                  |             |                    |                  |                    |            |          |      |            |             |             |           |      |      |      |     |      |          |          |          |           |      |                     |      |      |            |
| S            | a         |                                       |                      |                       | _                  | g                  | a                |             | С                  | 0                | u                  | n          | t        | У    |            | С           | С           | Ε         |      | I    | S    | С   | M    |          | Р        | r        | 0         | g    | r                   | a    | m    |            |
| Par          | tne       | r/Co                                  | alit                 | ion]                  | Nan                | ne (c              | on't             | t.)<br>     |                    |                  |                    |            |          |      |            |             |             |           |      |      |      |     | ]    | SPI<br>N | DES<br>Y | Par<br>R | tnei<br>2 |      |                     |      | lica | _          |
|              | 4         |                                       |                      |                       |                    |                    |                  |             |                    |                  |                    |            |          |      |            |             |             |           |      |      |      |     |      | 1//      | Y        | R        | 4         | 0    | С                   | 0    | 0    | 6          |
| <b>A</b> a 5 | dres<br>0 | 1                                     | W                    | е                     | s                  | t                  |                  | Н           | i                  | g                | h                  |            | S        | t    | r          | е           | e           | t         |      |      |      |     |      |          |          |          |           |      |                     |      |      |            |
| ∟<br>Cit     | <u></u>   |                                       |                      |                       |                    |                    |                  |             |                    |                  |                    |            |          |      |            |             |             |           |      | St   | ate  |     | Zip  |          |          |          |           |      |                     |      |      |            |
| В            |           | 1                                     | 1                    | s                     | t                  | 0                  | n                |             | S                  | р                | a                  |            |          |      |            |             |             |           |      | ] [V |      |     | 1    | 2        | 0        | 2        | 0         | _    |                     |      |      |            |
| еM           | ail       |                                       |                      |                       |                    |                    |                  |             |                    |                  |                    |            |          |      |            |             |             |           |      |      |      | _   |      |          |          |          |           |      |                     |      |      |            |
| b            | r         | n                                     | 5                    | @                     | С                  | 0                  | r                | n           | е                  | 1                | 1                  | •          | е        | d    | u          |             |             |           |      |      |      |     |      |          |          |          |           |      |                     |      |      |            |
| (            | 5<br>hat  |                                       | 8<br>ks/1            | )<br>res <sub>l</sub> | 8<br>pon           | 8                  |                  | -<br>ies    | 8<br>are           | 9<br>sha         | 9<br>arec          | 5<br>1 w   | ]<br>ith | this | s pa       | artn        | er (        | (e.g      | wi   | th G | P-0  | -08 | -002 | 2 Pa     | rt I     | V.G.     | .?        |      | dano<br>Ye<br>ıltip | es   |      | No<br>ks)' |
|              | ΜN        | <b>4</b> 1                            | С                    | 0                     | u                  | n                  | t                | У           | -                  | W                | i                  | d          | е        |      | Ε          | d           | /           | 0         | u    | t    | r    | е   | a    | С        | h        |          |           |      |                     |      |      |            |
| • ]          | ΜN        | 12                                    | M                    | a                     | t                  | е                  | r                | i           | a                  | 1                | /                  | Т          | е        | С    | h          | n           | i           | С         | a    | 1    |      | s   | u    | р        | р        | 0        | r         | t    |                     |      |      |            |
|              | ΜN        |                                       |                      |                       |                    |                    |                  |             |                    |                  |                    |            |          |      |            |             |             |           |      |      |      |     |      |          |          |          |           |      |                     |      |      |            |
|              | ΜN        |                                       |                      |                       |                    |                    |                  |             |                    |                  |                    |            |          |      |            |             |             |           |      |      |      |     |      |          |          |          |           |      |                     |      |      |            |
|              | ΜN        |                                       |                      |                       |                    |                    |                  |             |                    |                  |                    |            |          |      |            |             |             |           |      |      |      |     |      |          |          |          |           |      |                     |      |      |            |
|              | ΜN        |                                       |                      |                       |                    |                    |                  |             |                    |                  |                    |            |          |      |            |             |             |           |      |      |      |     |      |          |          |          |           |      |                     |      |      |            |
|              | ddi<br>V  | tion<br>Vate<br>vate                  | ersk                 | ned                   | Im                 | pro                | ver              | nen         | ıt S               | trai             |                    |            |          |      |            |             | ıen         | ⊥<br>t Pi | raci | tice | s re | equ | ireo | i fo     | or N     | ∐S4      | s in      | n in | npa                 | ireo | d    |            |

|                       |          | _                |       |       |           |          |       |      |      |           |       |      |          |      |      |      |       |  | _     |          |      | SPI          | DES  | ID    |       |       |             |               |       |         |
|-----------------------|----------|------------------|-------|-------|-----------|----------|-------|------|------|-----------|-------|------|----------|------|------|------|-------|--|-------|----------|------|--------------|------|-------|-------|-------|-------------|---------------|-------|---------|
| Name of               | M        | S4               | Vill  | lag   | je (      | of       | Wa    | ate  | rfc  | ord       |       |      |          |      |      |      |       |  |       |          |      | N            | Y    | R     | 2     | 0     | А           | 4             | 6     | 9       |
| Section               | 1 3      | <u>- 1</u>       | Par   | rtn   | er        | In       | for   | m    | ati  | <u>on</u> |       |      |          |      |      |      |       |  |       |          |      |              |      |       |       |       |             |               |       |         |
| Did your period?      | MS       | 4 w              | ork   | wi    | th p      | art      | ners  | s/co | alit | ion       | to    | con  | ıple     | te s | om   | e oı | all   | pe   | rmit  | t re     | quir | eme          | ents | s du  | ring  |       | is r<br>∏Y∈ |               |       | g<br>No |
| If Yes, c             | omi      | nlei             | te iı | nfo   | rma       | atio     | n h   | elo  | W.   |           |       |      |          |      |      |      |       |  |       |          |      |              |      |       |       |       | _           |               |       |         |
| Subn                  | -        |                  |       |       |           |          |       |      |      | art       | ner   | . Ir | for      | ma   | tioi | n pi | ov    | ide  | d in  | ot       | her  | for          | ma   | ts v  | vi11  | no    | t be        | e             |       |         |
| accer                 |          |                  | •     |       |           |          |       |      | -    |           |       |      |          |      |      | -    |       |  |       |          |      |              |      |       |       |       |             | -             |       |         |
| coali                 |          |                  | •     |       |           |          |       |      |      |           |       |      |          |      | -    |      |       |  |       |          |      |              |      |       |       |       |             |               |       |         |
| If No, pr             | oce      | ed               | to S  | Sec   | tior      | ı 4      | - C   | erti | ific | atic      | n S   | Stat | em       | ent. |      |      |       |  |       |          |      |              |      |       |       |       |             |               |       |         |
| Partner/Co            | alit     | ionl             | Nam   | ie    |           |          |       |      |      |           |       |      |          |      |      |      |       |  |       |          |      |              |      |       |       |       |             |               |       |         |
| S a r                 | a        | t                | 0     | g     | a         |          | С     | 0    | u    | n         | t     | У    |          | С    | С    | Ε    |       | I  | S     | W        | M    |              | Ρ    | r     | 0     | g     | r           | a             | m     |         |
| Partner/Co            | alit     | ion i            | Nan   | ne (c | on'       | t.)      | -     |      | -    |           | -     |      | -        |      | -    |      |       |  |       |          |      | SPI          | DES  | Par   | tne   | r ID  | - If        | apr           | olica | ble     |
|                       |          |                  |       |       |           |          |       |      |      |           |       |      |          |      |      |      |       |  |       |          |      |              |      |       | 2     | 0     | С           | 0             |       | 6       |
| Address               | -        | -                | -     | -     | -         | -        | -     | 1    | -    | -         | -     | -    | -        | !    | -    | -    | 1     | -  | 1     | !        | J    |              |      | -     |       |       |             |               |       |         |
|                       |          |                  |       |       |           |          |       |      |      |           |       |      |          |      |      |      |       |  |       |          |      |              |      |       |       |       |             |               |       |         |
| City                  |          |                  |       |       |           |          |       |      |      |           |       |      |          |      |      |      |       | S  | tate  | _        | Zip  |              |      |       |       |       |             |               |       |         |
| B a 1                 | 1        | s                | t     | 0     | n         |          | S     | р    | a    |           |       |      |          |      |      |      |       | N  | ſ Y   | -        | 1    | 2            | 0    | 2     | 0     | _     |             |               |       |         |
| eMail                 |          |                  |       |       |           |          |       |      |      |           |       |      |          | •    |      |      |       |  |       | _        |      | •            |      |       |       |       | ,           | •             |       |         |
| b r n                 | 5        | @                | С     | 0     | r         | n        | е     | 1    | 1    |           | е     | d    | u        |      |      |      |       |  |       |          |      |              |      |       |       |       |             |               |       |         |
| Phone                 |          | _                |       |       |           | _        |       |      |      |           |       |      | '        |      | '    |      | La    | .aa11  | v D   | indi     | na   | A are        | om   | ont i | n oc  | 200   | don         |               |       |         |
| <b>(</b>   5   1      | 8        | )                | 8     | 8     | 5         | _        | 8     | 9    | 9    | 5         |       |      |          |      |      |      |       |  |       |          |      | Agre<br>2 Pa |      |       |       |       | uан<br>]Ү   |               |       | No      |
| ****                  | • /      |                  |       | •••   | • • • • • |          |       | •    |      |           | • . • | .1 • |          |      |      | ,    |       |  | 1 0   |          |      | ъ            |      |       |       | . –   | _           |               |       | 1 \0    |
| What tas              | KS/      | res <sub>]</sub> | pon   | IS1b  | 111t1     | ies      | are   | sha  | arec | 1 W       | ıth   | thi  | s pa     | artn | er ( | (e.g | g. IV | lM   | 1 8   | chc      | ol.  | Pro          | gra  | ms    | or    | Μι    | ıltıj       | ple           | Tas   | sks)?   |
| • MM1                 | С        | 0                | u     | n     | t         | У        | -     | W    | i    | d         | е     |      | E        | d    | /    | 0    | u     | t  | r     | е        | a    | С            | h    |       |       |       |             |               |       |         |
|                       |          |                  |       |       |           |          |       |      |      |           |       |      | <u> </u> |      |      | <br> |       |  | _     |          |      |              |      |       |       |       |             | $\overline{}$ | _     |         |
| • MM2                 | M        | a                | t     | е     | r         | i        | a     | 1    | /    | Т         | е     | С    | h        | i    | n    | i    | С     | a  | 1     |          | S    | u            | р    | р     | 0     | r     | t           |               | L     |         |
| • MM3                 | М        | a                | t     | е     | r         | i        | a     | 1    | /    | Т         | е     | С    | h        | /    | Т    | r    | а     | i  | n     | i        | n    | g            |      | S     | u     | р     | р           | 0             | r     | t       |
| <ul><li>MM4</li></ul> | М        | a                | t     | е     | r         | i        | a     | 1    | /    | Т         | е     | С    | h        | /    | Т    | r    | а     | i  | n     | i        | n    | g            |      | S     | u     | р     | р           | 0             | r     | t       |
| <ul><li>MM5</li></ul> | <u>г</u> |                  | _     |       |           | <u>.</u> |       | -    |      | Ш         |       |      | h        | /    |      |      |       | <u>.                                    </u> |       | <u>.</u> | _    |              |      | C     |       |       |             |               |       |         |
| • IVIIVI3             | M        | a                | t     | е     | r         | i        | a     | 1    |      | Т         | е     | C    | h        |      | Т    | r    | a     | i  | n     | i        | n    | a            |      | S     | u     | р     | р           | 0             | r     | t       |
| • MM6                 | М        | a                | t     | е     | r         | i        | a     | 1    | /    | Т         | е     | С    | h        | /_   | Т    | r    | a     | i  | n     | i        | n    | g            |      | S     | u     | р     | р           | 0             | r     | t       |
| Addition              | ıal t    | task             | cs/r  | esp   | ons       | sibi     | litie | es   |      |           |       |      |          |      |      |      |       |  |       |          |      |              |      |       |       |       |             |               |       |         |
| O Wate                |          |                  |       | •     |           |          |       |      | teo  | v R       | est   | Ma   | เทส      | zen  | าคท  | t Pi | rac   | tice   | es re | 2011     | ire  | d fo         | r N  | 1S4   | ls ir | ı in  | nna         | ire           | d     |         |
| wate                  |          |                  |       | •     |           |          |       |      |      |           |       |      | •        |      |      |      |       |  |       | - 1      |      |              |      | _~ '  | ~     | _ *** | -1-         |               |       |         |
|                       |          |                  |       |       |           |          |       |      |      |           |       |      |          |      |      |      |       |  |       |          |      |              |      |       |       |       |             |               |       |         |
|                       |          |                  |       |       |           |          |       |      |      |           |       |      |          |      |      |      |       |  |       |          |      |              |      |       |       |       |             |               |       |         |
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|-----------------------|------------|-------|-----------------|---------|----------------|---------|-------|------|------|-----------|-------|------|------|----------|--|------|--------|----------|-------|----------|------|-------|---------------|------|-------|------|--------------|---------------|------|---------|
| Name of               | M          | S4[   | Tov             | wn      | of '           | Wi      | ltor  | 1    |      |           |       |      |      |          |  |      |        |          |       |          |      | N     | Y             | R    | 2     | 0    | А            | 1             | 1    | 4       |
| Section               | 1 <u>3</u> | - I   | Par             | tn_     | er             | In      | for   | m    | ati  | <u>on</u> |       |      |      |          |  |      |        |          |       |          |      |       |               |      |       |      |              |               |      |         |
| Did your period?      | MS         | 4 w   | ork             | wi      | th p           | art     | ners  | s/co | alit | ion       | to o  | com  | ple  | te s     | som  | e oı | all    | pei      | rmit  | t red    | quii | em    | ents          | du   | ring  |      | is r<br>) Y∈ |               |      | g<br>No |
| If Yes, c             | omi        | nlei  | te iı           | nfo     | rma            | atio    | n b   | elo  | w.   |           |       |      |      |          |  |      |        |          |       |          |      |       |               |      |       |      |              |               |      |         |
| Subn                  | -          |       |                 |         |                |         |       |      |      | art       | ner   | . In | for  | ma       | tio  | n pı | ovi    | ide      | d in  | ot.      | her  | for   | ma            | ts v | vill  | no   | t be         | 3             |      |         |
| accep                 | ted        | . If  | yo              | ur 1    | MS             | 4 c     | oop   | era  | ted  | wi        | th a  | a co | oali | tio      | n, s   | ubr  | nit    | one      | e sh  | eet      | wi   | th t  | he            | nar  | ne (  | of t | he           |               |      |         |
| coali                 |            |       |                 |         |                |         | •     |      |      |           |       |      | •    |          |  | eet  | for    | eac      | ch N  | ΛS       | 4 ir | th    | e co          | oali | tio   | 1.   |              |               |      |         |
| If No, pr             | oce        | ed    | to S            | Sec     | tior           | 1 4     | - C   | erti | fic  | atic      | n S   | Stat | em   | ent      | •  |      |        |          |       |          |      |       |               |      |       |      |              |               |      |         |
| Partner/Co            | aliti      | ion l | Nam             | ie      |                |         |       |      |      |           |       |      |      |          |  |      |        |          |       |          |      |       |               |      |       |      |              |               |      |         |
| S a r                 | a          | t     | 0               | g       | a              |         | С     | 0    | u    | n         | t     | У    |      | С        | С  | E    |        | I        | S     | W        | M    |       | Р             | r    | 0     | g    | r            | a             | m    |         |
| Partner/Co            | aliti      | ion i | ⊥<br>Nan        |         | ⊥<br>con't     | <br>:.) |       |      |      |           |       |      |      |          |  |      |        | _        |       |          |      | SPI   | )<br>DES      | Pai  | rtne  | l    | - If         | ∟<br>`apr     | lica | ble     |
|                       |            |       |                 |         |                |         |       |      |      |           |       |      |      |          |  |      |        |          |       |          |      |       |               | R    | 2     | 0    | C            | 0             |      | 6       |
| Address               |            |       |                 |         |                |         |       |      |      |           |       |      |      |          |  |      |        |          |       |          | J    |       |               |      |       |      |              |               |      |         |
| Tradit ess            |            |       |                 |         |                |         |       |      |      |           |       |      |      |          |  |      |        |          |       |          |      |       |               |      |       |      |              |               |      |         |
| City                  |            |       |                 |         |                |         |       |      |      |           |       |      |      |          |  |      |        | St       | tate  | _        | Zip  |       |               |      |       |      |              |               |      |         |
| B a 1                 | 1          | s     | t               | 0       | n              |         | S     | р    | a    |           |       |      |      |          |  |      |        | N        | Г     | -        | 1    | 2     | 0             | 2    | 0     | -    |              |               |      |         |
| eMail                 |            |       |                 |         |                | !       |       | 1    |      | 1         |       |      | -    |          | -  |      |        |          |       |          |      |       |               |      |       | ļ    |              |               |      |         |
| b r n                 | 5          | @     | С               | 0       | r              | n       | е     | 1    | 1    |           | e     | d    | u    |          |  |      |        |          |       |          |      |       |               |      |       |      |              |               |      |         |
| Phone                 |            |       |                 |         |                |         |       |      |      |           |       |      |      |          |  |      | La     | ~~11     | D     | :4:      |      | A ~~~ | · · · ·       | nt:  | in a  |      | don          |               |      |         |
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| ****                  | 1 /        | ,     |                 | • • • • | • • • • •      | 1       |       |      | -    |           | • . • | .1 • |      |          |  | ,    |        | m.       | 1 0   |          |      | ъ     |               |      |       |      | 1            | 1             | т.   | 1 \     |
| What tas              | KS/1       | res   | pon             | S1b     | 111 <b>t</b> 1 | les     | are   | sha  | arec | 1 W       | ıth   | thi  | s pa | artr     | ier  | (e.g | g. IV. | lM       | 1 8   | chc      | ol.  | Pro   | gra           | ms   | or    | Μt   | ıltıţ        | ole           | Tas  | sks)    |
| • MM1                 | С          | 0     | u               | n       | t              | У       | _     | W    | i    | d         | е     |      | E    | d        | /  | 0    | u      | t        | r     | е        | a    | С     | h             |      |       |      |              |               |      |         |
| <b>A</b> 1/1/10       |            |       | _               |         | L              | _       |       | -    | ,    | _         |       |      | 1_   | <u> </u> | T.,  | <br> |        |          |       |          |      | l     |               |      |       |      |              | $\overline{}$ |      |         |
| • MM2                 | M          | а     | t               | е       | r              | i       | a     | 1    |      | Т         | е     | С    | h    | i        | n  | i    | С      | a        | 1     |          | S    | u     | р             | р    | 0     | r    | t            |               |      |         |
| • MM3                 | М          | a     | t               | е       | r              | i       | а     | 1    | /    | Т         | е     | С    | h    | /        | Т  | r    | a      | i        | n     | i        | n    | g     |               | S    | u     | р    | р            | 0             | r    | t       |
| • MM4                 | М          | a     | t               | е       | r              | i       | a     | 1    | /    | Т         | е     | С    | h    | /        | Т  | r    | a      | i        | n     | i        | n    | g     |               | S    | u     | р    | р            | 0             | r    | t       |
| <ul><li>MM5</li></ul> | M          | a     | t               | е       | r              | i       | а     | 1    | /    | Т         | е     | С    | h    | /        | Т  | r    | a      | i        | n     | i        | n    | g     |               | S    | u     | р    | р            | 0             | r    | t       |
|                       |            |       |                 |         |                |         |       | _    |      |           |       |      |      |          | <del>                                     </del> |      |        | <u> </u> |       | <u> </u> |      |       |               |      |       |      | <del>-</del> |               |      |         |
| • MM6                 | M          | a     | t               | е       | r              | i       | a     | 1    | /    | Т         | е     | С    | h    | /        | Т  | r    | a      | i        | n     | i        | n    | g     |               | S    | u     | р    | р            | 0             | r    | t       |
| Addition              | al t       | ask   | s/r             | esp     | ons            | ibi     | litie | es   |      |           |       |      |      |          |  |      |        |          |       |          |      |       |               |      |       |      |              |               |      |         |
| O Wate                | ersk       | hed   | <sup>'</sup> Im | pro     | ver            | ner     | ıt S  | trai | teg  | v B       | est   | Ma   | ına  | gen      | nen  | t Pi | raci   | tice     | es re | eau      | ire  | d fo  | r N           | 1S4  | ls in | ı in | npa          | ire           | d    |         |
| wate                  |            |       |                 | _       |                |         |       |      |      |           |       |      |      | -        | •  | - '  |        |          | '     | 1"       |      |       | **.           |      |       |      | -r~~         |               | -    |         |
|                       |            |       |                 |         |                |         |       |      |      |           |       |      |      |          |  |      |        |          |       |          |      |       |               |      |       |      |              |               |      |         |
|                       |            |       |                 |         |                |         |       |      |      |           |       |      |      |          |  |      |        |          |       |          |      |       |               |      |       |      |              |               |      |         |
|                       |            |       |                 |         |                |         |       |      |      |           |       |      |      |          |  |      |        |          |       |          |      |       |               |      |       |      |              |               |      |         |

MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ 

|  | SPL | )ES | ΙD |   |   |   |   |   |   |
|--|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 Saratoga County ISWM Program | N   | Y   | R  | 2 | 0 | С | 0 | 0 | 6 |

#### **Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

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

| First Name                                 | MI Last Nan  | ne                       |
|--|--|--------------------------|
| Theodore                                   | T K u s  | s n i e r z , J r .      |
| Title (Clearly print title of individual s | igning report)   |                          |
| Chairof th                                 | e Boardoo  | f Supervisors            |
| Kusnierz Ir                                | igitally signed by Theodore T.<br>usnierz, Jr.<br>ate: 2021.05.12 10:13:39<br>)4'00' | Date 0 5 / 1 2 / 2 0 2 1 |

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MCC form for period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

|             |                         | SPI | DES | ID |   |   |   |   |   |   |
|-------------|-------------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | Village of Ballston Spa | N   | Y   | R  | 2 | 0 | А | 3 | 7 | 6 |

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| First Name   | Ml     | Last N | Name | ; |      |         |   |   |   |   |   |   |   |   |
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| Lawerence  | L      | W      | 0    | 1 | b r  | i       | g | h | t |   |   |   |   |   |
| Title (Clearly print title of individual signing report) |        |        |      |   |      |         |   |   |   |   |   |   |   |   |
| M a y o r  |        |        |      |   |      |         |   |   |   |   |   |   |   |   |
| Signature  |        |        |      |   |      |         |   |   |   |   |   |   |   |   |
| Larry Digitally signed by Woolbright                     | -      |        |      |   | ъ    |         |   |   |   |   |   |   |   |   |
| Woolbright Date: 2021.06.16                              | 16:45: | :19    |      |   | Da O | te<br>6 | 1 | 1 | 6 | / | 2 | 0 | 2 | 1 |

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MCC form for period ending March 9, 2 0 2 1

|             |                  | SPL | DES | ID |   |   |   |   |   |   |
|-------------|------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | Town of Ballston | N   | Y   | R  | 2 | 0 | А | 1 | 5 | 7 |

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

| First Name  | MI La                      | Last Name       |
|---|----------------------------|-----------------|
| E r i c   |                            | C o n n o 1 1 y |
| Title (Clearly print title of individual <u>signing</u> report) |                            |                 |
| T o w n S u p e r v i s o r                                     |                            |                 |
| Eric Connolly Digitally signed Date: 2021.06.0                  | oy Eric Coni<br>1 15:57:40 | nnolly  Date    |

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

MCC form for period ending March 9, 2 0 2 1

|             | <u> </u>         | SPI | DES | ID |   |   |   |   |   |   |
|-------------|------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | Town of Charlton | N   | Y   | R  | 2 | 0 | A | 0 | 3 | 2 |

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| First Name   | MI Last Name             |
|--|--------------------------|
| Joe  | Grasso                   |
| Title (Clearly print title of individual signing report) |                          |
| Supervisor   |                          |
| Signature  | Date 0 5 / 1 3 / 2 0 2 \ |

Send completed form and any attachments to the DEC Central Office at:

MCC form for period ending March 9, 2 0 2 1

|             |                      | SPI | DES | ID |   |   |   |   |   |   |
|-------------|----------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | TOWN OF CLIFTON PARK | N   | Y   | R  | 2 | 0 | А | 0 | 3 | 5 |

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| First Nar | ne   |      |      |       |       |     |      |        |      |      |     |    | MI Last Nan |   |   |   |   |   |   |   | ,   |    |   |   |   |   |   |   |   |
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| Ph        | i I  | Lj   | p    |       |       |     |      |        |      |      |     |    |             | C | E | i | a | r | r | е | t   | t  |   |   |   |   |   |   |   |
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| Suj       | p e  | 2 1  | v    | i     | S     | 0   | r    |        | -    |      | T   | 0  | W           | n | C | ) | f |   | C | 1 | i   | f  | t | 0 | n | P | a | r | k |
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Send completed form and any attachments to the DEC Central Office at:

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 1

|                                | SPDES ID |   |   |   |   |   |   |
|--------------------------------|----------|---|---|---|---|---|---|
| Name of MS4 Town of Greenfield | N Y R    | 2 | 0 | A | 1 | 2 | 3 |

#### 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 Daniele 1  | MI | Last Nan<br>Per | 1 1 | i c | ĸ      |              | Ι |     |   |     |     |
|---|----|-----------------|-----|-----|--------|--------------|---|-----|---|-----|-----|
| Title (Clearly print title of individual signing report)  S u p e r v i s o r |    |                 |     |     |        |              |   |     |   |     |     |
| Signature / awiel Heming  |    |                 |     | Dat | e<br>4 | / [ <i>1</i> | 9 | ]/[ | 2 | 0 : | 2 1 |

Send completed form and any attachments to the DEC Central Office at:

MCC form for period ending March 9, 2 0 2 1

|                 |                | SPI | DES | ID |   |   |   |   |   |   |
|-----------------|----------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 Tow | wn of Halfmoon | N   | Y   | R  | 2 | 0 | А | 3 | 7 | 5 |

#### **Section 4 - Certification Statement**

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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  K e v i n  | MI<br>J | Last Name T o 1 1 i s e n |
|--|---------|---------------------------|
| Title (Clearly print title of individual signing report)  Town Superviolet visor |         |                           |
| Kevin J.  Tollisen  Digitally signed to Tollisen Date: 2021.05.12 -04'00'        |         |                           |

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

#### **Submit Form**

If unable to submit electronically, hardcopy submissions can be sent to:

MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ 

|                           | SPI | DES | ID |   |   |   |  |  |
|---------------------------|-----|-----|----|---|---|---|--|--|
| Name of MS4 Town of Malta | N   | Y   | R  | 2 | 0 | A |  |  |

#### **Section 4 - Certification Statement**

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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.

| Firs                                 | st Na | ame |      |     |       |       |       |      |      |              |     |      |      |    |  | MI       |     | Las      | t Na | ıme |   |   |   |   |   |  |    |  |  |
|--------------------------------------|-------|-----|------|-----|-------|-------|-------|------|------|--------------|-----|------|------|----|--|----------|-----|----------|------|-----|---|---|---|---|---|--|----|--|--|
| D                                    | A     | R   | R    | Ε   | N     |       |       |      |      |              |     |      |      |    |  |          |     | 0        | С    | 0   | N | N | 0 | R |   |  |    |  |  |
| Titl                                 | e (   | Cle | arly | pri | nt ti | tle o | of in | divi | idua | l <u>sig</u> | nin | g re | port | t) |  |          |     |          |      |     |   |   |   |   |   |  |    |  |  |
| S                                    | U     | Р   | Ε    | R   | V     | I     | S     | 0    | R    |              |     |      |      |    |  |          |     |          |      |     |   |   |   |   |   |  |    |  |  |
| Sig                                  | natu  | re  |      |     |       |       |       |      |      | Dic          |     |      |      |    |  | —<br>Dar | ron | <b>.</b> |      |     |   |   |   |   |   |  |    |  |  |
| Darren OConnor OConnor Date: 2021.05 |       |     |      |     |       |       |       |      |      |              | -   |      |      |    |  |          |     |          | Dat  | te  |   |   |   |   |   |  |    |  |  |
|                                      |       |     |      |     |       |       |       |      |      | -04          | '00 | •    |      |    |  |          |     |          |      |     |   |   |   |   | / |  | ]/ |  |  |

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

# **Submit Form**

If unable to submit electronically, hardcopy submissions can be sent to:

Name of MS4 City

3165331518

# MS4 Municipal Compliance Certification(MCC) Form

| MCC form for period ending March 9, | 20 21     |
|-------------------------------------|-----------|
|                                     | SPDES ID  |
| of Mechanicville                    | 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 | Last Name Baker          |
|---|----|--------------------------|
| Title (Clearly print title of individual signing report)  M a y o r |    |                          |
| Signature   |    | Date 0 5 / 2 7 / 2 0 2 1 |

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

#### Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 1

|                            | SPDES ID          |
|----------------------------|-------------------|
| Name of MS4 TOWN OF MILTON | N Y R 2 0 A 1 0 8 |

#### 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."

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| Fir | st N | ame  |           |      |       |      |       |      |      |       |      |       |      |    | MI | L | ast N | Vam | е |   |   |          |               |   |   |   |   |   |   |   |   |   |
|-----|------|------|-----------|------|-------|------|-------|------|------|-------|------|-------|------|----|----|---|-------|-----|---|---|---|----------|---------------|---|---|---|---|---|---|---|---|---|
| В   | е    | n    | n         | У    |       |      |       |      |      |       |      |       |      |    |    | 2 | 3 l   | 0   | t | r | 1 | i        | C             | k |   |   |   |   |   |   |   |   |
| Tit | e    | (Cle | early     | y pr | int t | itle | of ii | ndiv | idua | ıl si | gnin | ig re | epor | t) |    |   |       |     |   |   |   |          |               |   |   |   |   |   |   |   |   |   |
| T   | 0    | W    | n         |      | S     | u    | p     | е    | r    | v     | i    | S     | 0    | r  |    |   |       |     |   |   |   |          |               |   |   |   |   |   |   |   |   |   |
| Sig | nati | ire  |           |      |       |      |       |      |      |       |      |       |      |    |    |   |       |     |   |   |   |          |               |   |   |   |   |   |   |   |   |   |
| A   | B.   | er   | nive<br>1 | ¥    | 3     |      | 10    | tu   | 之    | D     | N.   |       |      |    |    |   | -     |     |   |   | Г | Oat<br>O | <u>e</u><br>5 | 1 | 2 | 2 | 6 | 1 | 2 | 0 | 2 | 1 |

Send completed form and any attachments to the DEC Central Office at:

MCC form for period ending March 9, 2 0 2 1

Name of MS4 TOWN OF MOREAU SPDES ID

N Y R 2 0 A 1 5 8

# Section 4 - Certification Statement

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

| First Name   | MI  | Last Name                |  |  |  |  |  |  |  |  |  |  |
|--|-----|--------------------------|--|--|--|--|--|--|--|--|--|--|
| Theodore   | T   | Kusnierz, Jr.            |  |  |  |  |  |  |  |  |  |  |
| Title (Clearly print title of individual signing report) |     |                          |  |  |  |  |  |  |  |  |  |  |
| TOWNSUPERVISOR   |     |                          |  |  |  |  |  |  |  |  |  |  |
| Signature  |     |                          |  |  |  |  |  |  |  |  |  |  |
| Skevdon J. Kusniery                                      | Zn. | Date 0 4 / 2 6 / 2 0 2 / |  |  |  |  |  |  |  |  |  |  |

Send completed form and any attachments to the DEC Central Office at:

# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 1

|             |                       | SPDES ID          |
|-------------|-----------------------|-------------------|
| Name of MS4 | Village of Round Lake | N Y R 2 0 A 0 9 9 |

# Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

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

| First Name                 |                 |                | MI | Las | t Na | me |    |      |        |     |     |    |     |   |   |
|----------------------------|-----------------|----------------|----|-----|------|----|----|------|--------|-----|-----|----|-----|---|---|
| GARY                       |                 |                |    | P   | U    | T  | MA | N    |        |     |     |    | 111 |   |   |
| Title (Clearly print title | of individual s | igning report) |    |     |      |    |    | -1   |        |     | 1 1 |    |     |   |   |
| Mayor V                    | i 1 1 a         | g e c          | f  | R o | u    | n  | d  | L    | a      | k e | 2   |    |     |   |   |
| Signature                  |                 |                |    |     |      |    |    |      |        |     |     |    |     |   |   |
| gang G                     | Amer            | ~              |    | ,   |      |    |    | Date | e<br>6 | 1 2 |     | 12 | D   | 2 | 1 |

Send completed form and any attachments to the DEC Central Office at:

MCC form for period ending March 9, 2 0 2 1

Name of MS4 Saratoga County, Department of Public Works

SPDES ID

| N | Y | R | 2 | 0 | A | 2 | 0 | 9

#### **Section 4 - Certification Statement**

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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  | Last Name      |             |
|---|----------------|-------------|
| C h a d   | [ C o o k e    |             |
| Title (Clearly print title of individual signing report)  |                |             |
| $oxed{C} oxed{o} oxed{m} oxed{m} oxed{i} oxed{s} oxed{i} oxed{o} oxed{n} oxed{e} oxed{r}$ , $oxed{D} oxed{e} oxed{p}$ | e . o f Public | Works       |
| Signature   |                |             |
| 2/11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/   |                |             |
| gue mila  | Date           |             |
|   | 0 3 / 3        | 0 / 2 0 2 1 |

Send completed form and any attachments to the DEC Central Office at:

MCC form for period ending March 9, 2 0 2 1

|     |     |       |         | 1.4       |
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#### Section 4 - Certification Statement

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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 A n t h o n y  | MI<br>J | Last Name S C i r O C C O |
|---|---------|---------------------------|
| Title (Clearly print title of individual signing report)  C o m m i s s i o n e r o f | Pu      | blic Works                |
| Signature   |         |                           |
| Tickey of S   |         | Date 0 5 / 2 1 / 2 0 2 1  |

Send completed form and any attachments to the DEC Central Office at:

# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 1

|                               | SPDES ID    |  |
|-------------------------------|-------------|--|
| Name of MS4 South Glens Falls | N Y R 2 0 A |  |

# 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."

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| Firs | t Na | ame   |      |     |       |       |       |        |       |       |      |   | MI | La | st N | lame | • | 1- | 1    |   |   |   | - |     |    | _  |   |
|------|------|-------|------|-----|-------|-------|-------|--------|-------|-------|------|---|----|----|------|------|---|----|------|---|---|---|---|-----|----|----|---|
| N    | i    | c     | h    | 0   | 1     | a     | s     |        |       |       |      |   | J  | E  | 0    | d    | k | ji | n    |   |   |   |   |     |    |    |   |
| Titl | e    | Cle   | arly | pri | nt ti | tle c | f inc | livida | al si | gning | repo | rt)                                     |    |    |      | _    | _ | T  | T    |   | 1 |   | Т |     | Т  |    | 1 |
| M    | a    | У     | 0    | r   |       |       |       |        |       |       |      |   |    |    |      |      |   |    |      |   |   |   |   |     |    | 1_ |   |
| Sig  | nati | ire   |      |     |       |       |       |        | _     |       |      |   |    |    |      |      |   |    |      |   |   |   |   |     |    |    |   |
|      | A    | 1/100 | 1    | 4   | 5     |       | _     |        |       |       |      | *************************************** |    |    |      |      |   |    | Da O | 4 | 1 | 2 | Z | 1 2 | 20 | 2  | 1 |

Send completed form and any attachments to the DEC Central Office at:

# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 1

| R | 2 | 0   | A     | 5       | 4         | 9           |
|---|---|-----|-------|---------|-----------|-------------|
|   | R | R 2 | R 2 0 | R 2 0 A | R 2 0 A 5 | R 2 0 A 5 4 |

### Section 4 - Certification Statement

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

| First Name   | MI Last Name    |
|--|-----------------|
| E d w a r d  | K i n o w s k i |
| Title (Clearly print title of individual signing report) |                 |
| Town Supervisor  |                 |
| Signature  |                 |
|  |                 |
|  | Date            |
| Column Hamayur Ba  | 01/26/2021      |

Send completed form and any attachments to the DEC Central Office at:

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

MCC form for period ending March 9, 2 0 2 1

|   | SPDES ID |    |       |         |           |             |               |                 |
|---|----------|----|-------|---------|-----------|-------------|---------------|-----------------|
| N | Y        | R  | 2     | 0       | A         | 5           | 4             | 9               |
|   | N        | ИА | N Y R | N Y R 2 | N Y R 2 0 | N Y R 2 0 A | N Y R 2 0 A 5 | N Y R 2 0 A 5 4 |

#### Section 4 - Certification Statement

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

| First Name  | MI | Last Name Wood-Shaw |
|---|----|---------------------|
| Title (Clearly print title of individual signing report)  V i 1 1 a g e M a y o r |    |                     |
| signature  All All All All All All All All All Al                                 |    | Date 0412713031     |

Send completed form and any attachments to the DEC Central Office at:

3165331518

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

MCC form for period ending March 9, 2 0 2 1

|             |                   | SPD | ES | ID |   | _ | _ |   |   |   |
|-------------|-------------------|-----|----|----|---|---|---|---|---|---|
| Name of MS4 | Town of Waterford | N   | Y  | R  | 2 | 0 | A | 0 | 3 | 7 |
| Section 1   |                   |     | -  | -  |   | - | _ | - | _ | 4 |

## Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

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

| First Name  John  | MI | Last Name Law 1 e r |
|---|----|---------------------|
| Title (Clearly print title of individual signing report)  Town Supervise ryisor |    |                     |
| Signature Cowler.   |    | Date 06 /01/2021    |

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,  $2 \mid 0 \mid 2 \mid 1$ 

|             |                      | SPI | DES | ID |   |   |   |   |   |   |
|-------------|----------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4 | Village of Waterford | N   | Y   | R  | 2 | 0 | А | 4 | 6 | 9 |

#### **Section 4 - Certification Statement**

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| First Name  | MI              | Las | t Na | ıme |   |   |          |         |   |   |   |    |   |   |   |   |
|---|-----------------|-----|------|-----|---|---|----------|---------|---|---|---|----|---|---|---|---|
| Bert  |                 | M   | a    | h   | 0 | n | е        | У       |   |   |   |    |   |   |   |   |
| Title (Clearly print title of individual signing report)          |                 |     |      |     |   |   |          |         |   |   |   |    |   |   |   |   |
| Mayor   |                 |     |      |     |   |   |          |         |   |   |   |    |   |   |   |   |
| Signature   |                 |     |      | _   |   |   |          |         |   |   |   |    |   |   |   |   |
| Bert Mahoney Digitally signed by Mahoney Date: 2021.06.09 -04'00' | Bert<br>11:56:2 | :9  |      |     |   |   | Dat<br>0 | te<br>6 | 1 | 0 | 9 | ]/ | 2 | 0 | 2 | 1 |

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

#### **Submit Form**

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance 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,  $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ 

|             |                | SPDES ID |   |   |   |   |   |   |   |   |
|-------------|----------------|----------|---|---|---|---|---|---|---|---|
| Name of MS4 | Town of Wilton | N        | Y | R | 2 | 0 | А | 1 | 1 | 4 |

#### **Section 4 - Certification Statement**

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

| First Name   | MI                | Last Name                     |
|--|-------------------|-------------------------------|
| J o h n  |                   | L a n t                       |
| Title (Clearly print title of individual signing report) |                   |                               |
| S   u   p   e   r   v   i   s   o   r     -     T   o    | w n               | o   f   W   i   l   t   o   n |
| John Lant Digitally signed Date: 2021.05.7               | by Joh<br>19 11:1 | ohn Lant<br>19:26 Date        |

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

## **Submit Form**

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

|                       |                              | _ | SPL | DES | ID |   |   |   |   |   |   |
|-----------------------|------------------------------|---|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition | Saratoga County ISWM Program |   | N   | Y   | R  | 2 | 0 | С | 0 | 0 | 6 |

## Minimum Control Measure 1. Public Education and Outreach

| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> </ul> |   |   |  |
|--|---|---|--|
| How many MS4s contributed to this report?  | 1 | 9 |  |
| How many MS4s contributed to this report?  |   |   |  |

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

#### 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   | O Pesticide and Fertilizer Application     |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| ● General Stormwater Management Information                      | Pet Waste Management                       |  |  |  |  |  |  |  |  |
| <ul> <li>Household Hazardous Waste Disposal</li> </ul>           | ○ Recycling                                |  |  |  |  |  |  |  |  |
| ● Illicit Discharge Detection and Elimination                    | O Riparian Corridor Protection/Restoration |  |  |  |  |  |  |  |  |
| ● Infrastructure Maintenance                                     | ○ Trash Management                         |  |  |  |  |  |  |  |  |
| ● Smart Growth   | <ul> <li>Vehicle Washing</li> </ul>        |  |  |  |  |  |  |  |  |
| ● Storm Drain Marking  | <ul><li>Water Conservation</li></ul>       |  |  |  |  |  |  |  |  |
| ● Green Infrastructure/Better Site Design/Low Impact Development | O Wetland Protection                       |  |  |  |  |  |  |  |  |
| Other:   | ○ None                                     |  |  |  |  |  |  |  |  |
| L a w n / O r g a n i c D e b r i s                              |  |  |  |  |  |  |  |  |  |
| Other  |  |  |  |  |  |  |  |  |  |

#### 2. Specific audiences targeted during this reporting period:

| Public Employees              | Contractors                  |
|-------------------------------|------------------------------|
| <ul><li>Residential</li></ul> | <ul><li>Developers</li></ul> |
| <ul><li>Businesses</li></ul>  | • General Public             |
| ○ Restaurants                 | ○ Industries                 |
| Other:                        | ○ Agricultural               |
| P l a n n i n                 | g and Zoning Boards          |

# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0

| Name of MS4/Coalition Village of Ballston Spa   | N Y R 2 0 A 3 7 6                          |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| 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 du                                  | uring this reporting period:               |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
| • Construction Sites  | O Pesticide and Fertilizer Application     |  |  |  |  |  |  |  |  |
| • General Stormwater Management Information   | Pet Waste Management                       |  |  |  |  |  |  |  |  |
| O Household Hazardous Waste Disposal  | ○ Recycling                                |  |  |  |  |  |  |  |  |
| ● Illicit Discharge Detection and Elimination   | O Riparian Corridor Protection/Restoration |  |  |  |  |  |  |  |  |
| ● Infrastructure Maintenance  | O Trash Management                         |  |  |  |  |  |  |  |  |
| • Smart Growth  | O Vehicle Washing                          |  |  |  |  |  |  |  |  |
| ● Storm Drain Marking   | O Water Conservation                       |  |  |  |  |  |  |  |  |
| ● Green Infrastructure/Better Site Design/Low Impact Development                                  | O Wetland Protection                       |  |  |  |  |  |  |  |  |
| Other:  | ○ None                                     |  |  |  |  |  |  |  |  |
| Other   |  |  |  |  |  |  |  |  |  |
| 2. Specific audiences targeted during this reporting period:                                      |  |  |  |  |  |  |  |  |  |
| ● Public Employees ● Contractors  |  |  |  |  |  |  |  |  |  |
| <ul><li>Residential</li><li>Developers</li></ul>  |  |  |  |  |  |  |  |  |  |
| ○ Businesses • General Public   |  |  |  |  |  |  |  |  |  |
| ○ Restaurants ○ Industries  |  |  |  |  |  |  |  |  |  |
| Other: Agricultural   |  |  |  |  |  |  |  |  |  |
| Other   |  |  |  |  |  |  |  |  |  |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid$ 

| Town of Ballston   | SPDES ID  N Y R 2 0 A 1 5 7                                  |
|--|--|
| Name of MS4/Coalition Town of Ballston   |  |
| 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?<br>The information in MCM1 is for the Saratoga County ISWM | Program plue Town of Balleton activities                     |
| 1. Targeted Public Education and Outreach Best Manage  | ·  |
| Check all topics that were included in Education and Outrea  | ch during this reporting period:                             |
| <ul><li>Construction Sites</li></ul>   | Pesticide and Fertilizer Application                         |
| <ul> <li>General Stormwater Management Information</li> </ul>  | Pet Waste Management   |
| O Household Hazardous Waste Disposal   | ○ Recycling  |
| ● Illicit Discharge Detection and Elimination  | <ul> <li>Riparian Corridor Protection/Restoration</li> </ul> |
| ● Infrastructure Maintenance   | O Trash Management   |
| Smart Growth   | Vehicle Washing  |
| Storm Drain Marking  | <ul><li>Water Conservation</li></ul>                         |
| ● Green Infrastructure/Better Site Design/Low Impact Developm  | ent O Wetland Protection                                     |
| Other:   | ○ None   |
| L a w n / O r g a n i c D e b r i s   Other  |  |
| 2. Specific audiences targeted during this reporting peri  | iod:   |
| ● Public Employees ● Contractors   |  |
| <ul><li>Residential</li><li>Developers</li></ul>   |  |
| <ul><li>Businesses</li><li>General Public</li></ul>  |  |
| ○ Restaurants ○ Industries   |  |
| • Other: • Agricultural  |  |

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

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

|  | SPL | DES | ID |   |   |   |   |   |   |
|--|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition Town of Charlton | N   | Y   | R  | 2 | 0 | А | 0 | 3 | 2 |

## Minimum Control Measure 1. Public Education and Outreach

| Τŀ | ne | informatio | n in | this | section | 1S | being | reported | (chec | k one): |
|----|----|------------|------|------|---------|----|-------|----------|-------|---------|
|----|----|------------|------|------|---------|----|-------|----------|-------|---------|

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

How many MS4s contributed to this report?

| l _ |  |
|-----|--|
| 11  |  |
| 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 Pesticide and Fertilizer Application
- General Stormwater Management Information Pet Waste Management
- Household Hazardous Waste Disposal Recycling
- Illicit Discharge Detection and Elimination O Riparian Corridor Protection/Restoration
- O Infrastructure Maintenance O Trash Management
- O Smart Growth Vehicle Washing
- O Water Conservation Storm Drain Marking
- Green Infrastructure/Better Site Design/Low Impact Development Wetland Protection

| • ( | Ith | er: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | $\bigcirc$ | No | ne |  |  |  |  |  |
|-----|-----|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|------------|----|----|--|--|--|--|--|
| M   | е   | d   | i | С | a | t | i | 0 | n | d | i | s | р | 0 | ន | a | 1 |  |            |    |    |  |  |  |  |  |

Other

## 2. Specific audiences targeted during this reporting period:

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

| P ] | L | a | n | n | i | n | g |  | Z | 0 | n | i | n | g |  | & |  | Т | 0 | W | n |  | В | 0 | a | r | d |  |  |  |  |  |
|-----|---|---|---|---|---|---|---|--|---|---|---|---|---|---|--|---|--|---|---|---|---|--|---|---|---|---|---|--|--|--|--|--|
|-----|---|---|---|---|---|---|---|--|---|---|---|---|---|---|--|---|--|---|---|---|---|--|---|---|---|---|---|--|--|--|--|--|

Other

This report is being submitted for the reporting period ending March 9, 2 0 2

| Name of MS4/Coalition TOWN OF CLIFTON PARK  | N Y R 2 0 A 0 3 5                          |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|
| Minimum Control Measure 1. Public Ed  | ucation and Outreach                       |  |  |  |  |  |  |  |  |  |  |
| The information in this section is being reported (check one):  |  |  |  |  |  |  |  |  |  |  |  |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition         How many MS4s contributed to this report?     </li> </ul> | 1  |  |  |  |  |  |  |  |  |  |  |
| 1. Targeted Public Education and Outreach Best Manageme   | ent Practices                              |  |  |  |  |  |  |  |  |  |  |
| Check all topics that were included in Education and Outreach de  | aring this reporting period:               |  |  |  |  |  |  |  |  |  |  |
| <ul><li>Construction Sites</li></ul>  | • Pesticide and Fertilizer Application     |  |  |  |  |  |  |  |  |  |  |
| ● General Stormwater Management Information   | Pet Waste Management                       |  |  |  |  |  |  |  |  |  |  |
| <ul> <li>Household Hazardous Waste Disposal</li> </ul>  | ○ Recycling                                |  |  |  |  |  |  |  |  |  |  |
| O Illicit Discharge Detection and Elimination   | O Riparian Corridor Protection/Restoration |  |  |  |  |  |  |  |  |  |  |
| ○ Infrastructure Maintenance  | O Trash Management                         |  |  |  |  |  |  |  |  |  |  |
| ○ Smart Growth  | O Vehicle Washing                          |  |  |  |  |  |  |  |  |  |  |
| ○ Storm Drain Marking   | O Water Conservation                       |  |  |  |  |  |  |  |  |  |  |
| ● Green Infrastructure/Better Site Design/Low Impact Development  | O Wetland Protection                       |  |  |  |  |  |  |  |  |  |  |
| Other:  | ○ None                                     |  |  |  |  |  |  |  |  |  |  |
| Other   |  |  |  |  |  |  |  |  |  |  |  |
| 2. Specific audiences targeted during this reporting period:  |  |  |  |  |  |  |  |  |  |  |  |
| ● Public Employees ● Contractors  |  |  |  |  |  |  |  |  |  |  |  |
| <ul><li>Residential</li><li>Developers</li></ul>  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Businesses  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Restaurants ○ Industries  |  |  |  |  |  |  |  |  |  |  |  |
| Other: OAgricultural Other  |  |  |  |  |  |  |  |  |  |  |  |

This report is being submitted for the reporting period ending March 9, 2 0

|   |           |           |      |        |      |       |       |             |     |      |            |  |      |      | SPI  | DE: | SI             | D    |      |     |          |     |        |  |   |
|---|-----------|-----------|------|--------|------|-------|-------|-------------|-----|------|------------|--|------|------|------|-----|----------------|------|------|-----|----------|-----|--------|--|---|
| Name of MS4/Coalition Town of Greenfield  |           |           |      |        |      |       |       |             |     |      |            |  | N    | Y    | I    | 2   | 2              | 0    | A    | 1   | 2        |     | 3      |  |   |
| Minin   | num (     | Contr     | ol   | Mea    | su   | re 1  | . P   | ub          | lio | : E  | duc        | a                                      | tio  | n    | an   | d   | O <sub>1</sub> | utı  | re   | ac  | <u>h</u> |     |        |  |   |
| The information in this   | s section | ı is bein | ng   | report | ed ( | chec  | k one | e):         |     |      |            |  |      |      |      |     |                |      |      |     |          |     |        |  |   |
| <ul><li>On behalf of an indi</li><li>On behalf of a coalid</li><li>How ma</li></ul> | tion      |           | tri  | buted  | to 1 | this  | repoi | rt?         |     |      |            |  |      |      |      |     |                |      |      |     |          |     |        |  |   |
| 1. Targeted Public  | Educa     | ntion a   | nd   | Outi   | eac  | h B   | est N | <b>I</b> ai | na  | gen  | nen        | t l                                    | Pra  | cti  | ces  | \$  |                |      |      |     |          |     |        |  |   |
| Check all topics that   | were in   | ncludeo   | d i  | n Edu  | cati | on a  | and C | )utı        | rea | ach  | duri       | in                                     | g th | is   | rep  | or  | tin            | g r  | er   | ioc | l:       |     |        |  |   |
| • Construction Sites  |           |           |      |        |      |       |       |             |     |      |            | O Pesticide and Fertilizer Application |      |      |      |     |                |      |      |     |          |     |        |  |   |
| ● General Stormwater Management Information   |           |           |      |        |      |       |       |             |     |      |            | O Pet Waste Management                 |      |      |      |     |                |      |      |     |          |     |        |  |   |
| O Household Hazardous Waste Disposal  |           |           |      |        |      |       |       |             |     |      | )          | Rec                                    | yc]  | ling | 5    |     |                |      |      |     |          |     |        |  |   |
| ● Illicit Discharge Detection and Elimination                                       |           |           |      |        |      |       |       |             |     | )    | Rip        | aria                                   | an   | Co   | rrio | dor | Pı             | rote | ecti | on/ | Res      | sto | ration |  |   |
| ○ Infrastructure Maintenance  |           |           |      |        |      |       |       |             |     | ,    | Tra        | sh                                     | Ma   | ına  | ger  | ner | nt             |      |      |     |          |     |        |  |   |
| O Smart Growth  |           |           |      |        |      |       |       |             |     |      |            | O Vehicle Washing                      |      |      |      |     |                |      |      |     |          |     |        |  |   |
| O Storm Drain Markin  | ıg        |           |      |        |      |       |       |             |     |      |            | O Water Conservation                   |      |      |      |     |                |      |      |     |          |     |        |  |   |
| ● Green Infrastructure  | e/Better  | Site De   | esig | gn/Lov | v In | npact | t Dev | elo         | pn  | nent |            | ) .                                    | Wet  | lar  | nd ] | Pro | tec            | etio | n    |     |          |     |        |  |   |
| Other:  |           |           |      |        |      |       |       |             |     |      |            | ) ]                                    | Nor  | ne   |      |     |                |      |      |     |          |     |        |  | _ |
| Other   |           |           |      |        |      |       |       |             |     |      |            |  |      |      |      |     |                |      |      |     |          |     |        |  |   |
| 2. Specific audience  | es targ   | geted d   | ur   | ing tl | is i | epo   | rtin  | g p         | er  | iod  | l <b>:</b> |  |      |      |      |     |                |      |      |     |          |     |        |  |   |
| <ul><li>Public Employees</li></ul>  | Con       | tractors  | 5    |        |      |       |       |             |     |      |            |  |      |      |      |     |                |      |      |     |          |     |        |  |   |
| ○ Residential • Developers  |           |           |      |        |      |       |       |             |     |      |            |  |      |      |      |     |                |      |      |     |          |     |        |  |   |
| O Businesses  | • Gen     | eral Pu   | bli  | c      |      |       |       |             |     |      |            |  |      |      |      |     |                |      |      |     |          |     |        |  |   |
| ○ Restaurants   | ○ Indu    | ıstries   |      |        |      |       |       |             |     |      |            |  |      |      |      |     |                |      |      |     |          |     |        |  |   |
| • Other:  | ○ Agr     | icultura  | .1   |        |      |       |       |             |     |      |            |  |      |      |      |     |                |      |      |     |          |     |        |  | _ |
| Plannin Other   | g         | ВО        | а    | r d    |      |       |       |             |     |      |            |  |      |      |      |     |                |      |      |     |          |     |        |  |   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|   | SPDES ID                                   |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of MS4/Coalition Town of Halfmoon  | N Y R 2 0 A 3 7 5                          |  |  |  |  |  |  |  |  |  |  |  |
| Minimum Control Measure 1. Public Edu   | ucation and Outreach                       |  |  |  |  |  |  |  |  |  |  |  |
| The information in this section is being reported (check one):  |  |  |  |  |  |  |  |  |  |  |  |  |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition         How many MS4s contributed to this report?     </li> </ul> |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Targeted Public Education and Outreach Best Manageme   | ent Practices                              |  |  |  |  |  |  |  |  |  |  |  |
| Check all topics that were included in Education and Outreach du  | aring this reporting period:               |  |  |  |  |  |  |  |  |  |  |  |
| Construction Sites  | O Pesticide and Fertilizer Application     |  |  |  |  |  |  |  |  |  |  |  |
| ● General Stormwater Management Information   | Pet Waste Management                       |  |  |  |  |  |  |  |  |  |  |  |
| O Household Hazardous Waste Disposal  | ○ Recycling                                |  |  |  |  |  |  |  |  |  |  |  |
| O Illicit Discharge Detection and Elimination   | O Riparian Corridor Protection/Restoration |  |  |  |  |  |  |  |  |  |  |  |
| ● Infrastructure Maintenance  | ○ Trash Management                         |  |  |  |  |  |  |  |  |  |  |  |
| • Smart Growth  | O Vehicle Washing                          |  |  |  |  |  |  |  |  |  |  |  |
| Storm Drain Marking   | O Water Conservation                       |  |  |  |  |  |  |  |  |  |  |  |
| ● Green Infrastructure/Better Site Design/Low Impact Development  | O Wetland Protection                       |  |  |  |  |  |  |  |  |  |  |  |
| • Other:  | ○ None                                     |  |  |  |  |  |  |  |  |  |  |  |
| Lawn/organicwaste ma  | n a g m e n t                              |  |  |  |  |  |  |  |  |  |  |  |
| 2. Specific audiences targeted during this reporting period:  |  |  |  |  |  |  |  |  |  |  |  |  |
| ● Public Employees ● Contractors  |  |  |  |  |  |  |  |  |  |  |  |  |
| <ul><li>Residential</li><li>Developers</li></ul>  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Businesses  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Restaurants ○ Industries  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other: O Agricultural Other   |  |  |  |  |  |  |  |  |  |  |  |  |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition Town of Malta   | N Y R 2 0 A 0 8 6  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|
| Minimum Control Measure 1. Public Edu   | ucation 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 Manageme   | ent Practices  |  |  |  |  |  |  |  |  |  |  |
| Check all topics that were included in Education and Outreach du                                  | uring this reporting period:                             |  |  |  |  |  |  |  |  |  |  |
| • Construction Sites  | <ul> <li>Pesticide and Fertilizer Application</li> </ul> |  |  |  |  |  |  |  |  |  |  |
| • General Stormwater Management Information   | Pet Waste Management                                     |  |  |  |  |  |  |  |  |  |  |
| <ul> <li>Household Hazardous Waste Disposal</li> </ul>  | ○ Recycling  |  |  |  |  |  |  |  |  |  |  |
| ● Illicit Discharge Detection and Elimination   | O Riparian Corridor Protection/Restoration               |  |  |  |  |  |  |  |  |  |  |
| ○ Infrastructure Maintenance  | ○ Trash Management                                       |  |  |  |  |  |  |  |  |  |  |
| ○ Smart Growth  | O Vehicle Washing  |  |  |  |  |  |  |  |  |  |  |
| ○ Storm Drain Marking   | <ul><li>Water Conservation</li></ul>                     |  |  |  |  |  |  |  |  |  |  |
| • Green Infrastructure/Better Site Design/Low Impact Development                                  | <ul><li>Wetland Protection</li></ul>                     |  |  |  |  |  |  |  |  |  |  |
| Other:  | ○ None   |  |  |  |  |  |  |  |  |  |  |
| Other   |  |  |  |  |  |  |  |  |  |  |  |
| 2. Specific audiences targeted during this reporting period:                                      |  |  |  |  |  |  |  |  |  |  |  |
| ○ Public Employees    Contractors   |  |  |  |  |  |  |  |  |  |  |  |
| <ul><li>Residential</li><li>Developers</li></ul>  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Businesses  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Restaurants ○ Industries  |  |  |  |  |  |  |  |  |  |  |  |
| ● Other: ○ Agricultural   |  |  |  |  |  |  |  |  |  |  |  |
| Other   |  |  |  |  |  |  |  |  |  |  |  |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name - SMSA/C - 1:4: City of Mechanicylle   | SPDES ID  N Y R 2 0 A 5 5 1                |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|
| Name of MS4/Coantion  |  |  |  |  |  |  |  |  |  |  |  |
| Minimum Control Measure 1. Public Ed  | ucation 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 Manageme   | ent Practices                              |  |  |  |  |  |  |  |  |  |  |
| Check all topics that were included in Education and Outreach de                                      | aring 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   | O Riparian Corridor Protection/Restoration |  |  |  |  |  |  |  |  |  |  |
| ○ Infrastructure Maintenance  | ○ Trash Management                         |  |  |  |  |  |  |  |  |  |  |
| ○ Smart Growth  | <ul><li>Vehicle Washing</li></ul>          |  |  |  |  |  |  |  |  |  |  |
| O Storm Drain Marking   | ● Water Conservation                       |  |  |  |  |  |  |  |  |  |  |
| O Green Infrastructure/Better Site Design/Low Impact Development                                      | O Wetland Protection                       |  |  |  |  |  |  |  |  |  |  |
| • Other:  | ○ None                                     |  |  |  |  |  |  |  |  |  |  |
| L a w n / O r g a n i c         D e b r i s           Other   |  |  |  |  |  |  |  |  |  |  |  |
| 2. Specific audiences targeted during this reporting period:  |  |  |  |  |  |  |  |  |  |  |  |
| ● Public Employees ● Contractors  |  |  |  |  |  |  |  |  |  |  |  |
| <ul><li>Residential</li><li>Developers</li></ul>  |  |  |  |  |  |  |  |  |  |  |  |
| <ul><li>Businesses</li><li>General Public</li></ul>   |  |  |  |  |  |  |  |  |  |  |  |
| ○ Restaurants ○ Industries  |  |  |  |  |  |  |  |  |  |  |  |
| Other: OAgricultural  |  |  |  |  |  |  |  |  |  |  |  |
| Other   |  |  |  |  |  |  |  |  |  |  |  |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

|  |                                      |       |                      |             | $\mathbf{S}$ | PDES | S ID      |            |     |          |        |   |   |
|--|--------------------------------------|-------|----------------------|-------------|--------------|------|-----------|------------|-----|----------|--------|---|---|
| Name of MS4/Coalition TOWN OF MILTON   |                                      |       |                      | 1           | 1 A          | R    | 2         | 0          | А   | 1        | 0 8    | 8 |   |
| Minimum Control Measure 1.   | Publi                                | e Ed  | luca                 | <u>itio</u> | n a          | nd   | <u>Ou</u> | <u>tre</u> | acl | <u>h</u> |        |   |   |
| The information in this section is being reported (check   | c one):                              |       |                      |             |              |      |           |            |     |          |        |   |   |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this remains the second of the s</li></ul> | eport?                               |       | 1                    |             |              |      |           |            |     |          |        |   |   |
| 1. Targeted Public Education and Outreach Be   | est Mana                             | ıgem  | ent                  | Pra         | ctic         | es   |           |            |     |          |        |   |   |
| Check all topics that were included in Education ar  | nd Outre                             | ach ( | lurir                | ıg tl       | nis re       | epor | ting      | pen        | iod | l:       |        |   |   |
| <ul><li>Construction Sites</li></ul>   | Pesticide and Fertilizer Application |       |                      |             |              |      |           |            |     |          |        |   |   |
| ● General Stormwater Management Information  | Pet Waste Management                 |       |                      |             |              |      |           |            |     |          |        |   |   |
| O Household Hazardous Waste Disposal   | 0                                    | Rec   | yclir                | ng          |              |      |           |            |     |          |        |   |   |
| O Illicit Discharge Detection and Elimination  | 0                                    | Rip   | arian                | Co          | rrido        | or P | rote      | ectio      | n/R | esto     | ration |   |   |
| ○ Infrastructure Maintenance   |                                      |       | 0                    | Tra         | sh M         | [ana | geme      | ent        |     |          |        |   |   |
| ○ Smart Growth   |                                      |       | 0                    | Veh         | icle         | Was  | shing     | 3          |     |          |        |   |   |
| ○ Storm Drain Marking  |                                      |       | O Water Conservation |             |              |      |           |            |     |          |        |   |   |
| ○ Green Infrastructure/Better Site Design/Low Impact   | Develop                              | nent  | O Wetland Protection |             |              |      |           |            |     |          |        |   |   |
| Other:   |                                      |       | 0                    | Noı         | ne           |      |           |            |     |          |        |   | _ |
| Other  |                                      |       |                      |             |              |      |           |            |     |          |        |   |   |
| 2. Specific audiences targeted during this report  | rting pei                            | riod: |                      |             |              |      |           |            |     |          |        |   |   |
| ● Public Employees ● Contractors   |                                      |       |                      |             |              |      |           |            |     |          |        |   |   |
| <ul><li>Residential</li><li>Developers</li></ul>   |                                      |       |                      |             |              |      |           |            |     |          |        |   |   |
| <ul><li>Businesses</li><li>General Public</li></ul>  |                                      |       |                      |             |              |      |           |            |     |          |        |   |   |
| ○ Restaurants ○ Industries   |                                      |       |                      |             |              |      |           |            |     |          |        |   |   |
| Other: Agricultural  |                                      |       |                      |             |              |      |           |            |     |          |        |   |   |
| Other  |                                      |       |                      |             |              |      |           |            |     |          |        |   |   |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| Name of MS4/Coalition TOWN OF MOREAU  | N Y R 2 0 A 1 5 8                          |
|---|--|
| Minimum Control Measure 1. Public E   | ducation and Outreach                      |
| The information in this section is being reported (check one):  | - Sala Sala Sala Sala Sala Sala Sala Sal   |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul> |  |
| 1. Targeted Public Education and Outreach Best Managen  | nent Practices                             |
| Check all topics that were included in Education and Outreach   |  |
| • Construction Sites  | O Pesticide and Fertilizer Application     |
| General Stormwater Management Information   | O Pet Waste Management                     |
| O Household Hazardous Waste Disposal  | O Recycling                                |
| ■ Illicit Discharge Detection and Elimination   | O Riparian Corridor Protection/Restoration |
| O Infrastructure Maintenance  | Trash Management                           |
| ○ Smart Growth  | Vehicle Washing                            |
| O Storm Drain Marking   | Water Conservation                         |
| O Green Infrastructure/Better Site Design/Low Impact Development  | Wetland Protection                         |
| Other:  | O None                                     |
| Other   |  |
| 2. Specific audiences targeted during this reporting period:  |  |
| Public Employees • Contractors  |  |
| C Residential Developers  |  |
| Businesses • General Public   |  |
| Restaurants O Industries  |  |
| Other: Agricultural   |  |

4286299954

#### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Village of Round Lake Y R 2 0 A 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 O Pesticide and Fertilizer Application General Stormwater Management Information Pet Waste Management Household Hazardous Waste Disposal Recycling Illicit Discharge Detection and Elimination O Riparian Corridor Protection/Restoration Infrastructure Maintenance Trash Management Smart Growth O Vehicle Washing Storm Drain Marking O Water Conservation O Green Infrastructure/Better Site Design/Low Impact Development O Wetland Protection Other: O None Other 2. Specific audiences targeted during this reporting period: Public Employees Contractors Residential Developers O Businesses • General Public O Restaurants Industries Other: Agricultural

Other

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

|  | _ | SPI | DES | ID |   |   |   |   |   |   |
|--|---|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition Saratoga County, Department of Public Work | S | N   | Y   | R  | 2 | 0 | А | 2 | 0 | 9 |
|  |   |     |     |    |   |   |   |   |   |   |

## 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 Managem  | nent Practices                             |
| Check all topics that were included in Education and Outreach   | during this reporting period:              |
| • Construction Sites  | O Pesticide and Fertilizer Application     |
| • General Stormwater Management Information   | O Pet Waste Management                     |
| O Household Hazardous Waste Disposal  | • Recycling                                |
| ● Illicit Discharge Detection and Elimination   | O Riparian Corridor Protection/Restoration |
| ● Infrastructure Maintenance  | ○ Trash Management                         |
| ○ Smart Growth  | O Vehicle Washing                          |
| ○ Storm Drain Marking   | O Water Conservation                       |
| ○ Green Infrastructure/Better Site Design/Low Impact Development  | O Wetland Protection                       |
| Other:  | ○ None                                     |
| Other   |  |
| 2. Specific audiences targeted during this reporting period:  | :  |
| <ul><li>● Public Employees</li><li>● Contractors</li></ul>  |  |
| ○ Residential     Developers  |  |
| ○ Businesses  |  |
| ○ Restaurants ○ Industries  |  |
| ○ Other: ○ Agricultural   |  |
|   |  |

Other

4286299954

### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| Name of MS4/Coalition City of Saratoga Springs  | SPDES ID           N Y R 2 0 A 2 1 6       |
|---|--|
| Minimum Control Measure 1. Public Ed  | ucation and Outreach                       |
| The information in this section is being reported (check one):  |  |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition         How many MS4s contributed to this report?     </li> </ul> |  |
| 1. Targeted Public Education and Outreach Best Manageme   | ent Practices                              |
| Check all topics that were included in Education and Outreach de  | aring this reporting period:               |
| • Construction Sites  | Pesticide and Fertilizer Application       |
| ● General Stormwater Management Information   | Pet Waste Management                       |
| <ul> <li>Household Hazardous Waste Disposal</li> </ul>  | <ul><li>Recycling</li></ul>                |
| ● Illicit Discharge Detection and Elimination   | O Riparian Corridor Protection/Restoration |
| O Infrastructure Maintenance  | O Trash Management                         |
| ○ Smart Growth  | O Vehicle Washing                          |
| O Storm Drain Marking   | Water Conservation                         |
| O Green Infrastructure/Better Site Design/Low Impact Development  | O Wetland Protection                       |
| Other:  | ○ None                                     |
| Other   |  |
| 2. Specific audiences targeted during this reporting period:  |  |
| O Public Employees • Contractors  |  |
| <ul><li>Residential</li><li>Developers</li></ul>  |  |
| ● Businesses ● General Public   |  |
| ○ Restaurants ○ Industries  |  |
| Other: O Agricultural Other   |  |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition South Glens Falls   | N Y R 2 0 A 0 9 1                          |
|---|--|
| Minimum Control Measure 1. Public Edu   | ucation and Outreach                       |
| The information in this section is being reported (check one):  |  |
| <ul> <li>○ On behalf of an individual MS4</li> <li>○ On behalf of a coalition         How many MS4s contributed to this report?     </li> </ul> |  |
| 1. Targeted Public Education and Outreach Best Manageme   | ent Practices                              |
| Check all topics that were included in Education and Outreach du  | uring this reporting period:               |
|   |  |
| • Construction Sites  | O Pesticide and Fertilizer Application     |
| ● General Stormwater Management Information   | Pet Waste Management                       |
| O Household Hazardous Waste Disposal  | ○ Recycling                                |
| ● Illicit Discharge Detection and Elimination   | O Riparian Corridor Protection/Restoration |
| ○ Infrastructure Maintenance  | ○ Trash Management                         |
| ○ Smart Growth  | O Vehicle Washing                          |
| ○ Storm Drain Marking   | O Water Conservation                       |
| ○ Green Infrastructure/Better Site Design/Low Impact Development  | O Wetland Protection                       |
| Other:  | ○ None                                     |
| Other   |  |
| 2. Specific audiences targeted during this reporting period:  |  |
| <ul><li>Public Employees</li><li>Contractors</li></ul>  |  |
| <ul><li>Residential</li><li>Developers</li></ul>  |  |
| O Businesses  General Public  |  |
|   |  |
| ○ Restaurants ○ Industries  |  |
| Other: OAgricultural Other  |  |

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## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| Name of MS4/Coalition Town of Stillwater  | SPDES ID  N Y R 2 0 A 5 4 9                |
|---|--|
| Minimum Control Measure 1. Public Ed  | ucation and Outreach                       |
| The information in this section is being reported (check one):  |  |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul> |  |
| 1. Targeted Public Education and Outreach Best Managem  | ent Practices                              |
| Check all topics that were included in Education and Outreach d   | during this reporting period:              |
| • Construction Sites  | O Pesticide and Fertilizer Application     |
| General Stormwater Management Information   | Pet Waste Management                       |
| <ul> <li>Household Hazardous Waste Disposal</li> </ul>  | ○ Recycling                                |
| Illicit Discharge Detection and Elimination   | O Riparian Corridor Protection/Restoration |
| ● Infrastructure Maintenance  | O Trash Management                         |
| Smart Growth  | <ul> <li>Vehicle Washing</li> </ul>        |
| Storm Drain Marking   | <ul><li>Water Conservation</li></ul>       |
| • Green Infrastructure/Better Site Design/Low Impact Development  | O Wetland Protection                       |
| Other:  | ○ None                                     |
| L a w n / 0 r g a n i c D e b r i s         Other   |  |
| 2. Specific audiences targeted during this reporting period:  |  |
| Public Employees • Contractors  |  |
| Residential     Developers  |  |
| Businesses     General Public   |  |
| ○ Restaurants ○ Industries  |  |
| • Other: O Agricultural   |  |
| Planning and Zoning Bother  | o a r d s                                  |

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## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| in Submitting time form as pair of a John 1-part and a second   | CDDEC ID  |
|---|---|
| Name of MS4/Coalition Village of Stillwater   | N         Y         R         2         0         A         5         4         7 |
| Minimum Control Measure 1. Public Ed  | ucation and Outreach  |
| The information in this section is being reported (check one):  |   |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition         How many MS4s contributed to this report?     </li> </ul> |   |
| 1. Targeted Public Education and Outreach Best Management   | ent Practices   |
| Check all topics that were included in Education and Outreach d   | uring 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   | O Riparian Corridor Protection/Restoration  |
| Infrastructure Maintenance  | O Trash Management  |
| Smart Growth  | • Vehicle Washing   |
| Storm Drain Marking   | <ul><li>Water Conservation</li></ul>  |
| • Green Infrastructure/Better Site Design/Low Impact Development  | Wetland Protection  |
| • Other:  | ○ None  |
| Lawn/OrganicDebris  |   |
| 2. Specific audiences targeted during this reporting period:  |   |
| Public Employees • Contractors  |   |
| Residential     Developers  |   |
| Businesses     General Public   |   |
| ○ Restaurants ○ Industries  |   |
| • Other: O Agricultural   |   |
| Planing and Zoning E  | Boards  |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition Town of Waterford   | SPDES ID  N Y R 2 0 A 0 3 7                |
|---|--|
| 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 Manag  | gement Practices                           |
| Check all topics that were included in Education and Outread  | ch during this reporting period:           |
| • Construction Sites  | Pesticide and Fertilizer Application       |
| ● General Stormwater Management Information   | Pet Waste Management                       |
| <ul> <li>Household Hazardous Waste Disposal</li> </ul>  | <ul><li>Recycling</li></ul>                |
| ● Illicit Discharge Detection and Elimination   | ● Riparian Corridor Protection/Restoration |
| O Infrastructure Maintenance  | ● Trash Management                         |
| ○ Smart Growth  | • Vehicle Washing                          |
| Storm Drain Marking   | O Water Conservation                       |
| ● Green Infrastructure/Better Site Design/Low Impact Developme  | ent O Wetland Protection                   |
| • Other:  | ○ None                                     |
| Other   |  |
| 2. Specific audiences targeted during this reporting periods.   | od:  |
| ○ Public Employees  |  |
| <ul><li>Residential</li><li>Developers</li></ul>  |  |
| ● Businesses ● General Public   |  |
| ● Restaurants ○ Industries  |  |
| ○ Other: ○ Agricultural   |  |
| Other   |  |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition                                      | Village of Waterford  | N Y R 2 0 A 4 6 9                          |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <u>Minin</u>   | num Control Measure 1. Public Edu   | ucation and Outreach                       |  |  |  |  |  |  |  |  |  |  |  |  |
| ● On behalf of an indi<br>☐ On behalf of a coali<br>How ma | any MS4s contributed to this report?  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| J  | Education and Outreach Best Manageme were included in Education and Outreach du |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Construction Sites                                       |   | O Pesticide and Fertilizer Application     |  |  |  |  |  |  |  |  |  |  |  |  |
| <ul><li>General Stormwater</li></ul>                       | Management Information  | O Pet Waste Management                     |  |  |  |  |  |  |  |  |  |  |  |  |
| O Household Hazardou                                       | us Waste Disposal   | ○ Recycling                                |  |  |  |  |  |  |  |  |  |  |  |  |
| O Illicit Discharge Det                                    | tection and Elimination   | O Riparian Corridor Protection/Restoration |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Infrastructure Maint                                     | tenance   | ○ Trash Management                         |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Smart Growth   |   | O Vehicle Washing                          |  |  |  |  |  |  |  |  |  |  |  |  |
| O Storm Drain Markin                                       | g   | O Water Conservation                       |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Green Infrastructure                                     | /Better Site Design/Low Impact Development                                      | O Wetland Protection                       |  |  |  |  |  |  |  |  |  |  |  |  |
| Other:   |   | ○ None                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Othory   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other  2. Specific audience                                | es targeted during this reporting period:                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Public Employees   | ○ Contractors   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <ul><li>Residential</li></ul>                              | ○ Developers  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Businesses   | • General Public  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Restaurants  | ○ Industries  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other:   | O Agricultural  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition Town of Wilton  | N Y R 2 0 A 1 1 4                          |
|---|--|
| Minimum Control Measure 1. Public Ed  | ucation and Outreach                       |
| The information in this section is being reported (check one):  |  |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition         How many MS4s contributed to this report?     </li> </ul> |  |
| 1. Targeted Public Education and Outreach Best Manageme   | ent Practices                              |
| Check all topics that were included in Education and Outreach d   | uring this reporting period:               |
| <ul><li>Construction Sites</li></ul>  | O Pesticide and Fertilizer Application     |
| ● General Stormwater Management Information   | Pet Waste Management                       |
| O Household Hazardous Waste Disposal  | ○ Recycling                                |
| O Illicit Discharge Detection and Elimination   | O Riparian Corridor Protection/Restoration |
| ○ Infrastructure Maintenance  | ○ Trash Management                         |
| • Smart Growth  | O Vehicle Washing                          |
| ○ Storm Drain Marking   | O Water Conservation                       |
| ○ Green Infrastructure/Better Site Design/Low Impact Development  | O Wetland Protection                       |
| Other:  | ○ None                                     |
| Other   |  |
| 2. Specific audiences targeted during this reporting period:  |  |
| ○ Public Employees ○ Contractors  |  |
| ○ Residential • Developers  |  |
| ○ Businesses  |  |
| ○ Restaurants ○ Industries  |  |
| Other: OAgricultural Other  |  |

# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Nam           | e o   | fΜ   | S4/0  | Coa   | litic    | on   | Sara | toga | ı Co     | unty | y IS  | WM           | I Pr | ogra | am  |      |      |      |      |      |           |       |      | N   | Y     | R    | 2   | 0     | С     | 0    | 0   | 6  |  |
|---------------|---|------|-------|-------|----------|------|------|------|----------|------|-------|--------------|------|------|-----|------|------|------|------|------|-----------|-------|------|-----|-------|------|-----|-------|-------|------|-----|----|--|
| 3.            |   |      |       |       | _        |      |      | •    | ur<br>Ch |      |       |              |      |      |     | e to | ) ac | hie  | eve  | edi  | uca       | tio   | n a  | nd  | out   | tre  | ach | go    | als   | du   | rin | g  |  |
| • C           | ons   | stru | ictio | on S  | Site     | Op   | era  | itor | s Tı     | ain  | ed    |              |      |      |     |      |      |      |      |      |           |       |      | i   | # Tr  | ain  | ed  |       |       |      |     | 0  |  |
| $\circ$ D     | ire   | ct ] | Mai   | iling | gs       |      |      |      |          |      |       |              |      |      |     |      |      |      |      |      | #Mailings |       |      |     |       |      |     |       |       |      |     |    |  |
| • K           | ios   | sks  | or (  | Oth   | er I     | Disp | olay | /S   |          |      |       |              |      |      |     |      |      |      |      |      |           |       |      | #]  | Loca  | atio | ns  |       |       |      | 2   | 1  |  |
| <b>●</b> L    | ist-  | Sei  | rves  | S     |          |      |      |      |          |      |       |              |      |      |     |      |      |      |      |      |           |       |      |     | # I   | n L  | ist |       |       | 6    | 2   | 6  |  |
| $\circ$ M     | 1ail  | ling | ; Li  | st    |          |      |      |      |          |      |       |              |      |      |     |      |      |      |      |      |           |       |      |     | # I   | n L  | ist |       |       |      |     |    |  |
| O N           | [ew   | spa  | ıper  | · A   | ds c     | or A | rtic | eles |          |      |       |              |      |      |     |      |      |      |      |      |           |       |      | #]  | Day   | s Rı | ın  |       |       |      |     |    |  |
| ● P           | Jewspaper Ads or Articles Jublic Events/Presentations |      |       |       |          |      |      |      |          |      |       |              |      |      |     |      |      |      | # 1  | Atte | nde       | es    |      |     | 2     | 4    | 3   |       |       |      |     |    |  |
| $\circ$ S     | cho   | ool  | Pro   | gra   | ım       |      |      |      |          |      |       |              |      |      |     |      |      |      |      |      |           |       |      | # 1 | Atte  | nde  | es  |       |       |      |     |    |  |
| O T           | V S   | Spc  | ot/P  | rog   | ran      | 1    |      |      |          |      |       |              |      |      |     |      |      |      |      |      |           |       |      | #]  | Day   | s Rı | ın  |       |       |      |     |    |  |
| ● P           |   |      |       |       |          |      | ies, | tow  | n ofl    | ices | , kio | sks)         |      |      |     |      |      |      |      |      |           | Т     | otal | # D | istri | ibut | ed  |       | U     | N    | K   | N  |  |
|               | Ļ   | T    | /     | С     | /        | V    |      | 0    | f        | f    | i     | С            | е    | s    | ,   |      |      |      |      |      | _         |       |      |     |       |      |     |       |       |      |     |    |  |
|               | Ļ   | C    | 0     | u     | n        | t    | У    |      | В        | u    | i     | 1            | d    | i    | n   | g    |      | 5    |      |      | _         |       |      |     |       |      |     |       |       |      |     |    |  |
|               | Ļ   |      |       |       |          |      |      |      |          |      |       |              |      |      |     |      |      |      |      |      |           |       |      |     |       |      |     |       |       |      |     |    |  |
| $\sim \alpha$ |   |      |       |       |          |      |      |      |          |      |       |              |      |      |     |      |      |      |      |      |           |       |      |     |       |      |     |       |       |      |     |    |  |
| O O           | rtne  | er:  |       |       |          |      |      |      |          |      |       |              |      |      |     |      |      |      |      |      |           |       |      |     |       |      |     |       |       |      |     |    |  |
| <u>ਸ਼</u> ●   | ∟<br>Veb<br>JRL                                       | Pa   | nge:  |       |          | ovid |      | pec  | ific     | wel  | b ac  | ldre         | esse | :s - | not | hor  | ne p | oago | e. ( | Con  | tinu      | ie oi | n ne | ext | pag   | e if | ado | ditio | ona   | l sp | ace | is |  |
|               | w   | W    | W     |       | s        | a    | r    | a    | t        | 0    | g     | а            | s    | t    | 0   | r    | m    | W    | a    | t    | е         | r     |      | 0   | r     | g    | /   | r     | е     | ន    | i   | d  |  |
|               | е   | n    | t     | s     | -        | р    | u    | b    | 1        | i    | С     | -            | е    | d    | u   | С    | а    | t    | i    | 0    | n         | •     | h    | t   | m     |      |     |       |       |      |     |    |  |
|               |   |      |       |       |          |      |      |      |          |      |       |              |      |      |     |      |      |      |      |      |           |       |      |     |       |      |     |       |       |      |     |    |  |
| Į<br>T        | JRL   |      |       |       |          |      |      |      | Ι.       |      |       |              |      |      | 1   |      |      | 1    |      |      |           |       |      |     |       |      | . , |       |       |      |     |    |  |
| F             | W   | W    | W     | •     | s        | a    | r    |      | t        | 0    | g     | a            | s    | t    |     | r    | m    |      | a    | t    | e         | r     |      | 0   | r     | a    |     | r     | e<br> | s    | i   | d  |  |
| _<br>         | e   | n    | t     | s     | <u> </u> | р    | u    | b    | 1        | i    | С     | <del>-</del> | i    | n    | V   | 0    | 1    | V    | е    | m    | е         | n     | t    | •   | h     | t    | m   |       |       |      |     |    |  |
| L             |   |      |       |       |          |      |      |      |          |      |       |              |      |      |     |      |      |      |      |      |           |       |      |     |       |      |     |       |       |      |     |    |  |

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name       | of M         | 1S4/      | Coa      | ılitio | on\          | /illa  | ag     | e c  | of E  | 3al        | Ist    | on   | S   | oa  |      |      |      |      |     |      |      |      | N   | Y     | R    | 2   | 0     | А    | 3    | 7   | 6  |
|------------|--------------|-----------|----------|--------|--------------|--------|--------|------|-------|------------|--------|------|-----|-----|------|------|------|------|-----|------|------|------|-----|-------|------|-----|-------|------|------|-----|----|
| 3. V       | Vha<br>his 1 |           |          | _      |              |        | •      |      |       |            |        |      |     |     | e to | ac   | hie  | eve  | edı | uca  | tio  | n a  | nd  | ou    | tre  | ach | go    | als  | du   | rin | ıg |
| O Co       | nstr         | ucti      | on       | Site   | Op           | era    | tors   | s Tı | rain  | ed         |        |      |     |     |      |      |      |      |     |      |      |      | į   | # Tr  | ain  | ed  |       |      |      |     |    |
| O Di       | rect         | Ma        | ilin     | gs     |              |        |        |      |       |            |        |      |     |     |      |      |      |      |     |      |      |      | #   | Ma    | ilin | gs  |       |      |      |     |    |
| • Ki       | osks         | or        | Oth      | er l   | Disp         | olay   | /S     |      |       |            |        |      |     |     |      |      |      |      |     |      |      |      | # ] | Loc   | atio | ns  |       |      |      |     | 2  |
| O Lis      | st-Se        | rve       | S        |        |              |        |        |      |       |            |        |      |     |     |      |      |      |      |     |      |      |      |     | # I   | n L  | ist |       |      |      |     |    |
| O Ma       | iling        | g L       | ist      |        |              |        |        |      |       |            |        |      |     |     |      |      |      |      |     |      |      |      |     | # I   | n L  | ist |       |      |      |     |    |
| ○ Ne       | wsp          | ape       | r A      | ds o   | or A         | rtic   | eles   |      |       |            |        |      |     |     |      |      |      |      |     |      |      |      | # ] | Day   | s Rı | ın  |       |      |      |     |    |
| ○ Pu       | blic         | Ev        | ents     | s/Pr   | esei         | ntat   | ions   | S    |       |            |        |      |     |     |      |      |      |      |     |      |      |      | # 1 | Atte  | nde  | es  |       |      |      |     |    |
|            | hool         | Pro       | ogra     | am     |              |        |        |      |       |            |        |      |     |     |      |      |      |      |     |      |      |      | # 1 | Atte  | nde  | es  |       |      |      |     |    |
| $\circ$ TV | Sp.          | ot/P      | rog      | ran    | ı            |        |        |      |       |            |        |      |     |     |      |      |      |      |     |      |      |      | # ] | Day   | s Rı | ın  |       |      |      |     |    |
| • Pri      | nted         | M         | ater     | ials   | :            |        |        |      |       |            |        |      |     |     |      |      |      |      |     |      | То   | otal | # D | istri | ibut | ed  |       |      |      |     |    |
|            | Loca         | tion<br>i | s (e     | .g. li |              |        |        | n of | fices | , kic<br>H |        |      | 1   |     |      |      |      |      |     |      |      |      |     |       |      |     |       |      |      |     |    |
|            | I            | S         | W        | М      | a            | 9<br>P | e<br>r | 0    | 7     | r          | a<br>a | m    |     | 0   | f    | f    | i    | С    | e   |      |      |      |     |       |      |     |       |      |      |     |    |
|            |              |           |          | 1.1    |              | _      | _      |      | a     |            | a      |      |     |     |      | _    |      |      |     |      |      |      |     |       |      |     |       |      |      |     |    |
|            |              |           |          |        |              |        |        |      |       |            |        |      |     |     |      |      |      |      |     | =    |      |      |     |       |      |     |       |      |      |     |    |
| O Otl      | L<br>her:    |           |          |        |              |        |        |      |       |            |        |      |     |     |      |      |      |      |     |      |      |      |     |       |      |     |       |      |      |     |    |
|            |              |           |          |        |              |        |        |      |       |            |        |      |     |     |      |      |      |      |     |      |      |      |     |       |      |     |       |      |      |     |    |
| ● We       |              | age       | :        |        | ovid<br>edec |        | pec    | ific | we    | b ac       | ddre   | esse | s - | not | hor  | ne p | oago | e. ( | Con | tinu | ie o | n ne | ext | pag   | e if | ado | ditio | onal | l sp | ace | is |
| h          | ı t          | t         | р        | :      | /            | /      | W      | W    | W     |            | s      | a    | r   | a   | t    | 0    | g    | a    | s   | t    | 0    | r    | m   | W     | a    | t   | е     | r    | •    | 0   | r  |
| g          | /            | s         | a        | r      | a            | t      | 0      | g    | a     | _          | С      | 0    | u   | n   | t    | У    | -    | r    | е   | s    | i    | d    | е   | n     | t    | s   | •     | h    | t    | m   |    |
|            |              |           |          |        |              |        |        |      |       |            |        |      |     |     |      |      |      |      |     |      |      |      |     |       |      |     |       |      |      |     |    |
| UR         | L_           |           |          |        |              |        |        |      |       |            |        |      |     |     |      |      |      |      |     |      |      |      |     |       |      |     |       |      |      |     | _  |
| h          | . t          | t         | р        | :      | /            | /      | W      | W    | W     | •          | s      | a    | r   | a   | t    | 0    | g    | а    | s   | t    | 0    | r    | m   | W     | а    | t   | е     | r    | •    | 0   | r  |
| 9          |              | s         | $\vdash$ |        | a            | t      | 0      | g    | a     | <u> </u>   | С      | 0    | u   | n   | t    | У    | -    | С    | 0   | n    | t    | r    | a   | С     | t    | 0   | r     | S    | _    | d   | е  |
| V          | е            | 1         | 0        | р      | е            | r      | s      | •    | h     | t          | m      |      |     |     |      |      |      |      |     |      |      |      |     |       |      |     |       |      |      |     |    |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid$ 

|              |            |       |        |              | _           |          |       |      |      |       |      |          |              |          |          |          |      |             |          | ,    |      | ,    | SPL   | <u>E</u> S | ID    |     |       |      |      |      |    |
|--------------|------------|-------|--------|--------------|-------------|----------|-------|------|------|-------|------|----------|--------------|----------|----------|----------|------|-------------|----------|------|------|------|-------|------------|-------|-----|-------|------|------|------|----|
| Name         | of l       | MS4   | /Coa   | alitic       | mT          | ow       | n d   | of E | 3all | lstc  | n    |          |              |          |          |          |      |             |          |      |      |      | N     | Y          | R     | 2   | 0     | А    | 1    | 5    | 7  |
| 3. \         | Wh         | at s  | tra    |              | es (        | did      | . yo  | ur   | MS   | 54/0  | Coa  |          |              |          | e to     | o ac     | chie | eve         | edi      | uca  | tio  | n a  | nd    | out        | trea  | ach | go    | als  | du   | ırin | g  |
| ● Co         | onst       | ruct  | ion    | Site         | Op          | era      | tors. | s Tr | ain  | ed    |      |          |              |          |          |          |      |             |          |      |      |      | #     | #Tr        | aine  | ed  |       |      | 1    | 5    | 0  |
| O Di         | rect       | t Ma  | ailin  | ıgs          |             |          |       |      |      |       |      |          |              |          |          |          |      |             |          |      |      |      | #     | Ma         | iling | gs  |       |      |      |      |    |
| ● Ki         | osk        | s or  | Otl    | ner I        | Disp        | olay     | 'S    |      |      |       |      |          |              |          |          |          |      |             |          |      |      |      | # I   | Loca       | atio  | ns  |       |      |      | 2    | 1  |
| • Li         | st-S       | erve  | es -   | Tov          | n -         | + C      | ou    | nty  | ' Li | st S  | Ser  | ve       | S            |          |          |          |      |             |          |      |      |      |       | # I        | n Li  | st  |       | 2    | 7    | 2    | 6  |
| $\circ$ M    | ailir      | ng L  | ist    |              |             |          |       |      |      |       |      |          |              |          |          |          |      |             |          |      |      |      |       | # I        | n Li  | st  |       |      |      |      |    |
| O No         | ewsj       | pape  | er A   | ds c         | or A        | rtic     | eles  |      |      |       |      |          |              |          |          |          |      |             |          |      |      |      | # I   | Day        | s Ru  | ın  |       |      |      |      |    |
| ● Pt         | ıblic      | e Ev  | ent:   | s/Pr         | eser        | ntati    | ions  | S    |      |       |      |          |              |          |          |          |      |             |          |      |      |      | # /   | Atte       | nde   | es  |       |      | 2    | 4    | 3  |
| $\circ$ Sc   | hoo        | ol Pr | ogr    | am           |             |          |       |      |      |       |      |          |              |          |          |          |      |             |          |      |      |      | # /   | Atte       | nde   | es  |       |      |      |      |    |
| O T          | V Sı       | pot/  | Prog   | gran         | ı           |          |       |      |      |       |      |          |              |          |          |          |      |             |          |      |      |      | # I   | Day        | s Ru  | ın  |       |      |      |      |    |
| • Pr         |            |       |        |              |             |          |       | cc   |      |       | 1 )  |          |              |          |          |          |      |             |          |      | To   | otal | # Di  | istri      | bute  | ed  |       | U    | N    | K    | N  |
|              | T          | O     | W W    | e.g. li<br>n |             | H        | a     | _    | 1    | , кто |      | С        | 0            | u        | n        | t        | У    |             |          |      |      |      |       |            |       |     |       |      |      |      |    |
|              | 0          | f     | f      | i            | С           | е        | s     |      |      |       |      |          |              |          |          |          |      |             |          |      |      |      |       |            |       |     |       |      |      |      |    |
|              |            |       |        |              |             |          |       |      |      |       |      |          |              |          |          |          |      |             |          |      |      |      |       |            |       |     |       |      |      |      |    |
|              |            |       |        |              |             |          |       |      |      |       |      |          |              |          |          |          |      |             |          |      |      |      |       |            |       |     |       |      |      |      |    |
| ○ <b>O</b> 1 | her        | :     |        |              |             |          |       |      |      |       |      |          |              |          |          |          |      |             |          | _    |      |      |       |            |       |     |       |      |      |      |    |
|              |            |       |        |              |             |          |       |      |      |       |      |          |              |          |          |          |      |             |          |      |      |      |       |            |       |     |       |      |      |      |    |
| ● W<br>U     | eb l       | Page  | e:     |              | vid<br>edec |          | peci  | ific | wel  | b ad  | ldre | esse     | S <b>-</b> 1 | not      | hor      | ne p     | oage | e. <b>(</b> | Con      | tinu | ie o | n ne | ext j | pag        | e if  | ado | ditio | onal | l sp | ace  | is |
| ŀ            | ı t        | t     | р      | :            | /           | /        | W     | W    | W    |       | s    | a        | r            | а        | t        | 0        | g    | а           | s        | t    | 0    | r    | m     | W          | а     | t   | Φ     | r    | •    | 0    | r  |
| Ç            | <b>y</b> / | s s   | a      | r            | a           | t        | 0     | g    | a    | _     | С    | 0        | u            | n        | t        | У        | _    | r           | е        | S    | i    | d    | е     | n          | t     | S   |       | h    | t    | m    |    |
|              |            |       |        |              |             |          |       |      |      |       |      |          |              |          |          |          |      |             |          |      |      |      |       |            |       |     |       |      |      |      |    |
| U)           | RL<br>1 t  | t t   | n      | :            | /           | /        | w     | w    | w    |       | s    | a        | r            | a        | t        | 0        | C    | a           |          | s    | t    | 0    | r     | m          | W     | a   | t     | е    | r    |      | 0  |
| F            |            |       | p<br>r |              | s           | i i      | d     | e e  | n    | t     | s    | <u> </u> | р            | u        | <u> </u> | 1        | g    | C           | <u> </u> | e    | d    | u    | С     | a          | t     | i   | 0     | n    |      | h    | t  |
| r            | +          | / /   | +      |              |             | <u> </u> | 1     |      |      |       |      |          | 1            | <u> </u> | _~       | <u> </u> | _    |             |          |      |      | _ ~  |       | <u>~</u>   |       | _   |       |      |      |      |    |
| Ĺ            |            |       |        |              |             |          |       |      |      |       |      |          |              |          |          |          |      |             |          |      |      |      |       |            |       |     |       |      |      |      |    |

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Nam          | e of l     | MS       | 4/C  | Coal | litic      | on ]         | Γov  | vn (   | of C | Cha   | rltc     | n        |      |       |     |      |      |     |      |     |      |      |      | N   | Y     | R    | 2   | 0     | А        | 0   | 3   | 2  |
|--------------|------------|----------|--|------|------------|--------------|------|--|------|-------|----------|----------|------|-------|-----|------|------|-----|------|-----|------|------|------|-----|-------|------|-----|-------|----------|-----|-----|----|
|              | Wh<br>this |          |  |      |            |              |      |  |      |       |          |          |      |       |     | e to | ac   | hic | eve  | edı | uca  | tio  | n a  | nd  | out   | trea | ach | go    | als      | du  | rin | g  |
| $\circ$ C    | onst       | ruc      | tio  | n S  | Site       | Or           | era  | ator   | s T  | rain  | ed       |          |      |       |     |      |      |     |      |     |      |      |      | i   | # Tr  | aine | ed  |       |          |     |     |    |
| • D          | irect      | t M      | [ai]   | ling | gs         |              |      |  |      |       |          |          |      |       |     |      |      |     |      |     |      |      |      | #   | Ma    | ilin | gs  |       | 1        | 3   | 5   | 0  |
| $\circ$ K    | iosk       | s o      | r C  | Oth  | er I       | Disp         | olay | /S   |      |       |          |          |      |       |     |      |      |     |      |     |      |      |      | #]  | Loca  | atio | ns  |       |          |     |     |    |
| $\circ$ L    | ist-S      | erv      | es   |      |            |              |      |  |      |       |          |          |      |       |     |      |      |     |      |     |      |      |      |     | # I   | n Li | ist |       |          |     |     |    |
| $\circ$ N    | Iailiı     | ng i     | Lis  | t    |            |              |      |  |      |       |          |          |      |       |     |      |      |     |      |     |      |      |      |     | # I   | n Li | ist |       |          |     |     |    |
| $\circ$ N    | [ews]      | pap      | er   | Ac   | ls c       | or A         | rtic | cles   |      |       |          |          |      |       |     |      |      |     |      |     |      |      |      | #]  | Day   | s Rı | ın  |       |          |     |     |    |
| $\bigcirc$ P | ublic      | E        | vei  | nts  | /Pr        | esei         | ntat | ions   | S    |       |          |          |      |       |     |      |      |     |      |     |      |      |      | # 1 | Atte  | nde  | es  |       |          |     |     |    |
| $\circ$ s    | choc       | l P      | rog  | gra  | m          |              |      |  |      |       |          |          |      |       |     |      |      |     |      |     |      |      |      | # 1 | Atte  | nde  | es  |       |          |     |     |    |
| $\circ$ T    | $V S_1$    | pot      | /Pr  | ogı  | ram        | 1            |      |  |      |       |          |          |      |       |     |      |      |     |      |     |      |      |      | #]  | Day   | s Rı | ın  |       |          |     |     |    |
| • P          |            |          |  |      |            |              |      |  | c    | ~     |          | 1 \      |      |       |     |      |      |     |      |     |      | To   | otal | # D | istri | but  | ed  |       |          |     | 2   | 5  |
|              | T          |          |  |      | g. II<br>n | brai         | H H  | a  | 1    | fices | , K10    | osks)    |      |       |     |      |      |     |      |     |      |      |      |     |       |      |     |       |          |     |     |    |
|              |            | Ť        |  | Ť    |            |              |      |  |      |       |          |          |      |       |     |      |      |     |      |     |      |      |      |     |       |      |     |       |          |     |     |    |
|              | d          | j        | .   :  | s    | t          | r            | i    | b  | u    | t     | i        | 0        | n    | s     |     | w    | i    | t   | h    |     |      |      |      |     |       |      |     |       |          |     |     |    |
|              | f          | j        | . :  | s    | h          | i            | n    | g  | /    | d     | 0        | g        |      | 1     | i   | С    | е    | n   | s    | е   | s    |      |      |     |       |      |     |       |          |     |     |    |
| • O          | ther       | :        |  |      |            |              |      |  |      |       |          |          |      |       |     |      |      |     |      |     |      |      |      |     |       |      |     |       |          |     |     |    |
|              | Т          | C        | 7 (  | N    | n          |              | N    | е  | W    | s     | 1        | е        | t    | t     | е   | r    |      |     |      |     |      |      |      |     |       |      |     |       |          |     |     |    |
| • W          | Veb ]      | Pag      | ge:  |      |            | ovid<br>edec |      | pec  | ific | we    | b a      | ddre     | esse | S - 1 | not | hor  | ne p | oag | e. ( | Con | tinu | ie o | n ne | ext | pag   | e if | ado | ditio | onal     | spa | ace | is |
| Г            | _          | -        | t  | р    | :          | /            | /    | W  | w    | W     |          | t        | 0    | w     | n   | 0    | f    | С   | h    | a   | r    | 1    | t    | 0   | n     |      | 0   | r     | g        | /   | s   | i  |
|              | tε         | 2        | s  | /    | С          | h            | a    | r  | 1    | t     | 0        | n        | n    | У     | /   | f    | i    | 1   | е    | s   | /    | u    | р    | 1   | 0     | a    | d   | ន     | /        | 9   | 2   | 7  |
|              | 1 3        | 3        | 8  | -    | n          | 1            | _    | s  | р    | r     | i        | n        | g    | -     | 2   | 0    | 2    | 0   |      | р   | d    | f    |      |     |       |      |     |       |          |     |     |    |
| Ţ            | JRL        |          |  |      |            |              |      |  |      |       |          |          |      | 1     |     |      |      |     |      | 1   |      |      |      |     |       |      |     |       |          |     |     |    |
|              | h t        | -   ·    | t  | р    | :          | /            | /    | W  | W    | W     | •        | s        | a    | r     | a   | t    | 0    | g   | a    | s   | t    | 0    | r    | m   | W     | a    | t   | е     | r        | •   | 0   |    |
|              |            | <b>3</b> | <u>/                                    </u> | ន    | a          |              | a    | <del>                                     </del> | 0    | g     | $\vdash$ | <u>-</u> | С    | 0     | u   |      | t    | У   | -    | r   | е    | s    | i    | d   | е     | n    | t   | s     | <u>-</u> | р   | u   | b  |
|              | 1 :        | i (      | C  | _    | е          | d            | u    | С  | a    | t     | i        | 0        | n    | •     | h   | t    | m    |     |      |     |      |      |      |     |       |      |     |       |          |     |     |    |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name       | of M         | 1S4/ | Coa  | ılitio | on_T     | OW       | N OI  | F CL. | IFTC | )N P | ARK  | -        |       |     |      |       |      |          |     |      |      |      | N            | Y     | R      | 2   | 0     | A    | 0    | 3      | 5  |
|------------|--------------|------|------|--------|----------|----------|-------|-------|------|------|------|----------|-------|-----|------|-------|------|----------|-----|------|------|------|--------------|-------|--------|-----|-------|------|------|--------|----|
| 3. V       | Wha          |      |      | _      |          |          | -     |       |      |      |      |          |       |     | e to | a a c | chie | eve      | edi | uca  | tio  | n a  | nd           | out   | trea   | ach | go    | als  | du   | rin    | ıg |
| $\circ$ Co | nstr         | ucti | on   | Site   | Op       | era      | itors | s Tı  | ain  | ed   |      |          |       |     |      |       |      |          |     |      |      |      | #            | # Tr  | aine   | ed  |       |      |      |        |    |
| O Di       | rect         | Ma   | ilin | gs     |          |          |       |       |      |      |      |          |       |     |      |       |      |          |     |      |      |      | #            | Ma    | iling  | gs  |       |      |      |        |    |
| • Ki       | osks         | or   | Oth  | er l   | Disp     | olay     | /S    |       |      |      |      |          |       |     |      |       |      |          |     |      |      |      | # I          | Loca  | atio   | ns  |       |      |      |        | 1  |
| O Li       | st-Se        | erve | S    |        |          |          |       |       |      |      |      |          |       |     |      |       |      |          |     |      |      |      |              | # I   | n Li   | st  |       |      |      |        |    |
| $\circ$ M  | ailin        | g L  | ist  |        |          |          |       |       |      |      |      |          |       |     |      |       |      |          |     |      |      |      |              | # I   | n Li   | st  |       |      |      |        |    |
| $\circ$ Ne | ewsp         | ape  | r A  | ds o   | or A     | rtic     | cles  |       |      |      |      |          |       |     |      |       |      |          |     |      |      |      | # I          | Day   | s Ru   | ın  |       |      |      |        |    |
| ○ Pu       | blic         | Ev   | ents | s/Pr   | eser     | ıtat     | ions  | 5     |      |      |      |          |       |     |      |       |      |          |     |      |      |      | # <i>F</i>   | Atte  | nde    | es  |       |      |      |        |    |
| ○ Sc       | hool         | Pro  | ogra | am     |          |          |       |       |      |      |      |          |       |     |      |       |      |          |     |      |      |      | # <i>P</i>   | Atte  | nde    | es  |       |      |      |        |    |
| O TV       | / Sp         | ot/P | rog  | ran    | 1        |          |       |       |      |      |      |          |       |     |      |       |      |          |     |      |      |      | # I          | Day   | s Ru   | ın  |       |      |      |        |    |
| • Pr       | Loca         |      | s (e | .g. 1  | ibrar    |          | tow   | n off |      |      | sks) |          |       | _   |      |       |      |          |     | _    | То   | otal | # <b>D</b> i | istri | bute   | ed  |       |      | 5    | 4      | 1  |
|            | В            | u    | i    | 1      | d        | i        | n     | g     | /    |      | е    | V        | e     | 1   | 0    | р     | m    | e        | n   | t    |      |      |              |       |        |     |       |      |      |        |    |
|            | D            | е    | р    | a      | r        | t        | m     | е     | n    | t    |      |          |       |     |      |       | _    | <u> </u> |     |      |      |      |              |       |        |     |       |      |      |        |    |
|            |              |      |      |        |          |          |       |       |      |      | 1    | <u> </u> | 1     |     |      |       | _    | +        |     |      |      |      |              |       |        |     |       |      |      |        |    |
| O Ot       | L<br>her:    |      |      |        |          |          |       |       |      |      |      |          |       |     |      |       |      |          |     |      |      |      |              |       |        |     |       |      |      |        |    |
|            |              |      |      |        |          |          |       |       |      |      |      |          |       |     |      |       |      |          |     |      |      |      |              |       |        |     |       |      |      |        |    |
| ● W        | eb P         | age  | :    |        | ovid     |          | pec   | ific  | wel  | b ac | ldre | sse      | S - 1 | not | hor  | ne p  | oage | e. (     | Con | tinu | ie o | n ne | ext j        | pag   | e if   | ado | litio | onal | l sp | ace    | is |
| ŀ          | ı t          | t    | р    | :      | /        | /        | W     | W     | W    |      | s    | а        | r     | a   | t    | 0     | g    | a        | s   | t    | 0    | r    | m            | W     | a      | t   | е     | r    | •    | 0      | r  |
| 9          | g /          | s    | a    | r      | a        | t        | 0     | g     | a    | -    | С    | 0        | u     | n   | t    | У     | _    | r        | е   | s    | i    | d    | е            | n     | t      | s   | ٠     | h    | t    | m      |    |
|            |              |      |      |        |          |          |       |       |      |      |      |          |       |     |      |       |      |          |     |      |      |      |              |       |        |     |       |      |      |        |    |
| UI         |              |      | 1    |        | ,        | ,        | 1     |       |      |      |      |          |       |     | _    |       |      |          |     |      |      |      |              |       | _      | _   |       |      |      |        |    |
| ŀ          | <del> </del> | +    | p    | :      | <u> </u> | <u> </u> | W     | W     | W    | •    | S    | a        | r     | a   | t    | 0     | g    | a        | s   | t    | 0    | r    | m            | W     | a<br>₊ | t   | е     | r    | ٠    | 0      | r  |
|            | 3   /        | s    | a    | r      | a        | t        | 0     | a     | a    | _    | С    | 0        | u     | n   | t    | У     | _    | С        | 0   | n    | t    | r    | a            | С     | t      | 0   | r     | s    | _    | d<br>— | е  |
| L          |              |      |      |        |          |          |       |       |      |      |      |          |       |     |      |       |      |          |     |      |      |      |              |       |        |     |       |      |      |        |    |

# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

| Name  | of M         | <b>1</b> S4/ | 'Coa  | litic      | n I          | ow    | n c  | of C | iree  | enfi | eld  |     |              |     |      |      |     |      |     |      |      |      | N          | Y     | R     | 2   | 0     | А    | 1   | 2   | 3  |
|-------|--------------|--------------|-------|------------|--------------|-------|------|------|-------|------|------|-----|--------------|-----|------|------|-----|------|-----|------|------|------|------------|-------|-------|-----|-------|------|-----|-----|----|
| 3. V  | Vha<br>his 1 |              |       | _          |              |       | -    |      |       |      |      |     |              |     | e to | ac   | hie | ve   | edı | uca  | tio  | n a  | nd         | out   | trea  | ach | go    | als  | du  | rin | g  |
| ○ Cc  | nstr         | ucti         | on S  | Site       | Op           | era   | tors | s Tr | aine  | ed   |      |     |              |     |      |      |     |      |     |      |      |      | 7          | # Tr  | aine  | ed  |       |      |     |     |    |
| O Di  | rect         | Ma           | iling | gs         |              |       |      |      |       |      |      |     |              |     |      |      |     |      |     |      |      |      | #          | Ma    | iling | gs  |       |      |     |     |    |
| ● Ki  | osks         | or           | Oth   | er I       | Disp         | olay  | S    |      |       |      |      |     |              |     |      |      |     |      |     |      |      |      | # ]        | Loca  | atio  | ns  |       |      |     |     | 1  |
| O Lis | st-Se        | rve          | S     |            |              |       |      |      |       |      |      |     |              |     |      |      |     |      |     |      |      |      |            | # I   | n Li  | st  |       |      |     |     |    |
| O Ma  | ailing       | g L          | ist   |            |              |       |      |      |       |      |      |     |              |     |      |      |     |      |     |      |      |      |            | # I   | n Li  | st  |       |      |     |     |    |
| ○ Ne  | wsp          | ape          | r Ao  | ds c       | or A         | rtic  | les  |      |       |      |      |     |              |     |      |      |     |      |     |      |      |      | #]         | Day   | s Rı  | ın  |       |      |     |     |    |
| ○ Pu  | blic         | Ev           | ents  | /Pr        | eser         | ntati | ions | S    |       |      |      |     |              |     |      |      |     |      |     |      |      |      | # 4        | Atte  | nde   | es  |       |      |     |     |    |
| O Sc  | hool         | Pro          | ogra  | ım         |              |       |      |      |       |      |      |     |              |     |      |      |     |      |     |      |      |      | # <i>P</i> | Atte  | nde   | es  |       |      |     |     |    |
| O TV  | Sp.          | ot/P         | rog   | ram        | 1            |       |      |      |       |      |      |     |              |     |      |      |     |      |     |      |      |      | # ]        | Day   | s Rı  | ın  |       |      |     |     |    |
| • Pr  |              |              |       |            |              |       |      | ec.  |       |      |      |     |              |     |      |      |     |      |     |      | То   | otal | # D:       | istri | bute  | ed  |       |      |     | 2   | 0  |
|       | Loca         | otton        |       | g. 11<br>n |              | H     | a    | 1    | lces, | K108 | sks) |     |              |     |      |      |     |      |     |      |      |      |            |       |       |     |       |      |     |     |    |
|       |              |              |       |            |              |       |      |      |       |      |      |     |              |     |      |      |     |      |     |      |      |      |            |       |       |     |       |      |     |     |    |
|       |              |              |       |            |              |       |      |      |       |      |      |     |              |     |      |      |     |      |     |      |      |      |            |       |       |     |       |      |     |     |    |
|       |              |              |       |            |              |       |      |      |       |      | 1    |     |              |     | i    |      | i   |      |     |      |      |      |            |       |       |     |       |      |     |     |    |
| O Ot  | her:         |              |       |            |              |       |      |      |       |      |      |     |              |     |      |      |     |      |     | _    |      |      |            |       |       |     |       |      |     |     |    |
|       |              |              |       |            |              |       |      |      |       |      |      |     |              |     |      |      |     |      |     |      |      |      |            |       |       |     |       |      |     |     |    |
| • W   |              | age          |       |            | ovid<br>edec | -     | peci | ific | wel   | ad   | dre  | sse | s <b>-</b> 1 | not | hon  | ne p | age | e. C | Con | tinu | e oı | n ne | ext j      | pag   | e if  | ado | ditio | onal | spa | ace | is |
| W UI  |              | W            |       | t          | 0            | W     | n    | 0    | f     | g    | r    | е   | е            | n   | f    | i    | е   | 1    | d   |      | С    | 0    | m          | /     | d     | е   | р     | a    | r   | t   | m  |
| E     | n            | t            | s     | /          | m            | s     | 4    | -    | s     | t    | 0    | r   | m            | W   | a    | t    | е   | r    | -   | m    | a    | n    | a          | g     | е     | m   | е     | n    | t   |     | h  |
| t     | m            | 1            |       |            |              |       |      |      |       |      |      |     |              |     |      |      |     |      |     |      |      |      |            |       |       |     |       |      |     |     |    |
| UI    | EL_          |              |       |            |              |       |      |      |       |      |      |     |              |     |      |      |     |      |     |      |      |      |            |       |       |     |       |      |     |     |    |
| ŀ     | ı t          | t            | р     | :          | /            | /     | W    | W    | w     | •    | s    | a   | r            | a   | t    | 0    | g   | a    | s   | t    | 0    | r    | m          | W     | a     | t   | е     | r    | •   | 0   | r  |
| 2     | ı /          | s            | a     | r          | a            | t     | 0    | g    | a     | -    | С    | 0   | u            | n   | t    | У    | -   | С    | 0   | n    | t    | r    | a          | С     | t     | 0   | r     | s    | -   | d   | е  |
|       |              |              |       |            |              |       |      |      |       |      |      |     |              |     |      |      |     |      |     |      |      |      |            |       |       |     |       |      |     |     |    |

# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| Name       | of M         | S4/  | Coa   | litio | on ]     | Γov    | vn ( | of I  | Half | mc         | on   |      |              |     |      |      |      |      |     |      |       |      | N     | Y        | R    | 2   | 0     | А      | 3    | 7    | 5  |
|------------|--------------|------|-------|-------|----------|--------|------|-------|------|------------|------|------|--------------|-----|------|------|------|------|-----|------|-------|------|-------|----------|------|-----|-------|--------|------|------|----|
| 3. V       | Vha<br>his 1 |      |       | _     |          |        | -    |       |      |            |      |      |              |     | e to | o ac | chie | eve  | edi | uca  | tio   | n a  | nd o  | out      | rea  | ıch | go    | als    | du   | ırin | ıg |
| ○ Co       | nstrı        | ıcti | on S  | Site  | Op       | era    | tors | s Tı  | ain  | ed         |      |      |              |     |      |      |      |      |     |      |       |      | #     | Tra      | aine | ed  |       |        |      |      |    |
| O Di       | ect          | Ma   | iling | gs    |          |        |      |       |      |            |      |      |              |     |      |      |      |      |     |      |       |      | # 1   | Mai      | ling | gs  |       |        |      |      |    |
| • Kio      | osks         | or ( | Oth   | er l  | Disp     | olay   | /S   |       |      |            |      |      |              |     |      |      |      |      |     |      |       |      | # L   | oca      | tior | ıs  |       |        |      |      | 1  |
| ○ Lis      | t-Se         | rves | S     |       |          |        |      |       |      |            |      |      |              |     |      |      |      |      |     |      |       |      |       | # In     | ı Li | st  |       |        |      |      |    |
| ○ Ma       | iling        | g Li | st    |       |          |        |      |       |      |            |      |      |              |     |      |      |      |      |     |      |       |      |       | # In     | ı Li | st  |       |        |      |      |    |
| ○ Ne       | wspa         | apei | · Ac  | ds c  | or A     | rtic   | eles |       |      |            |      |      |              |     |      |      |      |      |     |      |       |      | # D   | ays      | s Ru | ın  |       |        |      |      |    |
| ○ Pu       | blic         | Eve  | ents  | /Pr   | esei     | ntat   | ions | S     |      |            |      |      |              |     |      |      |      |      |     |      |       |      | # A   | tter     | nde  | es  |       |        |      |      |    |
|            | nool         | Pro  | gra   | m     |          |        |      |       |      |            |      |      |              |     |      |      |      |      |     |      |       |      | # A   | tter     | nde  | es  |       |        |      |      |    |
| $\circ$ TV | Spo          | ot/P | rog   | ran   | 1        |        |      |       |      |            |      |      |              |     |      |      |      |      |     |      |       |      | # D   | ays      | s Ru | ın  |       |        |      |      |    |
| • Pri      |              |      |       |       |          |        |      | 0     |      |            |      |      |              |     |      |      |      |      |     |      | То    | otal | # Dis | stril    | bute | ed  |       |        |      |      |    |
|            | Loca         | a    | s (e. | _     | m        | nes,   | tow  | n off | ices | , кіс<br>Т |      | w    | n            |     | Н    | a    | 1    | 1    |     |      |       |      |       |          |      |     |       |        |      |      |    |
|            |              |      |       |       |          |        |      |       |      |            |      |      |              |     |      |      |      |      |     |      |       |      |       |          |      |     |       |        |      |      |    |
|            |              |      |       |       |          |        |      |       |      |            |      |      |              |     |      |      |      |      |     |      |       |      |       |          |      |     |       |        |      |      |    |
|            |              |      |       |       |          |        |      |       |      |            |      |      |              |     |      |      |      |      |     |      |       |      |       |          |      |     |       |        |      |      |    |
| • Otl      | her:         |      |       |       |          |        |      |       |      |            |      |      |              |     |      |      |      |      |     |      |       |      |       |          |      |     |       |        |      |      |    |
|            | А            | р    | р     | 1     | i        | С      | a    | t     | i    | 0          | n    |      | h            | a   | n    | d    | 0    | u    | t   | s    |       |      |       |          |      |     |       |        |      |      |    |
| • We       | eb Pa        | age: |       |       |          |        | pec  | ific  | we   | b ac       | ddre | esse | <b>s</b> - 1 | not | hor  | ne p | oag  | e. ( | Con | tinu | ie oi | n ne | ext p | age      | e if | ado | litic | onal   | l sp | ace  | is |
| UR         |              | Ι.   |       | nee   | edeo     | 1.<br> |      |       |      |            |      |      |              |     | l .  |      |      |      |     | l .  |       |      |       |          |      | .   |       | $\neg$ |      |      |    |
| h          | +,           | t    | р     | :     | <u>/</u> | /      | W    | W     | W    | •          | s    | a    | r            | a   | t    | 0    | g    | a    | s   | t    | 0     | r    | +     | $\dashv$ | a    | t   | е     | r      |      | 0    | r  |
| 9          | /            | s    | a     | r     | a        | t      | 0    | g     | a    | <u> </u>   | C    | 0    | u            | n   | t    | У    | -    | r    | е   | s    | i     | d    | е     | n        | t    | s   | •     | h      | t    | m    |    |
|            |              |      |       |       |          |        |      |       |      |            |      |      |              |     |      |      |      |      |     |      |       |      |       |          |      |     |       |        |      |      |    |
| UR<br>h    |              | t    | р     | :     | /        | /      | w    | W     | w    |            | s    | а    | r            | а   | t    | 0    | g    | а    | s   | t    | 0     | r    | m     | w        | a    | t   | е     | r      | •    | 0    | r  |
| 9          | . /          | s    | a     | r     | a        | t      | 0    | g     | a    | -          | С    | 0    | u            | n   | t    | У    | -    | С    | 0   | n    | t     | r    | a     | С        | t    | 0   | r     | s      | _    | d    | е  |
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|            | •            |      | -     |       | -        |        | -    | •     | •    |            | -    |      |              |     |      | •    |      | •    |     | -    |       |      |       |          |      |     |       |        |      |      |    |

# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name        | of M       | 1S4        | /Coa  | alitio | n            | ΟV    | vn   | of    | M    | alta       | a    |      |              |     |      |      |      |      |     |      |      |      | N            | Y     | R     | 2   | 0     | А    | 0   | 8        | 6  |
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| 3. V        | Wha<br>his |            |       | _      |              |       | -    |       |      |            |      |      |              |     | e to | ac   | chie | eve  | edı | uca  | tio  | n a  | nd           | out   | trea  | ach | go    | als  | du  | rin      | g  |
| ● Co        | nstr       | ucti       | ion   | Site   | Op           | era   | tors | s Tr  | ain  | ed         |      |      |              |     |      |      |      |      |     |      |      |      | #            | # Tr  | aine  | ed  |       |      |     | 1        | 7  |
| <b>●</b> Di | rect       | Ma         | ilin  | gs     |              |       |      |       |      |            |      |      |              |     |      |      |      |      |     |      |      |      | #            | Ma    | iling | gs  |       |      |     |          | 1  |
| ● Ki        | osks       | or         | Oth   | ner I  | Disp         | olay  | 'S   |       |      |            |      |      |              |     |      |      |      |      |     |      |      |      | # I          | Loca  | atio  | ns  |       |      |     |          | 1  |
| O Li        | st-Se      | erve       | s     |        |              |       |      |       |      |            |      |      |              |     |      |      |      |      |     |      |      |      |              | # I   | n Li  | st  |       |      |     |          |    |
| $\circ$ M   | ailin      | g L        | ist   |        |              |       |      |       |      |            |      |      |              |     |      |      |      |      |     |      |      |      |              | # I   | n Li  | st  |       |      |     |          |    |
| O Ne        | wsp        | ape        | r A   | ds c   | or A         | rtic  | eles |       |      |            |      |      |              |     |      |      |      |      |     |      |      |      | # I          | Day   | s Ru  | ın  |       |      |     |          |    |
| ○ Pu        | blic       | Ev         | ents  | s/Pr   | eser         | ntati | ions | S     |      |            |      |      |              |     |      |      |      |      |     |      |      |      | # /          | Atte  | nde   | es  |       |      |     |          |    |
| ○ Sc        | hool       | Pr         | ogra  | am     |              |       |      |       |      |            |      |      |              |     |      |      |      |      |     |      |      |      | # <i>P</i>   | Atte  | nde   | es  |       |      |     |          |    |
| O TV        | / Sp       | ot/F       | Prog  | gram   | ı            |       |      |       |      |            |      |      |              |     |      |      |      |      |     |      |      |      | # I          | Day:  | s Ru  | ın  |       |      |     |          |    |
| • Pr        |            |            |       |        |              |       |      | C     |      |            |      |      |              |     |      |      |      |      |     |      | То   | otal | # <b>D</b> i | istri | bute  | ed  |       |      |     |          |    |
|             | B          | ation<br>u | ıs (e | .g. li | d            |       | n    | n off | ices | , kio<br>D | T    | р    | a            | r   | t    | m    | е    | n    | t   |      |      |      |              |       |       |     |       |      |     |          |    |
|             | Т          | 0          | w     | n      |              | С     | 1    |       | r    | k          |      |      |              |     |      |      |      |      | Ħ   |      |      |      |              |       |       |     |       |      |     |          |    |
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| ○ Ot        | her:       |            |       |        |              |       |      |       |      |            |      |      |              |     |      |      |      |      |     | _    |      |      |              |       |       |     |       |      |     |          |    |
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| • W         |            | age        | :     |        | ovid<br>edec |       | peci | ific  | we   | b ac       | ldre | esse | <b>s -</b> 1 | not | hon  | ne p | oago | e. ( | Con | tinu | ie o | n ne | ext j        | pag   | e if  | ado | ditio | onal | spa | ace      | is |
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| ľ           | · -        | m          | a     | n      | a            | g     | е    | m     | е    | n          | t    |      |              |     |      |      |      |      |     |      |      |      |              |       |       |     |       |      |     |          |    |
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| UI          | RL         |            |       |        |              |       |      |       |      |            |      |      |              |     |      |      |      |      |     |      |      |      |              | · ·   |       |     |       |      |     | <u>'</u> |    |
| ŀ           | ı t        | t          | р     | :      | /            | /     | W    | W     | w    |            | s    | a    | r            | a   | t    | 0    | g    | a    |     | s    | t    | 0    | r            | m     | W     | a   | t     | е    | r   | •        | 0  |
| 1           | a g        | /          | r     | е      | s            | i     | d    | е     | n    | t          | s    | -    | р            | u   | b    | 1    | i    | С    | -   | е    | d    | u    | С            | a     | t     | i   | 0     | n    | •   | h        | t  |
| n           | n          |            |       |        |              |       |      |       |      |            |      |      |              |     |      |      |      |      |     |      |      |      |              |       |       |     |       |      |     |          |    |

# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| Name  | of M         | IS4/      | 'Coa      | litic  | on C       | ity c      | of Me | echar | icvil | le         |      |      |       |     |      |      |      |      |     |      |     |      | N   | Y     | R    | 2   | 0     | A    | 5     | 5   | 1  |
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| 3. V  | Vha<br>his 1 |           |           | _      |            |            | •     |       |       |            |      |      |       |     | e to | ac   | hie  | eve  | edı | ıca  | tio | n a  | nd  | out   | trea | ach | go    | als  | du    | rin | ıg |
| ○ Co  | nstr         | ucti      | on S      | Site   | Op         | era        | tors  | s Tı  | ain   | ed         |      |      |       |     |      |      |      |      |     |      |     |      | i   | # Tr  | aine | ed  |       |      |       |     |    |
| • Di  | rect         | Ma        | ilin      | gs     |            |            |       |       |       |            |      |      |       |     |      |      |      |      |     |      |     |      | #   | Ma    | ilin | gs  |       |      |       |     | 1  |
| • Ki  | osks         | or        | Oth       | er I   | Disp       | olay       | /S    |       |       |            |      |      |       |     |      |      |      |      |     |      |     |      | #]  | Loca  | atio | ns  |       |      |       |     | 3  |
| O Lis | st-Se        | rve       | S         |        |            |            |       |       |       |            |      |      |       |     |      |      |      |      |     |      |     |      |     | # I   | n Li | ist |       |      |       |     |    |
| O Ma  | ailing       | g Li      | ist       |        |            |            |       |       |       |            |      |      |       |     |      |      |      |      |     |      |     |      |     | # I   | n Li | ist |       |      |       |     |    |
| ○ Ne  | wsp          | ape       | r A       | ds c   | or A       | rtic       | eles  |       |       |            |      |      |       |     |      |      |      |      |     |      |     |      | #]  | Day   | s Rı | ın  |       |      |       |     |    |
| ○ Pu  | blic         | Ev        | ents      | /Pr    | eser       | ıtat       | ions  | 5     |       |            |      |      |       |     |      |      |      |      |     |      |     |      | # 1 | Atte  | nde  | es  |       |      |       |     |    |
|       | hool         | Pro       | ogra      | ım     |            |            |       |       |       |            |      |      |       |     |      |      |      |      |     |      |     |      | # 1 | Atte  | nde  | es  |       |      |       |     |    |
| O TV  | / Sp         | ot/P      | rog       | ran    | 1          |            |       |       |       |            |      |      |       |     |      |      |      |      |     |      |     |      | #]  | Day   | s Rı | ın  |       |      |       |     |    |
| • Pri |              |           |           |        |            |            |       |       |       |            |      |      |       |     |      |      |      |      |     |      | To  | otal | # D | istri | bute | ed  |       |      |       |     |    |
|       | Loca         | tion<br>P | s (e<br>W | .g. li | ibrar<br>O | ries,<br>f | fow   | n off | cices | , kio<br>e | sks) |      |       |     |      |      |      |      |     |      |     |      |     |       |      |     |       |      |       |     |    |
|       | С            | i         | t         | У      |            | Н          | a     | 1     | 1     |            |      |      |       |     |      |      |      |      |     |      |     |      |     |       |      |     |       |      |       |     |    |
|       | С            | t         | У         |        | В          | 1          | d     | g     |       | 5          | 1    |      |       |     |      |      |      |      | +   |      |     |      |     |       |      |     |       |      |       |     |    |
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| • Ot  | her:         |           |           |        |            |            |       |       |       |            |      |      |       |     |      |      |      |      |     |      |     |      |     |       |      |     |       |      |       |     |    |
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| • W   | eb P         | age       |           |        |            |            | pec   | ific  | we    | b ad       | ldre | esse | S - 1 | not | hor  | ne p | oage | e. C | Con | tinu | e o | n ne | ext | pag   | e if | ado | ditio | onal | l spa | ace | is |
| UI    |              | Τ.        |           |        | edeo       | ٦.         |       |       |       |            |      |      |       |     | Ι.   |      |      |      |     |      |     |      |     |       |      |     |       |      |       |     |    |
| lh.   | +,           | t         | +         | :      | <u> </u>   | /          | W     | W     | W     | •          | s    | a    | r     | a   | t    | 0    | g    | a    | s   | t    | 0   | r    | m   | W     | a    | t   | е     | r    |       | 0   | r  |
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| UF    | 21           |           |           |        |            |            |       |       |       |            |      |      |       |     |      |      |      |      |     |      |     |      |     |       |      |     |       |      |       |     |    |
| l:    |              | t         | р         | :      | /          | /          | w     | W     | w     |            | s    | a    | r     | a   | t    | 0    | g    | a    | s   | t    | 0   | r    | m   | w     | а    | t   | е     | r    |       | 0   | r  |
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| Name       | of N         | 1S4,           | /Co        | aliti               | on          | ГОЖ        | /N O     | F M   | ILTC | N           |           |     |     |     |         |     |     |      |      |      |     |      | -   | N          | Y    | R    | 2   | 0  | А   | 1     | 0      | 8 |
| 3. V       | Vha<br>his 1 |                |            | _                   |             |            | -        |       |      |             |           |     |     |     | se t    | o a | chi | eve  | e ed | luc  | ati | on   | an  | ıd (       | out  | tre  | ach | go | als | du    | rin    | g |
| O Co       | nstr         | ucti           | on         | Site                | e O         | pera       | ator     | s T   | rair | ned         |           |     |     |     |         |     |     |      |      |      |     |      |     | #          | Ł Tr | ain  | ed  |    |     |       |        |   |
| O Dir      | ect          | Ma             | ilin       | gs                  |             |            |          |       |      |             |           |     |     |     |         |     |     |      |      |      |     |      |     | #]         | Ma   | ilin | gs  |    |     |       |        |   |
| O Kio      | osks         | or             | Otl        | ner                 | Dis         | pla        | ys       |       |      |             |           |     |     |     |         |     |     |      |      |      |     |      |     | # L        | oca  | atio | ns  |    |     |       |        |   |
| O Lis      | t-Se         | erve           | S          |                     |             |            |          |       |      |             |           |     |     |     |         |     |     |      |      |      |     |      |     |            | # I: | n Li | ist |    |     |       |        |   |
| ○ Ma       | ilin         | g L            | ist        |                     |             |            |          |       |      |             |           |     |     |     |         |     |     |      |      |      |     |      |     |            | # I: | n Li | ist |    |     |       |        |   |
| ○ Ne       | wsp          | ape            | r A        | ds (                | or A        | Arti       | cles     | S     |      |             |           |     |     |     |         |     |     |      |      |      |     |      |     | # Г        | Day  | s Rı | un  |    |     |       |        |   |
| O Pul      | blic         | Ev             | ent        | s/Pr                | ese         | nta        | tion     | IS    |      |             |           |     |     |     |         |     |     |      |      |      |     |      |     | # A        | tte  | nde  | es  |    |     |       |        |   |
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| • Pri      |              |                |            |                     |             |            |          |       | 201  |             |           |     |     |     |         |     |     |      |      |      | ,   | Tota | ıl# | Di         | stri | but  | ed  |    |     |       |        | 0 |
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|            | В            | u              | i          | 1                   | d           | i          | n        | g     |      | D           | е         | р   | t   |     |         |     |     |      |      |      | ]   |      |     |            |      |      |     |    |     |       |        |   |
|            |              |                |            |                     |             |            |          |       |      |             |           |     |     |     |         |     |     |      |      |      |     |      |     |            |      |      |     |    |     |       |        |   |
|            |              |                |            |                     |             |            |          |       |      |             |           |     |     |     |         |     |     |      |      |      |     |      |     |            |      |      |     |    |     |       |        |   |
| O Otl      | her:         |                |            |                     |             |            |          |       |      |             |           |     |     |     |         |     |     |      |      |      | 1   |      |     |            |      |      |     |    |     |       |        |   |
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| We UR      |              | w <sub>W</sub> | w.s        | ne<br>ar <u>a</u> t | ede<br>toga | d.<br>asto | orm      |       |      |             |           |     |     |     |         |     |     |      |      |      |     |      |     |            |      |      |     |    |     | I spa |        |   |
| С          | i            |                |            |                     |             |            |          | e     | s    | -           | p         | u   | b   | 1   | i       | С   | _   | e    | d    | u    | C   | . a  | 1   | t<br>—     | i    | 0    | n   | •  | h   | t     | m<br>— |   |
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This report is being submitted for the reporting period ending March 9, 2 0 2 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

|                  |       |             |            |      |             |            |             |             |             |       |                   |           |                        |            |           |    |     |      |      |      |      |      | È     | 1    | LU.   | 110  |       |      |                   |                   |      |   |
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| Nan              | ne of | MS          | 34/0       | Coal | itio        | T          | OW          | /N          | OF          | M     | OR                | EA        | U                      |            |           |    |     |      |      |      |      |      |       | N    | Y     | R    | 2     | 0    | А                 | 1                 | 5    | 8 |
| 3.               | Wi    | iat<br>s re | str<br>epo | ate  | gie<br>ng j | s d<br>per | id ;<br>iod | you<br>l? ( | ır N<br>Che | 1S4   | <b>4/C</b><br>all | oa<br>tha | l <b>iti</b> d<br>t ap | on<br>oply | use<br>/: | to | acl | niev | ve e | edu  | cat  | ion  | an    | ıd o | out   | rea  | ch    | go   | als               | du                | rinș | 3 |
| • 0              | ons   | truc        | tio        | n S  | ite (       | Эре        | rato        | ors         | Tra         | ine   | d                 |           |                        |            |           |    |     |      |      |      |      |      |       | #    | Tra   | ine  | 4     | 0    | _                 | T                 |      | _ |
| $\circ$ D        | irec  | t M         | Iail       | ings | S           |            |             |             |             |       |                   |           |                        |            |           |    |     |      |      |      |      |      |       |      | Mail  |      |       |      | $\pm$             | $\pm$             | 1    | _ |
| • K              | iosk  | S O         | r O        | the  | r Di        | ispla      | ays         |             |             |       |                   |           |                        |            |           |    |     |      |      |      |      |      |       |      | ocat  |      | L     | 2    | +                 | +                 | +    | _ |
| $\circ$ $\Gamma$ | ist-S | Serv        | es         |      |             |            |             |             |             |       |                   |           |                        |            |           |    |     |      |      |      |      |      |       |      | # In  |      | L     | _    | $\frac{1}{1}$     | $\frac{\perp}{1}$ | +    | = |
| $\circ$ M        | laili | ng l        | List       | t    |             |            |             |             |             |       |                   |           |                        |            |           |    |     |      |      |      |      |      |       |      | # In  |      |       | +    | +                 | +                 | +    | = |
| $\circ$ N        | ews   | pap         | er .       | Ads  | or          | Art        | icle        | es          |             |       |                   |           |                        |            |           |    |     |      |      |      |      |      | i     |      | ays : |      | F     |      | $\pm$             | $\pm$             | +    |   |
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URL

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Village of Round Lake NYR 2 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply: O Construction Site Operators Trained #Trained O Direct Mailings # Mailings Kiosks or Other Displays # Locations List-Serves 250 # In List O Mailing List # In List O Newspaper Ads or Articles # Days Run Public Events/Presentations # Attendees 3 0 O School Program # Attendees O TV Spot/Program # Days Run Printed Materials: Total # Distributed Locations (e.g. libraries, town offices, kiosks) 1 1 a ge H a 1 und 0 L a k L i b e r a r Post office Other: Provide specific web addresses - not home page. Continue on next page if additional space is O Web Page: needed. URL

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## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

Name of MS4/Coalition Saratoga County, Department of Public Works

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

| Construction Site Operators Trained                                 | # Trained           |  |   |
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| Kiosks or Other Displays  | # Locations         |  |   |
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| Mailing List  | # In List           |  | Ī |
| Newspaper Ads or Articles   | # Days Run          |  | Ī |
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| TV Spot/Program   | # Days Run          |  | Ī |
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## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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| 3.  | W<br>thi   |      |      |      | _          |      |       | -     |       |       | <b>S4/</b> (c all |      |      |       |          | e to | ac   | hie         | eve      | edı | ıca    | tioı  | n a  | nd   | out   | tres     | ach | . go  | als  | du       | rin | g  |
| 0 ( | Cons       | stru | ctic | n S  | Site       | Op   | era   | tors  | Tr    | ain   | ed                |      |      |       |          |      |      |             |          |     |        |       |      | #    | #Tr   | aine     | ed  |       |      |          |     | _  |
| O I | Dire       | ct N | ⁄lai | ling | gs         |      |       |       |       |       |                   |      |      |       |          |      |      |             |          |     |        |       |      | #    | Ma    | ilin     | gs  |       |      |          |     |    |
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| O I | _ist-      | Ser  | ves  | ļ.   |            |      |       |       |       |       |                   |      |      |       |          |      |      |             |          |     |        |       |      |      | # I1  | n Li     | ist |       |      |          |     |    |
| • N | ⁄Iail      | ing  | Lis  | st   |            |      |       |       |       |       |                   |      |      |       |          |      |      |             |          |     |        |       |      |      | # I1  | n Li     | ist |       |      |          | 4   | 6  |
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| O F | Publ       | ic I | Eve  | ents | /Pre       | eser | ntati | ions  | ;     |       |                   |      |      |       |          |      |      |             |          |     |        |       |      | # #  | Atte  | nde      | es  |       |      |          |     |    |
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| • F | Print<br>L |      |      |      |            |      | ies.  | towi  | 1 off | ices  | , <b>k</b> io     | sks) |      |       |          |      |      |             |          |     |        | To    | tal  | # D: | istri | bute     | ed  |       |      |          |     |    |
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SPDES ID

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name       | of M       | 1S4/       | 'Coa | litio       | onS        | outh | Glei | ns Fa      | lls |      |           |      |              |     |             |          |             |      |     |           |          |        | N          | Y     | R     | 2   | 0     | А             | 0      | 9   | 1  |
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| 3. V       | Vha<br>his |            |      | _           |            |      | -    |            |     |      |           |      |              |     | e to        | ) ac     | hic         | eve  | edi | uca       | tio      | n a    | nd (       | out   | rea   | ach | go    | als           | du     | rin | ıg |
| ○ Co       | nstr       | ucti       | on S | Site        | Op         | era  | tors | s Tr       | ain | ed   |           |      |              |     |             |          |             |      |     |           |          |        | #          | # Tra | aine  | ed  |       |               |        |     |    |
| • Di       | rect       | Ma         | ilin | gs          |            |      |      |            |     |      |           |      |              |     |             |          |             |      |     |           |          |        | #          | Mai   | iling | gs  |       | 3             | 3      | 3   | 3  |
| • Ki       | osks       | or         | Oth  | er I        | Disp       | olay | /S   |            |     |      |           |      |              |     |             |          |             |      |     |           |          |        | # L        | Loca  | itioi | ıs  |       |               |        |     | 2  |
| ○ Lis      | st-Se      | erve       | S    |             |            |      |      |            |     |      |           |      |              |     |             |          |             |      |     |           |          |        |            | # Iı  | n Li  | st  |       | T             | $\Box$ |     |    |
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| ○ Ne       | wsp        | ape        | r A  | ds c        | or A       | rtic | eles |            |     |      |           |      |              |     |             |          |             |      |     |           |          |        | # I        | Days  | s Ru  | ın  |       |               |        |     |    |
| ○ Pu       | blic       | Ev         | ents | /Pr         | eser       | ntat | ions | S          |     |      |           |      |              |     |             |          |             |      |     |           |          |        | # A        | Attei | nde   | es  |       |               |        |     |    |
|            | hool       | Pro        | ogra | ım          |            |      |      |            |     |      |           |      |              |     |             |          |             |      |     |           |          |        | # <i>A</i> | Attei | nde   | es  |       |               |        |     |    |
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| UF         |            | Τ.         |      | пее         | edeo       | J.   |      |            |     |      |           |      |              |     |             |          |             |      |     |           |          |        |            |       |       |     |       | $\overline{}$ |        |     |    |
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#### MS4 Annual Report Form

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| me   | of N  | 1S4. | /Co  | aliti | on   | Tov   | vn   | of S | Stil  | lwa   | ater      | 6    |      |     |      |     |     |      |     |      |      |      | N   | Y    | R     | 2    | 0    | A    | 5    | 4   | 9  |
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| Coı  | nstr  | ucti | on   | Site  | e O  | pera  | ator | s T  | rair  | ned   |           |      |      |     |      |     |     |      |     |      |      |      |     | # T  | rair  | ied  |      |      |      | 0   |    |
| Dir  | ect   | Ma   | ilin | ıgs   |      |       |      |      |       |       |           |      |      |     |      |     |     |      |     |      |      |      | #   | # Ma | ailir | ıgs  |      |      |      |     |    |
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| Nev  | vsp   | ape  | r A  | ds    | or A | Arti  | cles |      |       |       |           |      |      |     |      |     |     |      |     |      |      |      | #   | Day  | s R   | un   | Ī    |      |      |     | Ī  |
| Pub  | lic   | Ev   | ent  | s/Pr  | ese  | ntat  | ion  | S    |       |       |           |      |      |     |      |     |     |      |     |      |      |      | #   | Atte | ende  | ees  | Ī    |      | 2    | 4   | 3  |
| Sch  | ool   | Pro  | ogra | am    |      |       |      |      |       |       |           |      |      |     |      |     |     |      |     |      |      |      | #.  | Atte | ende  | ees  |      |      |      |     |    |
| TV   | Spe   | ot/F | rog  | gran  | n    |       |      |      |       |       |           |      |      |     |      |     |     |      |     |      |      |      | #   | Day  | s R   | un   |      | F    | Ħ    |     | Г  |
| Prir |       |      |      |       |      | ries. | tow  | n of | fices | , kie | osks)     |      |      |     |      |     |     |      |     |      | Т    | otal | # D | istr | ibut  | ed   |      |      |      | 2   | 9  |
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MS4 Annual Report Form

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## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| Name       | of M         | S4/    | Coa    | litic  | on_T         | `own | of V | Vater | ford |          |      |      |       |     |      |      |      |      |               |      |     |      | N     | Y     | R    | 2   | 0     | А    | 0    | 3    | 7  |
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| 3. V       | Vha<br>his 1 |        |        |        |              |      |      |       |      |          |      |      |       |     | e to | ) ac | hie  | eve  | edı           | ıca  | tio | n a  | nd    | out   | tre  | ach | go    | als  | du   | ırin | ıg |
| O Co       | nstrı        | icti   | on S   | Site   | Op           | era  | tors | s Tı  | rain | ed       |      |      |       |     |      |      |      |      |               |      |     |      | i     | #Tr   | ain  | ed  |       |      |      |      |    |
| O Dir      | ect          | Ma     | ilinį  | gs     |              |      |      |       |      |          |      |      |       |     |      |      |      |      |               |      |     |      | #     | Ma    | ilin | gs  |       |      |      |      |    |
| • Kio      | osks         | or (   | Oth    | er I   | Disp         | olay | /S   |       |      |          |      |      |       |     |      |      |      |      |               |      |     |      | #]    | Loca  | atio | ns  |       |      |      |      | 2  |
| O Lis      | t-Se         | rves   | S      |        |              |      |      |       |      |          |      |      |       |     |      |      |      |      |               |      |     |      |       | # I   | n Li | ist |       |      |      |      |    |
| ○ Ma       | iling        | g Li   | st     |        |              |      |      |       |      |          |      |      |       |     |      |      |      |      |               |      |     |      |       | # I   | n Li | ist |       |      |      |      |    |
| ○ Ne       | wspa         | ipei   | r Ao   | ds c   | or A         | rtic | eles |       |      |          |      |      |       |     |      |      |      |      |               |      |     |      | #]    | Day   | s Rı | ın  |       |      |      |      |    |
| O Pul      | blic         | Eve    | ents   | /Pr    | esei         | ıtat | ions | S     |      |          |      |      |       |     |      |      |      |      |               |      |     |      | # 1   | Atte  | nde  | es  |       |      |      |      |    |
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| • Pri      | Loca         | tion   | s (e.  | .g. li |              |      |      |       |      | , kic    | sks) |      |       |     |      |      |      |      |               |      | To  | otal | # D   | istri | but  | ed  |       |      |      |      | 0  |
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| O Otl      | l<br>ner:    |        |        |        |              |      |      |       |      |          |      |      |       |     |      |      |      |      |               |      |     |      |       |       |      |     |       |      |      |      |    |
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| ● We       |              | age:   |        |        | ovid<br>edec |      | pec  | ific  | we   | b ac     | ddre | esse | S - 1 | not | hor  | ne p | oago | e. ( | Con           | tinu | e o | n ne | ext j | pag   | e if | ado | ditio | onal | l sp | ace  | is |
| h          | . t          | t      | р      | :      | /            | /    | W    | W     | W    |          | s    | a    | r     | a   | t    | 0    | g    | a    | s             | t    | 0   | r    | m     | W     | a    | t   | е     | r    | •    | 0    | r  |
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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| 3. V       | Wha<br>this |        |       |        |              |       |      |       |       |      |               |     |       |       | e to | ac            | hie      | eve      | edı           | ıca      | tio    | n a  | nd           | out   | trea  | ach           | go    | als  | du  | rin | ıg |
| ○ Co       | onstr       | ucti   | on S  | Site   | Op           | era   | tors | s Tr  | ain   | ed   |               |     |       |       |      |               |          |          |               |          |        |      | 7            | # Tr  | aine  | ed            |       |      |     |     |    |
| O Di       | rect        | Ma     | ilin  | gs     |              |       |      |       |       |      |               |     |       |       |      |               |          |          |               |          |        |      | #            | Ma    | iling | gs            |       |      |     |     |    |
| ● Ki       | osks        | or     | Oth   | er I   | Disp         | olay  | 'S   |       |       |      |               |     |       |       |      |               |          |          |               |          |        |      | #]           | Loca  | atio  | ns            |       |      |     |     |    |
| ○ Li       | st-Se       | erve   | s     |        |              |       |      |       |       |      |               |     |       |       |      |               |          |          |               |          |        |      |              | # I:  | n Li  | ist           |       |      |     |     |    |
| $\circ$ M  | ailin       | g L    | ist   |        |              |       |      |       |       |      |               |     |       |       |      |               |          |          |               |          |        |      |              | # I   | n Li  | ist           |       |      |     |     |    |
| O Ne       | ewsp        | ape    | r A   | ds c   | or A         | rtic  | eles |       |       |      |               |     |       |       |      |               |          |          |               |          |        |      | # ]          | Day   | s Rı  | ın            |       |      |     |     |    |
| ○ Pu       | ıblic       | Ev     | ents  | s/Pr   | eser         | ntat  | ions | S     |       |      |               |     |       |       |      |               |          |          |               |          |        |      | # 1          | Atte  | nde   | es            |       |      |     |     |    |
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| ● Pr       | Loca        | ation  | ıs (e | .g. li |              | ries, | towi | n off | ices, |      |               |     |       |       |      |               |          |          |               |          | To     | otal | # <b>D</b> : | istri | bute  | ed            |       |      |     |     |    |
|            | V           | i      | 1     | 1      | а            | g     | е    |       | H     | a    | 1             | 1   |       |       |      |               |          |          | 1             |          |        |      |              |       |       |               |       |      |     |     |    |
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| O Ot       | L<br>her:   |        |       |        |              |       |      |       |       |      |               |     |       |       |      |               |          |          |               |          |        |      |              |       |       |               |       |      |     |     |    |
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| ● W        | eb P        | age    | :     |        | ovid<br>edec |       | peci | ific  | wel   | o ad | ldre          | sse | S - 1 | not   | hon  | ne p          | age      | e. (     | Con           | tinu     | e o    | n ne | ext j        | pag   | e if  | ado           | ditio | onal | spa | ace | is |
| ŀ          | ı t         | t      | р     | :      | /            | /     | w    | w     | w     | •    | s             | a   | r     | a     | t    | 0             | g        | a        | s             | t        | 0      | r    | m            | W     | a     | t             | е     | r    |     | 0   | r  |
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|            |             |        |       |        |              |       |      |       |       |      |               |     |       |       |      |               |          |          |               |          |        |      |              |       |       |               |       |      |     |     |    |
| Γ.         | RL .        | 1.     | 1     |        | ,            | ,     |      |       |       |      |               |     |       |       |      |               |          |          |               |          |        |      |              |       |       |               |       |      |     |     |    |
| l l        |             | t<br>/ | +     | :      | <u> </u>     |       | W    | W     | W     |      | S             | a   | r     | a<br> | t    | 0             | <u>:</u> | a        | •             | S        | t<br>— | 0    | r            | m     | W     | а<br><u>.</u> | t     | e    | r   |     | 0  |
| F          | -   g       | /      | r     | е      | s            | 1     | d    | e     | n     | t    | s             | -   | р     | u     | b    | 1             | i        | С        | -             | е        | d      | u    | С            | a     | t     | 1             | 0     | n    | •   | h   | t  |
| n          | II .        |        |       |        |              |       |      |       |       |      |               |     |       |       |      |               |          |          |               |          |        |      |              |       |       |               |       |      |     |     |    |

#### Year 18/2020-2021 Combined MS4 Annual Report

## **MS4 Annual Report Form**

| This report is being submitted for the reporting period ending March 9, 2 | 0 | 2 | 1 |
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|            |              |        |       |       |              |        |      |       |      |       |       |      |              |     |      |      |      |      |     | _         |       |      | SPE        | DES   | ID    |     |       |      |    |      |    |
|------------|--------------|--------|-------|-------|--------------|--------|------|-------|------|-------|-------|------|--------------|-----|------|------|------|------|-----|-----------|-------|------|------------|-------|-------|-----|-------|------|----|------|----|
| Name       | of M         | 1S4/   | Coa   | litio | on ]         | ow     | vn ( | of V  | Vilt | on    |       |      |              |     |      |      |      |      |     |           |       |      | N          | Y     | R     | 2   | 0     | А    | 1  | 1    | 4  |
| 3. V       | Wha<br>this  |        |       | _     |              |        | -    |       |      |       |       |      |              |     | e to | ) ac | hie  | eve  | edı | uca       | tio   | n a  | nd         | out   | trea  | ach | go    | als  | du | ırin | ıg |
| $\circ$ Co | onstr        | ucti   | on S  | Site  | Op           | era    | tors | s Tı  | ain  | ed    |       |      |              |     |      |      |      |      |     |           |       |      | 7          | # Tr  | aine  | ed  |       |      |    |      |    |
| O Di       | rect         | Ma     | iling | gs    |              |        |      |       |      |       |       |      |              |     |      |      |      |      |     |           |       |      | #          | Ma    | iling | gs  |       |      |    |      |    |
| ● Ki       | osks         | or     | Oth   | er I  | Disp         | olay   | 'S   |       |      |       |       |      |              |     |      |      |      |      |     |           |       |      | # ]        | Loca  | atio  | ns  |       |      |    |      | 1  |
| O Li       | st-Se        | rve    | S     |       |              |        |      |       |      |       |       |      |              |     |      |      |      |      |     |           |       |      |            | # I   | n Li  | ist |       |      |    |      |    |
| • M        | ailin        | g Li   | ist   |       |              |        |      |       |      |       |       |      |              |     |      |      |      |      |     |           |       |      |            | # I   | n Li  | ist |       |      | 5  | 5    | 3  |
| $\circ$ Ne | ewsp         | ape    | r A   | ds c  | or A         | rtic   | eles |       |      |       |       |      |              |     |      |      |      |      |     |           |       |      | # ]        | Day   | s Rı  | ın  |       |      |    |      |    |
| ○ Pu       | ıblic        | Ev     | ents  | /Pr   | eser         | ıtat   | ions | S     |      |       |       |      |              |     |      |      |      |      |     |           |       |      | # 1        | Atte  | nde   | es  |       |      |    |      |    |
| $\circ$ Sc | hool         | Pro    | ogra  | ım    |              |        |      |       |      |       |       |      |              |     |      |      |      |      |     |           |       |      | # <i>E</i> | Atte  | nde   | es  |       |      |    |      |    |
| $\circ$ TV | V Sp         | ot/P   | rog   | ran   | ı            |        |      |       |      |       |       |      |              |     |      |      |      |      |     |           |       |      | # ]        | Day   | s Rı  | ın  |       |      |    |      |    |
| • Pr       |              |        |       |       |              | i.aa   | t 0  | n off |      | 1-i o | a1-a) |      |              |     |      |      |      |      |     |           | Т     | otal | # D        | istri | bute  | ed  |       |      |    |      | 7  |
|            | Loca         | 0      |       | n     |              | H H    | a    | 1     | 1    | , KIO | SKS)  |      |              |     |      |      |      |      |     |           |       |      |            |       |       |     |       |      |    |      |    |
|            |              |        |       |       |              |        |      |       |      |       |       |      |              |     |      |      |      |      |     | ī         |       |      |            |       |       |     |       |      |    |      |    |
|            |              |        |       |       |              |        |      |       |      |       |       |      |              |     |      |      |      |      |     | $\exists$ |       |      |            |       |       |     |       |      |    |      |    |
|            |              |        |       |       |              |        |      |       |      |       |       |      |              |     |      |      |      |      |     | ī         |       |      |            |       |       |     |       |      |    |      |    |
| O Ot       | her:         |        |       |       |              |        |      |       |      |       |       |      |              |     |      |      |      |      |     | _         |       |      |            |       |       |     |       |      |    |      |    |
|            |              |        |       |       |              |        |      |       |      |       |       |      |              |     |      |      |      |      |     |           |       |      |            |       |       |     |       |      |    |      |    |
| • W        | eb P         | age    | :     |       | ovid<br>edec |        | peci | ific  | wel  | b ac  | ldre  | esse | s <b>-</b> 1 | not | hon  | ne p | oago | e. ( | Con | tinu      | ie oi | n ne | ext j      | pag   | e if  | ado | ditic | onal | sp | ace  | is |
| ŀ          | ı t          | t      | р     | :     | /            | /      | w    | W     | W    |       | s     | a    | r            | a   | t    | 0    | g    | a    | s   | t         | 0     | r    | m          | w     | a     | t   | е     | r    | •  | 0    | r  |
| S          | 7            | s      | а     | r     | а            | t      | 0    | g     | a    | -     | С     | 0    | u            | n   | t    | У    | -    | r    | е   | s         | i     | d    | е          | n     | t     | s   |       | h    | t  | m    |    |
|            |              |        |       |       |              |        |      |       |      |       |       |      |              |     |      |      |      |      |     |           |       |      |            |       |       |     |       | Ш    |    |      |    |
|            | RL .         |        |       |       | ,            | ,      |      |       |      |       |       |      |              |     |      |      |      |      |     |           |       |      |            |       |       |     |       |      |    |      |    |
| ŀ          | <del> </del> |        | р     | :     | /            | /      | W    | W     | W    | •     | S     | a    | r            | a   | t    | 0    | g    | a    | s   | t         | 0     | r    | m          | W     | a     | t   | e     | r    | •  | 0    | r  |
| 5          |              | s<br>1 | a     | r     | a            | t<br>~ | 0    | g     | a    | -     | C     | 0    | u            | n   | t    | У    | -    | С    | 0   | n         | t     | r    | a          | С     | t     | 0   | r     | s    | _  | d    | е  |
| 7          | <i>т</i> е   | 1      | 0     | р     | е            | r      | s    | •     | h    | t     | m     |      |              |     |      |      |      |      |     |           |       |      |            |       |       |     |       |      |    |      |    |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|     |          |     |      |      |       | _    |      |      |      |      |      |      |      |      |     |      |     |       |      |     | _    |     |    | SPI | DES | ID |   |   |   |   |   |   |
|-----|----------|-----|------|------|-------|------|------|------|------|------|------|------|------|------|-----|------|-----|-------|------|-----|------|-----|----|-----|-----|----|---|---|---|---|---|---|
| Naı | ne c     | f M | [S4/ | Coa  | litio | on S | Sara | toga | і Со | unty | y IS | WM   | 1 Pr | ogra | ım  |      |     |       |      |     |      |     |    | N   | Y   | R  | 2 | 0 | С | 0 | 0 | 6 |
| 3.  | W<br>url |     | Pag  | ge c | con   | 't.: |      | Pro  | ovio | de s | spec | cifi | c w  | eb   | adc | lres | ses | s - n | ot : | hor | ne j | pag | e. |     |     |    |   |   |   |   |   |   |
|     | w        | W   | w    |      | s     | a    | r    | a    | t    | 0    | g    | a    | s    | t    | 0   | r    | m   | W     | a    | t   | е    | r   |    | 0   | r   | g  | / | r | е | s | i | d |
|     | е        | n   | t    | s    | -     | i    | 1    | 1    | i    | С    | i    | t    | -    | d    | i   | s    | С   | h     | a    | r   | g    | е   |    | h   | t   | m  |   |   |   |   |   |   |
|     |          |     |      |      |       |      |      |      |      |      |      |      |      |      |     |      |     |       |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
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|     | w        | W   | w    | •    | ន     | a    | r    | a    | t    | 0    | g    | a    | ន    | t    | 0   | r    | m   | w     | a    | t   | е    | r   | •  | 0   | r   | g  | / | r | е | ន | i | d |
|     | е        | n   | t    | s    | -     | С    | 0    | n    | s    | t    | r    | u    | С    | t    | i   | 0    | n   | _     | r    | u   | n    | 0   | f  | f   | •   | h  | t | m |   |   |   |   |
|     |          |     |      |      |       |      |      |      |      |      |      |      |      |      |     |      |     |       |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
|     | URL      |     |      |      |       |      |      |      |      |      |      |      |      |      |     |      |     |       |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
|     | w        | W   | W    | •    | s     | a    | r    | a    | t    | 0    | g    | a    | s    | t    | 0   | r    | m   | w     | a    | t   | е    | r   | •  | 0   | r   | g  | / | r | е | ន | i | d |
|     | е        | n   | t    | s    | _     | р    | 0    | s    | t    | _    | С    | 0    | n    | s    | t   | r    | u   | С     | t    | i   | 0    | n   | •  | h   | t   | m  |   |   |   |   |   |   |
|     |          |     |      |      |       |      |      |      |      |      |      |      |      |      |     |      |     |       |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
|     | URL      |     |      | •    |       |      |      |      |      |      |      |      |      |      | •   |      | •   |       | •    | •   | •    |     |    |     |     |    |   |   |   |   |   |   |
|     | w        | W   | w    | •    | s     | a    | r    | a    | t    | 0    | g    | a    | s    | t    | 0   | r    | m   | W     | a    | t   | е    | r   | •  | 0   | r   | g  | / | r | е | ន | i | d |
|     | е        | n   | t    | s    | -     | g    | 0    | 0    | d    | -    | h    | 0    | u    | ន    | е   | k    | е   | е     | р    | i   | n    | g   |    | h   | t   | m  |   |   |   |   |   |   |
|     |          |     |      |      |       |      |      |      |      |      |      |      |      |      |     |      |     |       |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
|     | URL      |     |      |      |       |      |      |      |      |      |      |      |      |      |     |      |     |       |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
|     | w        | W   | W    | •    | s     | a    | r    | a    | t    | 0    | g    | a    | s    | t    | 0   | r    | m   | W     | a    | t   | е    | r   | •  | 0   | r   | g  | / | С | 0 | n | t | r |
|     | a        | С   | t    | 0    | r     | ន    | -    | d    | е    | v    | е    | 1    | 0    | р    | е   | r    | s   | _     | С    | 0   | n    | ន   | t  | r   | u   | С  | t | i | 0 | n | _ | r |
|     |          |     |      |      |       |      |      |      |      |      |      |      |      |      |     |      |     |       |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
|     | URL      |     |      |      |       |      |      |      |      |      |      |      |      |      |     |      |     |       |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
|     | w        | W   | w    | •    | s     | a    | r    | a    | t    | 0    | g    | а    | ន    | t    | 0   | r    | m   | w     | a    | t   | е    | r   | •  | 0   | r   | g  | / | С | 0 | n | t | r |
|     | a        | С   | t    | 0    | r     | s    | -    | d    | е    | v    | е    | 1    | 0    | р    | е   | r    | s   | _     | р    | 0   | s    | t   | -  | С   | 0   | n  | s | t | r | u | С | t |
|     |          |     |      |      |       |      |      |      |      |      |      |      |      |      |     |      |     |       |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
|     | URL      |     |      |      |       |      |      |      |      |      |      |      |      |      |     |      |     |       |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
|     | w        | W   | w    |      | s     | a    | r    | a    | t    | 0    | g    | a    | s    | t    | 0   | r    | m   | w     | a    | t   | е    | r   | •  | 0   | r   | g  | / | m | u | n | i | С |
|     | i        | р   | a    | 1    | i     | t    | i    | е    | ន    | -    | р    | u    | b    | 1    | i   | С    | -   | е     | d    | u   | С    | a   | t  | i   | 0   | n  |   | h | t | m |   |   |
|     |          |     |      |      |       |      |      |      |      |      |      |      |      |      |     |      |     |       |      |     |      |     |    |     |     |    |   |   |   |   |   |   |

### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $2 \mid 0$ 

| Nan | ne c   | of M | S4/              | Coa | litic | on | /ill | ag | e c      | of E | 3al | lst | on | S | ра |   |      |       |      |          |      |          |              | N        | Y | R | 2 | 0 | А | 3 | 7 | 6 |
|-----|--------|------|------------------|-----|-------|----|------|----|----------|------|-----|-----|----|---|----|---|------|-------|------|----------|------|----------|--------------|----------|---|---|---|---|---|---|---|---|
| 3.  |        | eb   |                  |     |       |    |      |    |          |      |     |     |    |   |    |   | sses | s – r | ot ' | hor      | ne j | กลย      | e.           |          |   |   |   |   |   |   |   |   |
|     | URL    |      | - u <sub>z</sub> |     |       |    |      |    |          |      | po. |     |    |   |    |   |      |       |      |          |      | rue<br>- | , <b>.</b> . |          |   |   |   |   |   |   |   |   |
|     | h      | t    | t                | р   | :     | /  | /    | W  | W        | w    |     | s   | a  | r | a  | t | 0    | g     | a    | s        | t    | 0        | r            | m        | W | a | t | е | r | • | 0 | r |
|     | g      | /    | s                | a   | r     | a  | t    | 0  | g        | a    | _   | С   | 0  | u | n  | t | У    | _     | m    | u        | n    | i        | С            | i        | р | a | 1 | i | t | i | е | s |
|     |        | h    | t                | m   |       |    |      |    |          |      |     |     |    |   |    |   |      |       |      |          |      |          |              |          |   |   |   |   |   |   |   |   |
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|     | g      | /    | r                | е   | ន     | i  | d    | е  | n        | t    | s   | -   | i  | 1 | 1  | i | С    | i     | t    | -        | d    | i        | s            | С        | h | a | r | g | е |   | h | t |
|     | m      |      |                  |     |       |    |      |    |          |      |     |     |    |   |    |   |      |       |      |          |      |          |              |          |   |   |   |   |   |   |   |   |
|     | URL    | ,    |                  |     |       |    |      |    |          |      |     |     |    |   |    |   |      |       |      |          |      |          |              |          |   |   |   |   |   |   |   |   |
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|     | h      | t    | m                |     |       |    |      |    |          |      |     |     |    |   |    |   |      |       |      |          |      |          |              |          |   |   |   |   |   |   |   |   |
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| i   | m      |      |                  |     |       |    |      |    |          |      |     |     |    |   |    |   |      |       |      |          |      |          |              |          |   |   |   |   |   |   |   |   |
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|     | g<br>g | /    | С                | 0   | n     | t  | r    | a  | С        | t    | 0   | r   | s  | - | d  | е | v    | е     | 1    | 0        | р    | е        | r            | s        | - | С | 0 | n | s | t | r | u |
|     | С      | t    | i                | 0   | n     | -  | r    | u  | n        | 0    | f   | f   |    | h | t  | m |      |       |      |          |      |          |              |          |   |   |   |   |   |   |   |   |
|     | URL    |      | l                |     |       |    |      |    |          |      |     |     |    |   |    |   |      |       | I    |          |      |          | I            |          |   |   |   |   | l |   |   |   |
| - 1 |        | t    | t                | р   | :     | /  | /    | w  | w        | w    |     | s   | a  | r | a  | t | 0    | g     | a    | s        | t    | 0        | r            | m        | w | a | t | е | r |   | 0 | r |
|     | g      | /    | С                | 0   | n     | t  | r    | a  | С        | t    | 0   | r   | s  | - | d  | е | v    | е     | 1    | 0        | р    | е        | r            | s        | - | р | 0 | s | t | - | С | 0 |
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|     | g      | /    | m                | u   | n     | i  | С    | i  | р        | a    | 1   | i   | t  | i | е  | s | -    | р     | u    | b        | 1    | i        | С            | -        | е | d | u | С | a | t | i | 0 |
| i   | n      |      | h                | t   | m     |    |      |    |          |      |     |     |    |   |    |   |      |       |      |          |      |          |              |          |   |   |   |   |   |   |   |   |
| - 1 |        | L    |                  | L   |       |    | _    |    | <u> </u> |      | L   |     | _  |   |    |   | _    |       |      | <u> </u> |      | L        |              | <u> </u> |   | L |   | L |   |   |   |   |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

|     |          |          |      |         |         |          |    |      |      |          |          |          |     |          |     |      |                                       |        |          |     | _        |     |     | SPI | DES  | ID |          |   |          |   |        |                |
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| Nar | ne c     | of M     | [S4/ | 'Coa    | llitio  | on T     | Ōν | vn ( | of I | Bal      | Ist      | on       |     |          |     |      |                                       |        |          |     |          |     |     | N   | Y    | R  | 2        | 0 | A        | 1 | 5      | 7              |
| 3.  |          | eb       |      | ge o    |         |          |    | Pro  |      |          |          |          | c w | eb       | ado | dres | sses                                  | s - r  | ot       | hoı | ne       | pag | ge. |     |      |    |          |   |          |   |        |                |
|     | h        | t        | t    | р       | :       | /        | /  | W    | W    | W        |          | s        | a   | r        | a   | t    | 0                                     | g      | а        | s   | t        | 0   | r   | m   | W    | а  | t        | е | r        |   | 0      | r              |
|     | g        | /        | r    | e       | s       | i        | d  | е    | n    | t        | s        | _        | р   | u        | b   | 1    | i                                     | С      | -        | i   | n        | V   | 0   | 1   | V    | е  | m        | е | n        | t |        | h              |
|     | t        | m        |      |         |         |          |    |      |      |          |          |          | _   |          |     |      |                                       |        |          |     |          |     |     |     |      |    |          |   |          |   |        |                |
|     | ∟<br>URL | <u> </u> |      |         |         |          |    |      |      |          |          |          |     |          |     |      |                                       |        |          |     |          |     |     |     |      |    |          |   |          |   |        |                |
|     | h        | t        | t    | р       | :       | /        | /  | W    | W    | W        |          | s        | a   | r        | a   | t    | 0                                     | g      | a        | s   | t        | 0   | r   | m   | W    | a  | t        | е | r        |   | 0      | r <sub>+</sub> |
|     | g        | /        | r    | е       | s       | i        | d  | е    | n    | t        | s        | -        | i   | 1        | 1   | i    | С                                     | i      | t        | -   | d        | i   | s   | С   | h    | a  | r        | g | е        |   | h      | t <sub>+</sub> |
|     | m        |          |      |         |         |          |    |      |      |          |          |          |     |          |     |      |                                       |        |          |     |          |     |     |     |      |    |          |   |          |   |        |                |
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|     | h        | t        | t    | р       | :       | /        | /  | W    | W    | W        |          | s        | a   | r        | а   | t    | 0                                     | g      | a        | s   | t        | 0   | r   | m   | W    | a  | t        | е | r        |   | 0      | r <sub>+</sub> |
|     | g        | /        | r    | е       | s       | i        | d  | е    | n    | t        | s        | _        | С   | 0        | n   | s    | t                                     | r      | u        | С   | t        | i   | 0   | n   | _    | r  | u        | n | 0        | f | f      | +              |
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|     | URL      |          |      |         |         |          |    |      |      |          |          |          |     |          |     |      |                                       |        |          |     |          |     |     |     |      |    |          |   |          |   |        |                |
|     | h        | t        | t    | р       | :       | /        | /  | W    | W    | W        |          | s        | а   | r        | а   | t    | 0                                     | g      | а        | s   | t        | 0   | r   | m   | W    | a  | t        | е | r        |   | 0      | r <sub>+</sub> |
|     | g        | /        | r    | е       | s       | i        | d  | е    | n    | t        | s        | _        | р   | 0        | s   | t    | _                                     | С      | 0        | n   | s        | t   | r   | u   | С    | t  | i        | 0 | n        | · | h      | t <sub>+</sub> |
|     | m        |          |      |         |         |          |    |      |      |          |          |          |     |          |     |      |                                       |        |          |     |          |     |     |     |      |    |          |   |          |   |        |                |
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|     | g        | /        | C    | 0       | n       | t        | r  | a    | С    | t        | 0        | r        | S   | _        | d   | е    | V                                     | e      | 1        | 0   | р        | е   | r   | S   | -    | С  | 0        | n | s        | t | r      | <b>U</b> +     |
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|     | n        |          |      | Ι       | lu<br>L | <u> </u> | L  |      |      | n        |          | 11       |     | m        |     |      |                                       |        |          |     |          |     |     |     |      |    |          |   |          |   |        |                |
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|     | n        | · .      | h    |         | m       |          |    |      | 12   | <u> </u> | <u> </u> | <u> </u> |     | <u> </u> |     |      |                                       | 12     | <u> </u> |     | <u> </u> |     |     |     |      | -  | <u> </u> |   | <u> </u> |   |        | <b>C</b> +     |
|     | L        | •        | 1.1  | $\perp$ | 111     |          |    |      |      |          |          |          |     |          |     |      |                                       |        |          |     |          |     |     |     |      |    |          |   |          |   | $\bot$ |                |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| me o     | of M   | [S4/     | Coa  | ıliti | on [ | ľov | vn ( | of C | Cha      | rlto | n    |     |                 |     |      |      |       |     |     |    |                                       |     | N N | Y                                     | R | 4   | 0 | A        | 0         | 3        | 4  |
|----------|--|----------|------|-------|------|-----|------|------|----------|------|------|-----|-----------------|-----|------|------|-------|-----|-----|----|---------------------------------------|-----|-----|---------------------------------------|---|-----|---|----------|-----------|----------|----|
| W        | eb   | Pag      | ge ( | con   | 't.: |     | Pro  | ovi  | de s     | spec | cifi | c w | <sub>'</sub> eb | ado | lres | sses | s - r | not | hor | ne | pag                                   | ge. |     | •                                     |   |     |   | •        | •         | •        | •  |
| URI<br>h | t  | t        | р    | :     | /    | /   |      | w    | w        |      | s    |     | r               | a   | t    |      | g     | a   | s   | t  | 0                                     |     | m   | w                                     | a | t   | е | r        |           | 0        | r  |
|          | /  | r        | e    | s     | i i  | d   | e    |      | t        | s    | _    |     | u               |     | 1    | i    | -     | _   | i   | n  |                                       | 0   | 1   | v                                     | e | m   | е | n        | t         |          | h  |
| a        | /<br>m   | <u> </u> |      | 5     |      | u   |      | 11   | <u> </u> | 5    |      | р   | u               | D   |      |      |       |     |     | 11 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |     | _   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |   | 111 |   | 11       |           | <u> </u> | 11 |
| t        | m  |          |      |       |      |     |      |      |          |      |      |     |                 |     |      |      |       |     |     |    |                                       |     |     |                                       |   |     |   |          | <u> </u>  |          |    |
| URI<br>h | t  | t        | р    | :     | /    | /   | w    | w    | w        |      | s    | a   | r               | a   | t    | 0    | g     | a   | s   | t  | 0                                     | r   | m   | w                                     | a | t   | e | r        |           | 0        | r  |
| g        | /  | r        | e    | s     | i    | d   | e    | n    | t        | s    | _    | i   | 1               | 1   | i    | С    | i     | t   | _   | d  | i                                     | s   |     | h                                     | a | r   | g | e        |           | h        | t  |
| m        |  |          |      |       |      |     |      |      |          |      |      |     |                 |     |      |      |       |     |     |    |                                       |     |     |                                       |   |     |   |          |           |          |    |
| URI      |  |          |      |       |      |     |      |      |          |      |      |     |                 |     |      |      |       |     |     |    |                                       |     |     |                                       |   |     |   |          |           |          |    |
| h        | t  | t        | p    | :     | /    | /   | w    | w    | w        |      | s    | a   | r               | a   | t    | 0    | g     | a   | s   | t  | 0                                     | r   | m   | w                                     | a | t   | е | r        |           | 0        | r  |
| g        | /  | r        | е    | s     | i    | d   | е    | n    | t        | s    | -    | С   | 0               | n   | s    | t    | r     | u   | С   | t  | i                                     | 0   | n   | -                                     | r | u   | n | 0        | f         | f        |    |
| h        | t  | m        |      |       |      |     |      |      |          |      |      |     |                 |     |      |      |       |     |     |    |                                       |     |     |                                       |   |     |   |          |           |          |    |
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| m        |  |          |      |       |      |     |      |      |          |      |      |     |                 |     |      |      |       |     |     |    |                                       |     |     |                                       |   |     |   |          |           |          |    |
| URI      |  |          |      |       |      |     |      |      |          |      |      |     |                 |     |      |      |       |     |     |    |                                       |     |     |                                       |   |     |   |          |           |          |    |
| h        | t  | t        | р    | :     | /    | /   | w    | w    | w        |      | s    | a   | r               | a   | t    | 0    | g     | a   | s   | t  | 0                                     | r   | m   | w                                     | a | t   | е | r        |           | 0        | r  |
| g        | /  | С        | 0    | n     | t    | r   | a    | С    | t        | 0    | r    | s   | _               | d   | е    | v    | е     | 1   | 0   | р  | е                                     | r   | s   | _                                     | С | 0   | n | s        | t         | r        | u  |
| С        | t  | i        | 0    | n     | -    | r   | u    | n    | 0        | f    | f    |     | h               | t   | m    |      |       |     |     |    |                                       |     |     |                                       |   |     |   |          |           |          |    |
| URI      | ,  |          |      |       |      |     |      |      |          |      |      |     |                 |     |      | 1    |       |     |     |    |                                       |     |     |                                       |   |     |   |          |           |          |    |
| t        | 0  | W        | n    | 0     | f    | С   | h    | a    | r        | 1    | t    | 0   | n               |     | 0    | r    | g     | /   | s   | i  | t                                     | е   | s   | /                                     | g | /   | f | i        | 1         | е        | s  |
|          | v  | У        | h    | 1     | i    | f   | 2    | 9    | 2        | 1    | /    | f   | /               | u   | р    | 1    | 0     | a   | d   | s  | /                                     | р   | r   | 0                                     | р | е   | r | <u>_</u> | d         | i        | s  |
| р        | 0  | s        | е    | _     | m    | е   | d    | s    | _        | 6    | _    | 1   | 6               | •   | р    | d    | f     |     |     |    |                                       |     |     |                                       |   |     |   |          |           |          |    |
| URI      | <u>,                                      </u> |          |      |       |      |     |      |      |          |      |      |     |                 |     |      |      |       |     |     |    |                                       |     |     |                                       |   |     |   |          |           |          | 1  |
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| n        |  | h        | t    | m     |      |     |      |      |          |      |      |     |                 |     |      |      |       |     |     |    |                                       |     |     |                                       |   |     |   |          |           |          |    |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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| Naı | ne c     | of M | S4/ | Coa  | litic | on_T | OW | N OI | F CL | IFTC | N P. | ARK  | -   |    |     |      |      |     |      |     |      |     |    | N   | Y   | R  | 2 | 0 | А | 0 | 3 | 5 |
| 3.  | W<br>url |      | Pag | ge c | con   | 't.: |    | Pro  | ovio | de s | spec | cifi | c w | eb | add | lres | sses | - n | ot ! | hor | ne j | pag | e. |     |     |    |   |   |   |   |   |   |
|     | h        | t    | t   | р    | :     | /    | /  | W    | W    | W    |      | s    | а   | r  | a   | t    | 0    | g   | a    | s   | t    | 0   | r  | m   | W   | a  | t | е | r | • | 0 | r |
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|     |          | h    | t   | m    |       |      |    |      |      |      |      |      |     |    |     |      |      |     |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
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|     | h        | t    | t   | р    | :     | /    | /  | W    | W    | W    | •    | ន    | а   | r  | а   | t    | 0    | g   | а    | s   | t    | 0   | r  | m   | W   | a  | t | е | r |   | 0 | r |
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|     | n        | s    | t   | r    | u     | С    | t  | i    | 0    | n    | •    | h    | t   | m  |     |      |      |     |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
|     | URL      | ,    |     | 1    |       |      |    |      |      |      |      |      |     |    |     |      |      |     |      |     |      |     |    |     |     |    |   |   |   |   |   | 1 |
|     | h        | t    | t   | р    | :     | /    | /  | W    | W    | W    | •    | s    | a   | r  | a   | t    | 0    | g   | a    | s   | t    | 0   | r  | m   | W   | a  | t | е | r | • | 0 | r |
|     | g        | /    | m   | u    | n     | i    | С  | i    | р    | a    | 1    | i    | t   | i  | е   | s    | _    | р   | u    | b   | 1    | i   | С  | _   | е   | d  | u | С | a | t | i | 0 |
|     | n        | •    | h   | t    | m     |      |    |      |      |      |      |      |     |    |     |      |      |     |      |     |      |     |    |     |     |    |   |   |   |   |   |   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| ame ( | of M            | 1S4/ | 'Coa     | litio | on [ | Γov | vn ( | of ( | Gree | enf | ield | l   |    |     |      |      |       |     |     |      |     |    | N | Y | R | 2 | 0 | A | 1 | 2 | 3 |
|-------|-----------------|------|----------|-------|------|-----|------|------|------|-----|------|-----|----|-----|------|------|-------|-----|-----|------|-----|----|---|---|---|---|---|---|---|---|---|
| . W   | <sup>7</sup> eb | Pag  | ge o     | con   | 't.: |     | Pro  | ovi  | de s | spe | cifi | c w | æb | ado | dres | sses | s - r | not | hor | ne j | pag | e. |   |   |   |   |   |   |   |   |   |
| URI   |                 |      |          |       | ,    | ,   |      |      |      |     |      |     |    |     | T .  |      |       |     |     |      |     |    |   |   |   |   |   |   |   |   |   |
| h     | t               | t    | р        | :     | /    | /   | W    | W    | W    | •   | s    | а   | r  | a   | t    | 0    | a     | a   | s   | t    | 0   | r  | m | W | а | t | е | r | • | 0 | r |
| g     | /               | s    | a        | r     | a    | t   | 0    | g    | a    | _   | С    | 0   | u  | n   | t    | У    | _     | m   | u   | n    | i   | С  | i | р | а | 1 | i | t | i | е | s |
|       | h               | t    | m        |       |      |     |      |      |      |     |      |     |    |     |      |      |       |     |     |      |     |    |   |   |   |   |   |   |   |   |   |
| URI   |                 |      |          |       |      |     |      |      |      |     |      |     |    |     |      |      |       |     |     |      |     | 1  |   |   |   |   |   |   |   |   | 1 |
| h     | t               | t    | р        | :     | /    | /   | w    | W    | W    |     | s    | a   | r  | a   | t    | 0    | g     | a   | s   | t    | 0   | r  | m | W | a | t | е | r | • | 0 | r |
| g     | /               | r    | е        | s     | i    | d   | е    | n    | t    | s   | -    | i   | 1  | 1   | i    | С    | i     | t   | _   | d    | i   | ន  | С | h | a | r | g | е | • | h | t |
| m     |                 |      |          |       |      |     |      |      |      |     |      |     |    |     |      |      |       |     |     |      |     |    |   |   |   |   |   |   |   |   |   |
| URI   |                 |      |          |       |      |     |      |      |      |     |      |     |    |     |      |      |       |     |     |      |     |    |   |   |   |   |   |   |   |   |   |
| h     | t               | t    | р        | :     | /    | /   | w    | W    | w    | •   | s    | a   | r  | a   | t    | 0    | g     | a   | s   | t    | 0   | r  | m | w | a | t | е | r | • | 0 | r |
| g     | /               | r    | е        | s     | i    | d   | е    | n    | t    | s   | _    | С   | 0  | n   | s    | t    | r     | u   | С   | t    | i   | 0  | n | _ | r | u | n | 0 | f | f | • |
| h     | t               | m    |          |       |      |     |      |      |      |     |      |     |    |     |      |      |       |     |     |      |     |    |   |   |   |   |   |   |   |   |   |
| URI   |                 |      |          |       | ,    |     | ,    |      | •    |     |      |     | •  | ,   | •    |      | •     | ,   | '   | •    |     |    |   |   |   |   |   |   |   |   |   |
| h     | t               | t    | р        | :     | /    | /   | w    | W    | w    |     | s    | a   | r  | a   | t    | 0    | g     | a   | s   | t    | 0   | r  | m | w | a | t | е | r | • | 0 | r |
| g     | /               | r    | е        | s     | i    | d   | е    | n    | t    | s   | -    | р   | 0  | s   | t    | -    | С     | 0   | n   | s    | t   | r  | u | С | t | i | 0 | n |   | h | t |
| m     |                 |      |          |       |      |     |      |      |      |     |      |     |    |     |      |      |       |     |     |      |     |    |   |   |   |   |   |   |   |   |   |
| URI   |                 |      |          |       |      |     |      |      | -    |     |      |     |    |     | -    |      | -     |     |     |      |     |    |   |   |   |   |   |   |   |   |   |
| h     | t               | t    | р        | :     | /    | /   | w    | w    | w    |     | s    | a   | r  | a   | t    | 0    | g     | a   | s   | t    | 0   | r  | m | w | a | t | е | r |   | 0 | r |
| g     | /               | С    | 0        | n     | t    | r   | a    | С    | t    | 0   | r    | s   | -  | d   | е    | v    | е     | 1   | 0   | р    | е   | r  | s | - | С | 0 | n | s | t | r | u |
| С     | t               | i    | 0        | n     | -    | r   | u    | n    | 0    | f   | f    |     | h  | t   | m    |      |       |     |     |      |     |    |   |   |   |   |   |   |   |   |   |
| URI   |                 |      | -        |       |      |     |      | -    |      |     | -    |     | -  |     |      | -    |       |     |     | -    |     | -  | - | - | - | - | - |   | I | - | - |
| h     | t               | t    | р        | :     | /    | /   | w    | W    | w    |     | s    | a   | r  | a   | t    | 0    | g     | a   | s   | t    | 0   | r  | m | w | a | t | е | r |   | 0 | r |
| g     | /               | С    | 0        | n     | t    | r   | a    | С    | t    | 0   | r    | s   | -  | d   | е    | v    | е     | 1   | 0   | р    | е   | r  | s | - | р | 0 | s | t | - | С | 0 |
| n     | s               | t    | r        | u     | С    | t   | i    | 0    | n    |     | h    | t   | m  |     |      |      |       |     |     |      |     |    |   |   |   |   |   |   |   |   |   |
| URI   |                 | -    |          |       |      |     |      |      |      |     |      |     |    |     |      |      |       |     |     |      |     |    |   |   |   |   |   |   |   |   | I |
| h     | t               | t    | р        | :     | /    | /   | w    | w    | w    |     | s    | a   | r  | a   | t    | 0    | g     | a   | s   | t    | 0   | r  | m | w | a | t | е | r |   | 0 | r |
| g     | /               | m    | u        | n     | i    | С   | i    | р    | a    | 1   | i    | t   | i  | е   | s    | -    | р     | u   | b   | 1    | i   | С  | - | е | d | u | С | a | t | i | 0 |
| n     |                 | h    | t        | m     |      |     |      | _    |      |     |      |     |    |     |      |      | _     |     |     |      |     |    |   |   |   |   |   |   |   |   |   |
|       | <u> </u>        |      | <u> </u> |       |      |     |      |      |      |     |      |     | _  |     |      |      |       |     |     |      |     |    |   |   |   |   |   |   |   |   |   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|             |          |        |     |      |       |       |     |      |      |      |      |      |     |    |     |      |      |       |    |     | _  |     |    | SPI | PES | ID |    |   |   |   |   |   |
|-------------|----------|--------|-----|------|-------|-------|-----|------|------|------|------|------|-----|----|-----|------|------|-------|----|-----|----|-----|----|-----|-----|----|----|---|---|---|---|---|
| Nan         | ie o     | f M    | S4/ | Coa  | litio | on [] | Γov | vn ( | of I | Halt | fmc  | on   |     |    |     |      |      |       |    |     |    |     |    | N   | Y   | R  | 2  | 0 | А | 3 | 7 | 5 |
|             | W<br>JRL |        | Paş | ge c | con   | 't.:  |     | Pro  | ovi  | de s | spec | cifi | c w | eb | ado | lres | sses | s - r | ot | hor | ne | pag | e. |     |     |    |    |   |   |   |   |   |
|             | h        | t      | t   | р    | :     | /     | /   | w    | w    | w    |      | s    | a   | r  | a   | t    | 0    | g     | a  | s   | t  | 0   | r  | m   | w   | a  | t  | е | r |   | 0 | r |
|             | g        | /      | s   | a    | r     | a     | t   | 0    | g    | a    | -    | С    | 0   | u  | n   | t    | У    | _     | m  | u   | n  | i   | С  | i   | р   | a  | 1  | i | t | i | е | s |
|             |          | h      | t   | m    |       |       |     |      |      |      |      |      |     |    |     |      |      |       |    |     |    |     |    |     |     |    |    |   |   |   |   |   |
| Ţ           | JRL      |        |     |      |       |       |     |      |      |      |      |      |     |    |     |      |      |       |    |     |    |     |    |     |     |    |    |   |   |   |   |   |
|             | h        | t      | t   | р    | :     | /     | /   | W    | W    | W    |      | s    | a   | r  | a   | t    | 0    | g     | a  | s   | t  | 0   | r  | m   | w   | a  | t  | е | r |   | 0 | r |
| إ           | g        | /      | r   | е    | s     | i     | d   | е    | n    | t    | s    | -    | i   | 1  | 1   | i    | С    | i     | t  | -   | d  | i   | ន  | С   | h   | a  | r  | g | е | • | h | t |
| 1           | m        |        |     |      |       |       |     |      |      |      |      |      |     |    |     |      |      |       |    |     |    |     |    |     |     |    |    |   |   |   |   |   |
| Ţ           | JRL      |        |     |      |       |       |     | 1    |      |      |      |      |     |    |     |      |      |       |    |     |    |     |    |     |     |    |    |   |   |   |   |   |
| [           | h        | t      | t   | р    | :     | /     | /   | W    | W    | W    | •    | s    | a   | r  | a   | t    | 0    | g     | a  | s   | t  |     | r  | m   | W   | a  | t  | е | r | • | 0 | r |
| ا           | g        | /      | r   | е    | s     | i     | d   | е    | n    | t    | s    | -    | С   | 0  | n   | s    | t    | r     | u  | С   | t  | i   | 0  | n   | _   | r  | u  | n | 0 | f | f |   |
|             | h        | t      | m   |      |       |       |     |      |      |      |      |      |     |    |     |      |      |       |    |     |    |     |    |     |     |    |    |   |   |   |   |   |
| Ţ           | JRL      |        |     |      |       |       |     |      |      |      |      |      |     |    | 1   |      |      |       |    |     |    |     |    |     |     |    |    |   |   |   |   |   |
| [           | h        | t      | t   | р    | :     | /     | /   | W    | W    | W    |      | s    | a   | r  | a   | t    | 0    | g     | a  | s   | t  | 0   | r  | m   | W   | a  | t  | е | r |   | 0 | r |
| إ           | g        | /      | r   | е    | s     | i     | d   | е    | n    | t    | s    | -    | р   | 0  | s   | t    | -    | С     | 0  | n   | s  | t   | r  | u   | С   | t  | i  | 0 | n |   | h | t |
| 1           | m        |        |     |      |       |       |     |      |      |      |      |      |     |    |     |      |      |       |    |     |    |     |    |     |     |    |    |   |   |   |   |   |
| Ţ           | JRL      |        |     |      |       |       | Ι.  |      |      |      | 1    | 1    |     |    | I   |      |      |       |    | 1   |    | 1   |    |     | 1   |    | 1  |   | 1 |   |   |   |
| [<br>-      | h        | t      | t   | р    | :     | /     | /   | W    | W    | W    | •    | s    | a   | r  | a   | t    | 0    | g     | a  | s   | t  | 0   | r  | m   | W   | a  | t  | е | r | • | 0 | r |
| إ           | g        | /      | С   | 0    | n     | t     | r   | a    | С    | t    | 0    | r    | s   | -  | d   | е    | V    | е     | 1  | 0   | р  | е   | r  | s   | _   | С  | 0  | n | s | t | r | u |
| ļ           | С        | t      | i   | 0    | n     | -     | r   | u    | n    | 0    | f    | f    |     | h  | t   | m    |      |       |    |     |    |     |    |     |     |    |    |   |   |   |   |   |
| Γ.          | JRL      |        | I.  |      |       | ,     | ,   |      |      |      |      |      |     |    |     | Ι.   |      |       |    |     | Ι. |     |    |     |     |    | l. |   |   |   | _ |   |
| -<br> -     | h        | t<br>  | t   | р    | :     | /     | /_  | W    | W    | W    | •    | s    | a   | r  | a   | t    | 0    | a     | a  | s   | t  | 0   | r  | m   | W   | a  | t  | е | r | • | 0 | r |
| [           | g        | /      | С   | 0    | n     | t     | r   | а    | С    | t    | 0    | r    | s   | -  | d   | е    | V    | е     | 1  | 0   | р  | е   | r  | s   | -   | р  | 0  | s | t | - | С | 0 |
| [           | n        | s      | t   | r    | u     | С     | t   | i    | 0    | n    | •    | h    | t   | m  |     |      |      |       |    |     |    |     |    |     |     |    |    |   |   |   |   |   |
| Γ.          | JRL      |        |     |      |       |       |     | 1    |      |      |      |      |     |    |     |      |      |       |    |     |    |     |    |     |     |    |    |   |   |   | _ |   |
| [<br>-<br>- | h        | t<br>· | t   | р    | :     | /     | /   |      | W    | W    | •    |      | a   | r  | a   | t    | 0    | g     | a  | s   | t  |     | r  | m   |     | a  | t  | е | r | • | 0 | r |
| [<br>-      | g        | /      | m   | u    | n     | i     | С   | i    | р    | a    | 1    | i    | t   | i  | е   | s    | _    | р     | u  | b   | 1  | i   | С  | -   | е   | d  | u  | С | a | t | i | 0 |
| :           | n        | •      | h   | t    | m     |       |     |      |      |      |      |      |     |    |     |      |      |       |    |     |    |     |    |     |     |    |    |   |   |   |   |   |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|          |      |      |          |       | _    |     |     |          |      |          |      |     |    |     |      |      |       |    |     | _    |     |    | SPI | DES | ID       |    |   |   |   |          |   |
|----------|------|------|----------|-------|------|-----|-----|----------|------|----------|------|-----|----|-----|------|------|-------|----|-----|------|-----|----|-----|-----|----------|----|---|---|---|----------|---|
| Name     | of M | [S4/ | Coa      | litic |      | Γοι | ٧n  | of       | M    | alt      | a    |     |    |     |      |      |       |    |     |      |     |    | N   | Y   | R        | 2  | 0 | Α | 0 | 8        | 6 |
|          |      |      |          |       |      |     |     |          |      |          |      |     |    |     |      |      |       |    |     |      |     |    |     |     | -        | -  |   | - |   | -        |   |
| 3. W     | /eb  | Pag  | ge c     | on    | 't.: |     | Pro | ovi      | de s | spe      | cifi | c w | æb | ado | lres | sses | s - r | ot | hor | ne j | pag | e. |     |     |          |    |   |   |   |          |   |
| UR       |      | Ι.   |          |       | ,    |     |     |          |      | <u> </u> |      |     |    |     | Ι.   |      |       |    | I   | Ι.   |     |    | I   | Ι   |          | Ι. | Ι |   |   | _        |   |
| h        | t    | t    | р        | :     | /    | /   | W   | W        | W    | •        | s    | a   | r  | a   | t    | 0    | g     | a  | s   | t    | 0   | r  | m   | W   | a        | t  | е | r | • | 0        | r |
| a        | /    | r    | е        | s     | i    | d   | е   | n        | t    | s        | _    | р   | u  | b   | 1    | i    | С     | _  | i   | n    | V   | 0  | 1   | V   | е        | m  | е | n | t | <u>.</u> | h |
| t        | m    |      |          |       |      |     |     |          |      |          |      |     |    |     |      |      |       |    |     |      |     |    |     |     |          |    |   |   |   |          |   |
| UR       | L    |      |          |       |      |     |     |          |      |          |      |     |    |     |      |      |       |    |     |      |     |    |     |     |          |    |   |   |   |          |   |
| h        | t    | t    | р        | :     | /    | /   | W   | W        | w    |          | s    | a   | r  | a   | t    | 0    | g     | a  | s   | t    | 0   | r  | m   | w   | a        | t  | е | r |   | 0        | r |
| g        | /    | r    | е        | s     | i    | d   | е   | n        | t    | s        | _    | i   | 1  | 1   | i    | С    | i     | t  | -   | d    | i   | ន  | С   | h   | a        | r  | g | е |   | h        | t |
| m        |      |      |          |       |      |     |     |          |      |          |      |     |    |     |      |      |       |    |     |      |     |    |     |     |          |    |   |   |   |          |   |
| UR       | L    |      |          |       |      |     |     |          |      |          |      |     |    |     |      |      |       |    |     |      |     |    |     |     |          |    |   |   |   |          |   |
| h        | t    | t    | р        | :     | /    | /   | w   | w        | w    |          | s    | a   | r  | a   | t    | 0    | g     | a  | s   | t    | 0   | r  | m   | w   | a        | t  | е | r |   | 0        | r |
| g        | /    | r    | е        | s     | i    | d   | е   | n        | t    | s        | -    | С   | 0  | n   | s    | t    | r     | u  | С   | t    | i   | 0  | n   | -   | r        | u  | n | 0 | f | f        |   |
| h        | t    | m    |          |       |      |     |     |          |      |          |      |     |    |     |      |      |       |    |     |      |     |    |     |     |          |    |   |   |   |          |   |
| ∟<br>UR  | ſ    |      |          |       | -    | -   | -   | -        |      | -        |      | -   |    |     |      | -    |       |    | -   |      |     |    | -   |     |          |    | - |   |   |          |   |
| h        | t    | t    | р        | :     | /    | /   | w   | w        | w    |          | s    | a   | r  | a   | t    | 0    | g     | a  | s   | t    | 0   | r  | m   | w   | a        | t  | е | r |   | 0        | r |
| g        | /    | r    | е        | s     | i    | d   | е   | n        | t    | s        | -    | р   | 0  | s   | t    | -    | С     | 0  | n   | s    | t   | r  | u   | С   | t        | i  | 0 | n |   | h        | t |
| m        |      |      |          |       |      |     |     |          |      |          |      |     |    |     |      |      |       |    |     |      |     |    |     |     |          |    |   |   |   |          |   |
| ∟<br>UR  | ſ    |      |          |       |      |     |     |          |      |          |      |     |    |     |      |      |       |    |     |      |     |    |     |     |          |    |   |   |   |          |   |
| h        | t    | t    | р        | :     | /    | /   | w   | w        | w    |          | s    | a   | r  | a   | t    | 0    | g     | a  | s   | t    | 0   | r  | m   | w   | a        | t  | е | r |   | 0        | r |
| g        | /    | С    |          | n     | t    | r   | a   | С        | t    | 0        | r    | s   | -  | d   | e    | v    | е     | 1  | 0   | р    | е   | r  | s   | -   | С        | 0  | n | s | t | r        | u |
| C        | t    | i    | 0        | n     | _    | r   | u   | n        | 0    | f        | f    |     | h  | t   | m    |      |       |    |     |      |     |    |     |     |          |    |   |   |   |          |   |
| ∟∟<br>UR | 1    |      |          |       |      |     |     |          |      |          |      |     |    |     |      |      |       |    |     |      |     |    |     |     |          |    |   |   |   |          |   |
| h        | t    | t    | р        | :     | /    | /   | w   | w        | w    |          | s    | a   | r  | a   | t    | 0    | g     | a  | s   | t    | 0   | r  | m   | w   | a        | t  | е | r |   | 0        | r |
| g        | /    | С    | 0        | n     | t    | r   | a   | С        | t    | 0        | r    | s   | -  | d   | e    |      | e     | 1  | 0   | p    | e   | r  | s   | -   | р        | 0  | s | t | - | С        | 0 |
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This report is being submitted for the reporting period ending March 9, 2 0 2

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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ 

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SPDES ID

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## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ 

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| g    | /    | S    | a    | r    | a | t     | 0    | g    | a     | -   | С     | 0   | u    | n   | t   | У   | 2   | m    | u   | n    | i   | С  | i | р | a | 1 | i | t | i | е |   |
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| URL  |      |      |      |      |   |       |      |      |       |     |       |     |      |     |     |     |     |      |     |      |     |    |   |   |   |   |   |   |   |   |   |
| h    | t    | t    | р    | :    | 1 | 1     | W    | W    | W     | ()  | s     | a   | r    | a   | t   | 0   | g   | a    | S   | t    | 0   | r  | m | W | a | t | е | r | ٠ | 0 |   |
| g    | 1    | r    | е    | s    | i | d     | е    | n    | t     | s   | -     | i   | 1    | 1   | i   | С   | i   | t    | -   | d    | i   | S  | С | h | a | r | g | е |   | h |   |
| m    |      |      |      |      |   |       |      |      |       |     |       |     |      |     |     |     |     |      |     |      |     |    |   |   |   |   |   |   |   |   |   |
| URL  |      |      |      |      |   |       |      |      |       |     |       |     |      |     |     |     |     |      |     |      |     |    |   |   |   |   |   |   |   |   |   |
| h    | t    | t    | р    | :    | 1 | 1     | W    | W    | W     |     | S     | a   | r    | a   | t   | 0   | g   | a    | S   | t    | 0   | r  | m | W | a | t | е | r | ٠ | 0 |   |
| g    | /    | r    | е    | s    | i | d     | е    | n    | t     | s   | -     | С   | 0    | n   | s   | t   | r   | u    | С   | t    | i   | 0  | n | - | r | u | n | 0 | f | f |   |
| h    | t    | m    |      |      |   |       |      |      |       |     |       |     |      |     |     |     |     |      |     |      |     |    |   |   |   |   |   |   |   |   |   |
| URL  | ,    |      |      |      |   |       |      |      |       |     | ,     |     |      |     |     |     |     |      |     |      | 1   |    |   |   |   |   |   |   |   |   |   |
| h    | t    | t    | р    | :    | 1 | /     | W    | W    | W     | •   | s     | a   | r    | a   | t   | 0   | g   | a    | S   | t    | 0   | r  | m | W | a | t | е | r | • | 0 |   |
| g    | 1    | r    | е    | s    | i | d     | е    | n    | t     | s   | -     | р   | 0    | s   | t   | _   | С   | 0    | n   | S    | t   | r  | u | С | t | i | 0 | n | • | h |   |
| m    |      |      |      |      |   |       |      |      |       |     |       |     |      |     |     |     |     |      |     |      |     |    |   |   |   |   |   |   |   |   |   |
| URI  | ,    |      |      |      |   |       |      |      |       |     |       |     |      |     | ,   | T   |     |      |     |      |     |    | T |   | T |   | ı | T |   |   |   |
| h    | t    | t    | p    | :    | 1 | 1     | W    | W    | W     |     | s     | a   | r    | a   | t   | 0   | g   | a    | s   | t    | 0   | r  | m | W | a | t | е | r | ٠ | 0 |   |
| g    | 1    | С    | 0    | n    | t | r     | a    | C    | t     | 0   | r     | s   | -    | d   | е   | V   | е   | 1    | 0   | p    | е   | r  | S | - | C | 0 | n | s | t | r |   |
| С    | t    | i    | 0    | n    | - | r     | u    | n    | 0     | f   | f     |     | h    | t   | m   |     |     |      |     |      |     |    |   |   |   |   |   |   |   |   |   |
| URI  |      |      |      |      |   |       |      |      |       |     |       |     |      |     |     |     |     |      |     | 1    |     |    |   |   | 1 |   |   |   |   |   |   |
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SPDES ID

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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Name of MS4/Coalition Saratoga County, Department of Public Works Y R 2 0 Α 2 0 9 Ν Provide specific web addresses - not home page. 3. Web Page con't.: URL t h t р W W W S а r а t 0 g а S t 0 r m W а t е r 0 r i d 1 i С i 1 t h r е s е n t s u b n e m g р V 0 V e | n t m URL h t p t W t t 0 r W W S a r а 0 g a S 0 m W a е  $|\mathbf{r}$ i 1 1 i i d i d i g r е s е n t s С t s С h a r g le h t m URI h t t S r t 0 t m W t 0 r W W W a a S 0 a е  $|\mathbf{r}$ la r е s i d e t s С 0 s t r u С t i r 0 f f n n 0 n u n g h t m URI h t t t r W W S a r а 0 g a S t 0 W t е 0 i i r e s d t s t t С t n h t g le n p 0 S 0 n S r u 0 m URL h t t r t t r p W S a Ю a s t r m W а е r 0 W W а g 0 С 0 n t r a C t 0 r s d e v е 1 0 p е r S С 0 n s t r u g i f f h С t 0 n r u n 0 t m URL t h t p w s a r t t m W t r 0 r W W a Ю g a S 0 a е t t d 1 t С 0 g С 0 n r a С 0 r s e v е 0 p е r S р 0 s i n s t r u С t 0 n h t m URI h t t p W W S a r t 0 a s t 0 r m W a t е r 0 r W a g u n i С i 1 i t i s р b 1 i C d C t i m a е u е u a 0 g р h t m n

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## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|        |          |       |          |          |          |          |          |  |          |   |          |                |            |  |                |          |  |          |          |            | <u> </u> | יגונ     | IF 2   | ш        |              |  |          |  |            |               |
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| RL     |          | Т     | -т       | П        |          |          |          |  |          | $\neg$  |          |                |            |  |                | Ĭ        |  |          |          | $\neg$     |          |          |  |          |              |  |          |  |            |               |
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| RL     | ТП       |       | -        | -1       |          |          | - 1      | 1  |          |   |          |                |            |  |                |          |  |          |          |            | T        |          |  |          |              |  |          |  |            | [             |
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|        | J        |       |          |          |          |          |          |  |          |   |          |                |            |  |                |          |  |          |          |            |          |          |  |          | · · -        |  | !        |  |            |               |
| RL     |          |       |          |          |          |          |          | _  |          |   |          |                |            |  | ·              |          |  |          |          |            |          |          |  |          |              | 1  |          |  |            |               |
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| RL     | 1        |       |          |          |          | _        |          |  |          |   |          |                |            | ľ  |                |          |  |          |          |            |          |          |  |          |              |  |          |  | -          | Γ             |
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| RL     | . !      | l     |          |          |          |          |          | l. <u> </u>                                  | 1        |   |          |                |            | 1  |                |          |  |          |          |            |          |          |  |          |              | •  |          |  |            |               |
| KL     |          |       |          |          |          |          |          |  |          |   |          |                |            |  |                |          |  |          |          |            |          |          |  |          |              |  |          |  |            | T             |
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| JRL    |          |       |          |          |          |          |          |  | ·        |   |          |                |            |  |                |          |  |          |          | •          |          |          |  |          |              |  |          |  |            |               |
| IKL    |          |       |          |          |          |          |          |  |          |   |          | [ ]            |            |  |                |          |  |          |          |            | !        |          |  |          |              |  |          |  |            | T             |
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| )KL    |          |       |          |          |          | Τ        | Τ.       |  |          |   |          | -              | Τ          |  | Γ              |          |  | Ĭ        | T        | ľ          |          |          |  |          |              |  |          |  |            |               |
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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|     | n               | s   | t   | r    | u     | С    | t    | i    | 0     | n    |     | h    | t   | m  |     |      |     |     |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
| ,   | URL             |     |     | •    |       |      |      |      |       |      |     |      | •   |    |     |      |     |     | •    | •   |      |     |    | •   |     | •  |   |   |   |   |   |   |
|     | h               | t   | t   | р    | :     | /    | /    | W    | W     | w    | •   | s    | a   | r  | a   | t    | 0   | g   | a    | s   | t    | 0   | r  | m   | w   | a  | t | е | r |   | 0 | r |
|     | g               | /   | m   | u    | n     | i    | С    | i    | р     | a    | 1   | i    | t   | i  | е   | s    | _   | р   | u    | b   | 1    | i   | С  | -   | е   | d  | u | С | a | t | i | 0 |
|     | n               | •   | h   | t    | m     |      |      |      |       |      |     |      |     |    |     |      |     |     |      |     |      |     |    |     |     |    |   |   |   |   |   |   |

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|          |      | Pa   | ge ( | con    | 't.: |     | Pr   | ovi  | de :  | spe | cifi | c v | veb | ado | dre  | sse | s - 1 | not | hoi | ne  | pag | ge. |   |      |        |       |   |   |     |   |   |
| URI<br>h | t    | t    | p    |        | 1    | 1   | w    | w    | W     |     | s    | a   | r   | a   | t    | 0   | g     | a   | s   | t   | 0   | r   | m | W    | a      | t     | е | r |     | 0 |   |
| g        | 1    | s    | a    | r      | a    | t   | 0    | g    | a     | _   | C    | 0   | u   | n   | t    | У   | 1     |     | u   | n   | i   | С   | i | р    | a      | 1     | i | t | i   | е |   |
|          | h    | t    | m    |        |      |     |      |      |       |     |      |     | T   |     |      |     |       |     |     |     |     |     |   |      |        |       |   |   |     | T | = |
| URI      |      |      |      |        |      |     |      |      |       |     |      |     |     | 3   |      |     |       |     |     |     |     |     |   |      |        |       |   |   |     |   |   |
| h        | t    | t    | р    | •      | /    | 1   | W    | w    | W     | •   | s    | a   | r   | a   | t    | 0   | g     | a   | s   | t   | 0   | r   | m | W    | a      | t     | е | r |     | 0 |   |
| g        | 1    | r    | е    | s      | i    | d   | е    | n    | t     | s   | +    | i   | 1   | 1   | i    | С   | i     | t   | -   | d   | i   | s   | С | h    | a      | r     | g | е |     | h |   |
| m        |      |      |      |        |      |     |      |      |       |     |      |     |     |     |      |     |       |     |     |     |     |     |   |      |        |       |   |   |     |   |   |
| URI      | 4    |      |      |        |      |     |      |      |       |     |      |     |     |     |      |     |       |     |     |     |     |     | 1 | 1    |        | 1     |   |   |     |   |   |
| h        | t    | t    | p    | :      | 1    | 1   | W    | W    | W     | •   | s    | a   | r   | a   | t    | 0   | g     | a   | s   | t   | 0   | r   | m | W    | a      | t     | е | r | •   | 0 |   |
| g        | 1    | r    | е    | s      | i    | d   | е    | n    | t     | s   | =    | C   | 0   | n   | s    | t   | r     | u   | С   | t   | i   | 0   | n | -    | r      | u     | n | 0 | f   | f |   |
| h        | t    | m    |      |        |      |     |      |      |       |     |      |     |     |     |      |     |       |     |     |     |     |     |   |      |        |       |   |   |     |   |   |
| URI      | _    |      | ,    |        |      |     |      |      |       |     | 1    |     |     | -   |      | 1   |       |     |     | 1   |     |     |   |      |        |       |   |   |     | _ |   |
| h        | t    | t    | p    | :      | /    | 1   | W    | W    | W     |     | s    | a   | r   | a   | t    | 0   | g     | a   | s   | t   | 0   | r   | m | W    | a      | t     | е | r | ·   | 0 |   |
| g        | 1    | r    | е    | s      | i    | d   | е    | n    | t     | s   | 4    | р   | 0   | s   | t    | -   | C     | 0   | n   | s   | t   | r   | u | C    | t      | i     | 0 | n |     | h |   |
| m        |      |      |      |        |      |     |      |      |       |     |      |     |     |     |      |     |       |     |     |     |     |     |   |      |        |       |   |   |     |   |   |
| URI      |      | V-   |      |        |      |     |      |      |       |     |      |     |     |     |      |     |       |     |     |     |     |     |   |      |        | Fe or |   |   |     |   |   |
| h        | t.   | t    | р    | :      | /    | 1   | W    | W    | W     |     | S    | a   | r   | a   | t    | 0   | g     | a   | S   | t   | 0   | r   | m | W    | a      | t     | е | r | •   | 0 |   |
| g        | /    | С    | 0    | n      | t    | r   | a    | С    | t     | 0   | r    | S   | -   | d   | е    | V   | е     | 1   | 0   | р   | е   | r   | s | 6    | C      | 0     | n | s | t   | r |   |
| C        | t    | i    | 0    | n      | -    | r   | u    | n    | 0     | f   | f    | •   | h   | t   | m    |     |       |     |     |     |     |     |   |      |        |       |   |   |     |   |   |
| URL      | T    |      |      |        | 1    | 1   |      | /3   | 100   |     |      |     |     |     | la T |     |       |     |     |     |     |     |   |      |        |       |   |   |     |   | 1 |
|          | t    |      |      | •      | To.  | 1   | -    | W    | 7     | •   |      |     |     |     | t    | 0   | g     |     | s   |     | 0   |     |   | W    |        |       | е | r | •   | 0 | 1 |
| g        | /    | C .  |      | n      | -    | r   | a    | С    | t     | 0   | r    | S   | -   | d   | е    | V   | е     | 1   | 0   | р   | е   | r   | S | 3    | р      | 0     | S | t | -   | C |   |
| n        | S    | t    | r    | u      | С    | t   | i    | 0    | n     | (e) | h    | t   | m   |     |      |     |       |     |     |     |     |     |   |      |        |       |   |   |     |   |   |
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|          | t    | t    | p    | :      | 1    | 1   | W    |      | W     | •   | i    | a   | r   | a   |      | 0   |       |     |     |     | o   |     |   | W    | a<br>a |       | е |   | · - | 0 |   |
| g        | /    | m    |      | n      | i    | C   | i    | р    | a     | 1   | 1    | t   | 1   | е   | s    |     | р     | u   | b   | 1   | T   | С   | - | е    | d      | u     | C | a | t   | i |   |
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|          |      |     |      |       |      |        |       |       |      |      |      |     |    |     |      |     |       |    |     |    |     |    | SPI | DES | ID |   |   |   |   |   |   |
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| W<br>JRL |      | Pag | ge c | on'   | t.:  |        | Pre   | ovi   | de s | spec | cifi | c w | eb | ado | lres | ses | s - r | ot | hor | ne | pag | e, |     |     |    |   |   |   |   |   |   |
| h        | t    | t   | р    | :     | 1    | 1      | W     | w     | W    |      | s    | a   | r  | a   | t    | 0   | g     | a  | s   | t  | 0   | r  | m   | w   | a  | t | е | r |   | 0 | r |
| g        | 1    | s   | a    | r     | a    | t      | 0     | g     | a    | -    | С    | 0   | u  | n   | t    | У   | -     | m  | u   | n  | i   | C  | i   | р   | a  | 1 | i | t | i | е | S |
|          | h    | t   | m    |       |      |        |       |       |      |      |      |     |    |     |      |     |       |    |     |    |     |    |     |     |    |   |   |   |   |   |   |
| URL      |      |     |      |       |      |        |       |       |      |      |      |     |    |     |      |     |       |    |     |    |     |    |     |     |    |   |   |   |   |   |   |
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| g        | /    | r   | е    | s     | i    | d      | е     | n     | t    | s    | -    | i   | 1  | 1   | i    | С   | i     | t  | 4   | d  | i   | s  | C   | h   | a  | r | g | е |   | h | t |
| m        |      |     |      |       |      |        |       |       |      |      |      |     |    |     |      |     |       |    |     |    |     |    |     |     |    |   |   |   |   |   |   |
| JRL      |      |     |      |       |      |        |       |       |      |      |      |     |    |     |      |     |       |    |     |    |     |    |     |     |    |   |   |   |   |   |   |
| h        | t    | t   | р    | :     | 1    | 1      | w     | w     | w    | 10   | s    | a   | r  | a   | t    | 0   | g     | a  | s   | t  | 0   | r  | m   | W   | a  | t | е | r | 3 | 0 | r |
| g        | 1    | r   | е    | s     | i    | d      | е     | n     | t    | s    | -    | C   | 0  | n   | s    | t   | r     | u  | C   | t  | i   | 0  | n   | -   | r  | u | n | 0 | f | f |   |
| h        | t    | m   |      |       |      |        |       | 7     |      |      |      |     |    |     |      |     |       |    |     |    |     |    |     |     |    |   |   |   |   |   |   |
| JRL      |      |     |      |       |      |        |       |       |      |      |      |     |    |     |      |     |       |    |     |    |     |    |     |     |    |   |   |   |   |   |   |
| h        | t    | t   | р    | :     | 1    | 1      | w     | w     | W    |      | s    | a   | r  | a   | t    | 0   | g     | a  | s   | t  | 0   | r  | m   | w   | a  | t | е | r |   | 0 | r |
| g        | 1    | r   | е    | s     | i    | d      | е     | n     | t    | s    | -    | p   | 0  | s   | t    | -   | С     | 0  | n   | S  | t   | r  | u   | С   | t  | i | o | n | • | h | t |
| m        |      |     |      |       |      |        |       |       |      |      |      |     |    |     |      |     |       |    |     |    |     |    |     |     |    |   |   |   |   |   |   |
| URL      |      |     |      |       |      |        |       |       |      |      |      |     |    |     |      |     |       |    |     |    |     |    |     |     |    |   |   |   |   |   |   |
| h        | t    | t   | р    | :     | 1    | 1      | w     | w     | w    |      | s    | a   | r  | a   | t    | 0   | g     | a  | s   | t  | 0   | r  | m   | W   | a  | t | е | r |   | 0 | r |
| g        | 1    | C   | 0    | n     | t    | r      | a     | С     | t    | 0    | r    | s   | -  | d   | е    | v   | е     | 1  | 0   | р  | е   | r  | s   | ÷   | p  | 0 | s | t | - | C | 0 |
| n        | s    | t   | r    | u     | C    | t      | i     | 0     | n    |      | h    | t   | m  |     |      |     |       |    |     |    |     |    |     |     |    |   |   |   |   |   |   |
| JRL      |      |     |      |       |      |        |       |       |      |      |      |     |    |     |      |     |       |    |     |    |     |    |     |     |    |   |   |   |   |   |   |
| h        | t    | t   | р    | -6    | 1    | 1      | W     | W     | W    | 36   | s    | a   | r  | a   | t    | 0   | g     | a  | s   | t  | 0   | r  | m   | W   | a  | t | е | r |   | 0 | r |
| g        | 1    | C   | 0    | n     | t    | r      | a     | C     | t    | 0    | r    | s   | (= | d   | е    | v   | е     | 1  | 0   | р  | е   | r  | s   |     | С  | 0 | n | S | t | r | u |
| C        | t    | i   | 0    | n     | -    | r      | u     | n     | 0    | f    | f    |     | h  | t   | m    |     |       |    |     |    |     |    |     |     |    |   |   |   |   |   |   |
| JRL      |      |     |      |       |      |        |       |       |      |      |      |     |    |     |      |     |       |    |     |    |     |    |     |     |    |   |   |   |   |   |   |
| h        | t    | t   | р    | :     | 1    | 1      | w     | w     | W    |      | s    | a   | r  | a   | t    | 0   | g     | a  | s   | t  | 0   | r  | m   | w   | a  | t | е | r |   | 0 | r |
| g        | 1    | m   | u    | n     | i    | С      | i     | р     | a    | 1    | i    | t   | i  | е   | s    | -   | р     | u  | b   | 1  | i   | C  | -   | е   | d  | u | С | a | t | i | 0 |
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|     |                 |     |     |      |       | _    |     |      |       |      |      |      |     |    |     |      |     |     |      |     | _    |     |    | SPI | DES | ID |   |   |   |   |   |   |
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| Nar | ne c            | f M | S4/ | Coa  | litio | on_T | own | of V | Vater | ford |      |      |     |    |     |      |     |     |      |     |      |     |    | N   | Y   | R  | 2 | 0 | A | 0 | 3 | 7 |
|     | <b>W</b><br>url |     | Pag | ge c | con   | 't.: |     | Pro  | ovi   | de s | spec | cifi | c w | eb | ado | lres | ses | - r | ot ] | hor | ne j | pag | e. |     |     |    |   |   |   |   |   |   |
|     | h               | t   | t   | р    | :     | /    | /   | w    | W     | W    |      | s    | a   | r  | a   | t    | 0   | g   | a    | s   | t    | 0   | r  | m   | w   | a  | t | е | r |   | 0 | r |
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|     | h               | t   | t   | р    | :     | /    | /   | W    | W     | W    | •    | s    | a   | r  | a   | t    | 0   | g   | a    | s   | t    | 0   | r  | m   | W   | a  | t | е | r | ٠ | 0 | r |
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|     | •               | h   | t   | m    |       |      |     |      |       |      |      |      |     |    |     |      |     |     |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
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|     |                 |     |     |      |       |      |     |      |       |      |      |      |     |    |     |      |     |     |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
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|     |                 |     |     |      |       |      |     |      |       |      |      |      |     |    |     |      |     |     |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
|     |                 |     |     |      |       |      |     |      |       |      |      |      |     |    |     |      |     |     |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
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|     |                 |     |     |      |       |      |     |      |       |      |      |      |     |    |     |      |     |     |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
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|     |                 |     |     |      |       |      |     |      |       |      |      |      |     |    |     |      |     |     |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
|     |                 |     |     |      |       |      |     |      |       |      |      |      |     |    |     |      |     |     |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
|     |                 |     |     |      |       |      |     |      |       |      |      |      |     |    |     |      |     |     |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
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|     |                 |     |     |      |       |      |     |      |       |      |      |      |     |    |     |      |     |     |      |     |      |     |    |     |     |    |   |   |   |   |   |   |
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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

|                       |                              | SPL | <u> PES</u> | ID |   |   |   |   |   |   |
|-----------------------|------------------------------|-----|-------------|----|---|---|---|---|---|---|
| Name of MS4/Coalition | Saratoga County ISWM Program | N   | Y           | R  | 2 | 0 | С | 0 | 0 | 6 |
|                       |                              |     |             |    |   |   |   |   |   |   |

#### 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.

| Α. | Briefly summarize the | Measurable Goal | identified in t | he SWMPP in t | 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 education/training (106 attendees, 679hrs of training); the ISWM Program is maintained as the online source for information - updated as needed; ISWM Program continues to conduct direct education/outreach to groups/individuals and Staff throughout Saratoga County (575 attendees, 1,191hrs of education/training).

C. How many times was this observation measured or evaluated in this reporting period?

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|   |   |   |      |                     |  |

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

• Yes O 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
- -Add "Story Maps" to website via ESRI ArcGIS Online Story Map tool

SPDES ID

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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   | R 2 0 A 3 7 6               |
|---|-----------------------------|
| 4. Evaluating Progress Toward Measurable Goals MCM 1  |                             |
| Use this page to report on your progress and project plans toward achieving measu identified in your Stormwater Management Program Plan (SWMPP), including recIII.C.1. Submit additional pages as needed. | •                           |
| A. Briefly summarize the Measurable Goal identified in the SWMPP in this r  | eporting period.            |
| Continue participation in the Saratoga County CCE ISWM Program's Stormwater Public Education and Outreach.  | Management                  |
| B. Briefly summarize the observations that indicated the overall effectiveness Goal.  | of this Measurable          |
| All selected BMPs detailed in the ISWM Program Plan continue to be implemented  | ed.                         |
| C. How many times was this observation measured or evaluated in this repor  | ting period?                |
|   | (ex.: samples/participants/ |
| D. Has your MS4 made progress toward this Measurable Goal during this re  |                             |
| 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 the next reporting cycle (including an implementation schedule).  | his MCM during              |
| Continue implementation of the Saratoga County I-SWM Program Education/Out - Maintain website; ongoing throughout the year. Update website with link to ISW   |                             |

- Maintain "Town Hall" and public library display/kiosks; ongoing throughout the year

- Continue direct education/outreach programming; ongoing throughout the year

| This report is being submitted for the reporting period ending March 9, | 2 | 0 | 2 | 1 |
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| If submitting this form as part of a joint report on behalf of a coalition l   | leave SPDES ID blank.                   |
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|  | SPDES ID                                |
| Name of MS4/Coalition Town of Ballston   | N Y R 2 0 A 1 5 7                       |
|  |   |
| . Evaluating Progress Toward Measurable Goals MCM 1  |   |
| Use this page to report on your progress and project plans toward achieving dentified in your Stormwater Management Program Plan (SWMPP), includII.C.1. Submit additional pages as needed.   | <del>-</del>                            |
| A. Briefly summarize the Measurable Goal identified in the SWMPP i   | in this reporting period.               |
| Staff will continue to attend ISWM meetings and Watershed Management of Ballston published and distributed town newsletters which contained sto content. The informational kiosk within the Town Hall will be refreshed w materials. The Town will continue to be involved in the County ISWM Pro- | ormwater educational with informational |
| B. Briefly summarize the observations that indicated the overall effect Goal.  | tiveness of this Measurable             |
| Many monthly County ISWM meetings were attended by Town staff in ad Management Plan meetings. The Town of Ballston has begun issuing town include educational content regarding stormwater issues. The informational replenished as necessary.   | n newsletters, which                    |
| C. How many times was this observation measured or evaluated in this   | is reporting period?                    |
|  |   |
| D. Has your MS4 made progress toward this Measurable Goal during   | (ex.: samples/participants              |
| 7. Thas your 19154 made progress toward this Measurable Goar during  | Yes No                                  |
| Is your MC4 on schoolule to most the deadline set fouth in the CWM   | <del>_</del>                            |
| 2. Is your MS4 on schedule to meet the deadline set forth in the SWM   | <b>IPP?</b> ■ Yes  □ No                 |
| 3. Briefly summarize the stormwater activities planned to meet the go the next reporting cycle (including an implementation schedule).   | oals of this MCM during                 |
| Have staff Stormwater Management Officer attend monthly ISWM meetin regarding stormwater issues will continue to be incorporated into the town informational kiosk in Town Hall will be refreshed with informational mat   | n newsletter. The                       |
|  |   |

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

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| Name of MS4/Coalition Town of Charlton |   | N   | Y  | R  | 2 | 0 | А | 0 | 3 | 2 |

#### 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.

Covid restrictions prevented several annual events and limited MCM 1 program. 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?

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|------|------|-------|------|------|----------|
| samp | les/ | 'parı | tici | pant | s/events |

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

• Yes O No

(ex.:

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).

some continued interruption anticipated in 2021 due to Covid-19 restrictions. Generally, continue participation in County program. Continue town newsletter, rerun MS4 informational article, continue annual MS4 agenda meeting with relevant town officials to review SWMP commitments

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

|  | SPDES ID          |
|--|-------------------|
| Name of MS4/Coalition TOWN OF CLIFTON PARK | N Y R 2 0 A 0 3 5 |

#### 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?

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D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

• Yes O 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; COVID19 Restricted
- Continue SW Regional Training Center w/John Dunkle; COVID19 Restricted

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

|  | <br>SPL | DES | ID |   |   |   |   |   |   |
|--|---------|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition Town of Greenfield | N       | Y   | R  | 2 | 0 | А | 1 | 2 | 3 |

#### 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, and annual household trash and e-waste collections are very popular with abundant amount of citizen participation.

C. How many times was this observation measured or evaluated in this reporting period?

|       |      |      |       |       | 2    |         |    |
|-------|------|------|-------|-------|------|---------|----|
| (ex.: | samp | les/ | 'parı | tici, | pant | s/event | S, |

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

• Yes O 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 (pending social distancing) 2021. In 2020 the town held multiple road side cleanups (>7). Home household waste collection was held once in 2020, 89.83 tons of household waste material, 18.53 tons of recycled material and 31 pallets of electronic recyclables where collected and disposed of by the town. In 2021 the Town will continue participation in County program.

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|  | _ | SPD | ES | ID |   |   |   |   |   |   |
|--|---|-----|----|----|---|---|---|---|---|---|
| Name of MS4/Coalition Town of Halfmoon |   | N   | Y  | R  | 2 | 0 | А | 3 | 7 | 5 |

#### 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.

| $\boldsymbol{C}$ | How many | times was | thic  | ahservation | measured or   | r evaluated | in this   | reporting period? |
|------------------|----------|-----------|-------|-------------|---------------|-------------|-----------|-------------------|
| <b>\cdot</b>     | HOW many | times was | tills | ubsci vanun | incasul cu vi | evaluateu   | 111 11113 | reporting periou: |

(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

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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|                                     | SPL | )ES | SPDES ID |   |   |   |   |   |   |
|-------------------------------------|-----|-----|----------|---|---|---|---|---|---|
| Name of MS4/Coalition Town of Malta | N   | Y   | R        | 2 | 0 | А | 0 | 8 | 6 |

#### 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 9 brochures taken this year. 270 pet waste fliers distributed with dog licenses. Will continue to ensure that Town Clerk is distributing literature with pet licenses and renewals. Website has received 43 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 repo | orting period?                    |
|----------|--|-----------------------------------|
|          |  | 1                                 |
|          |  | (ex.: samples/participants/events |
| D.       | . Has your MS4 made progress toward this Measurable Goal during this r   | eporting period?                  |
|          |  | ● Yes □ No                        |
| Ε.       | Is your MS4 on schedule to meet the deadline set forth in the SWMPP?     | ■ Yes □ No                        |
| <b>T</b> |  | Ahia MCM dansina                  |

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 town newsletter mailing to all residents.

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|   | SPDES ID                             |
|---|--------------------------------------|
| Name of MS4/Coalition City of Mechanicvlle  | N Y R 2 0 A 5 5 1                    |
| 4. Evaluating Progress Toward Measurable Goals MCM 1  |                                      |
| Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed. |                                      |
| A. Briefly summarize the Measurable Goal identified in the S  | WMPP in this reporting period.       |
| The City participated in the Saratoga County CCE ISWM Program Public Education and Outreach program.  | m's Stormwater Management            |
| B. Briefly summarize the observations that indicated the overa Goal.  | all effectiveness of this Measurable |
| All selected BMPs detailed in the ISWM Program Plan continue t  | to be implemented.                   |
| C. How many times was this observation measured or evaluat  | ed in this reporting period?         |
| D. Has your MS4 made progress toward this Massurable Coa  | (ex.: samples/participants/events    |
| D. Has your MS4 made progress toward this Measurable Goa  | Yes ○ No                             |
| E. Is your MS4 on schedule to meet the deadline set forth in the  | he SWMPP? • Yes • No                 |
| F. Briefly summarize the stormwater activities planned to me<br>the next reporting cycle (including an implementation sche  |                                      |
| The City will continue to implement the Saratoga County ISWM Outreach.  | Program for Education and            |
|   |                                      |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|  | SPDES ID  |
|--|---|
| Name of MS4/Coalition City of Mechanicville  | N Y R 2 0 A 5 5 1   |
| 4. Evaluating Progress Toward Measurable Goals MCM   | 1   |
| Use this page to report on your progress and project plans tow identified in your Stormwater Management Program Plan (SW III.C.1. Submit additional pages as needed. |   |
| A. Briefly summarize the Measurable Goal identified in the   | ne SWMPP in this reporting period.                                    |
| The City still notified the public about household solid waste place in the spring as planned due to COVID but took place in   |   |
| B. Briefly summarize the observations that indicated the Goal.   | overall effectiveness of this Measurable                              |
| All residents received a flyer in the mail with the dates noted  | as well as what is allowed for drop-off.                              |
| C. How many times was this observation measured or eva   | luated in this reporting period?                                      |
|  |   |
| D. Has your MS4 made progress toward this Measurable   | (ex.: samples/participants/events  Goal during this reporting period? |
|  | ● Yes ○ No  |
| E. Is your MS4 on schedule to meet the deadline set forth  | in the SWMPP?   |
| F. Briefly summarize the stormwater activities planned to the next reporting cycle (including an implementation s  | e e   |
| The City plans to return to a spring and fall collection day   |   |
|  |   |
|  |   |
|  |   |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| Г                       |  |                          | SPDES ID                  |                     |
|-------------------------|--|--------------------------|---------------------------|---------------------|
| Name of MS4/Coalition   | City of Mechanicville  |                          | N Y R 2 0 A               | 5 5 1               |
| 4. Evaluating Prog      | gress Toward Measurable (  | Goals MCM 1              |                           |                     |
| identified in your St   | ort on your progress and projection or mwater Management Progretional pages as needed. | •                        |                           | n Part              |
| A. Briefly summar       | rize the Measurable Goal id  | entified in the SWM      | IPP in this reporting pe  | eriod.              |
|                         | efficient way to aid in public<br>ties in general, so a Facebook                       |                          |                           |                     |
| B. Briefly summar Goal. | rize the observations that in  | dicated the overall e    | effectiveness of this Mea | asurable            |
| The page had 17 lik     | ces as of this reporting period  |                          |                           |                     |
|                         |  |                          |                           |                     |
|                         |  |                          |                           |                     |
| C. How many time        | es was this observation meas   | sured or evaluated i     | n this reporting period   | ?                   |
| ·                       |  |                          |                           | 1 7                 |
| D. Has your MS/1        | made progress toward this I  | Maasurahla Caal du       |                           | oarticipants/events |
| D. Has your MIS4 I      | nade progress toward this i  | vicasui abic Goai uu     | • Yes                     |                     |
| E. Is your MS4 on       | schedule to meet the deadli  | ne set forth in the S    | SWMPP? • Yes              | s O No              |
| <u> </u>                | rize the stormwater activitie<br>ing cycle (including an imple                         | -                        | _                         | uring               |
| The City will contin    | nue to post on the page as we  | ll as advertise its pres | sence                     |                     |
|                         |  |                          |                           |                     |
|                         |  |                          |                           |                     |
|                         |  |                          |                           |                     |

This report is being submitted for the reporting period ending March 9, 2 0

| II Subilituii              | ig this form as part of | a joint report on benaif   |                  | ave SPDES<br>PDES ID | iD blank. |                           |
|----------------------------|-------------------------|--|------------------|----------------------|-----------|---------------------------|
| Name of MS4/Coalition      | City of Mechanicville   |  |                  | N Y R 2              | 0 A 5     | 5 1                       |
| 4. Evaluating Pro          | gress Toward Meas       | surable Goals MCM  | 1                |                      |           |                           |
| dentified in your St       |                         | s and project plans townent Program Plan (SV)                                | _                |                      | -         | Part                      |
| A. Briefly summar          | rize the Measurable     | e Goal identified in t   | he SWMPP in      | this repor           | ting peri | od.                       |
| how they can positi        |                         | eans by which to notif<br>well as a postcard to d<br>o illicit discharges.   |                  |                      |           | and                       |
| B. Briefly summan<br>Goal. | rize the observation    | ns that indicated the  | overall effectiv | veness of t          | his Meas  | urable                    |
| residents can positi       | vely participate. A p   | describing each of the<br>postcard describing ill<br>ds where illicit discha | icit discharges  | was created          |           |                           |
| C. How many time           | es was this observa     | tion measured or eva   | aluated in this  | reporting            | period?   | 0 0                       |
| D. Has vour MS4            | made progress tow       | ard this Measurable  | Goal during t    |                      |           | ticipants/ev<br><b>d?</b> |
| J                          | 1 8                     |  | 8                | •                    | • Yes     | ○ No                      |
| E. Is your MS4 on          | schedule to meet t      | the deadline set forth   | in the SWMP      | PP?                  | • Yes     | ○ No                      |
| •                          |                         | r activities planned to<br>g an implementation                               | 0                | ls of this M         | ACM dur   | ing                       |
| · ·                        | •                       | nwater webpage and h<br>harges. They will con                                |                  |                      |           |                           |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|  |  | SPDES ID                   |                             |
|--|--|----------------------------|-----------------------------|
| Name of MS4/Coalition City of Mechanicville  |  | N Y R 2                    | 0 A 5 5 1                   |
| 4. Evaluating Progress Toward M  | easurable Goals MCM 1                                  |                            |                             |
| Use this page to report on your progresidentified in your Stormwater Manag III.C.1. Submit additional pages as ne  | ement Program Plan (SWM                                | _                          | _                           |
| A. Briefly summarize the Measura   | ble Goal identified in the                             | SWMPP in this repor        | rting period.               |
| The City wanted a more robust form public to report suspected illicit discl www.mechanicvillestormwater.com events, includes the City's stormwater.  | harges and more. A stormway which educates the public, | ater website was create    | ed:                         |
| B. Briefly summarize the observation Goal.   | ions that indicated the ove                            | erall effectiveness of the | his Measurable              |
| The website has not yet been highly  | publicized, yet will be utiliz                         | zed more in 2021.          |                             |
|  |  |                            |                             |
| C. How many times was this obser   | vation measured or evalua                              | nted in this reporting     |                             |
|  |  | (ex.:                      | samples/participants/event. |
| D. Has your MS4 made progress to   | oward this Measurable Go                               | al during this report      | ing period?<br>● Yes ○ No   |
| E. Is your MS4 on schedule to mee  | t the deadline set forth in                            | the SWMPP?                 | • Yes O No                  |
| F. Briefly summarize the stormwarthe next reporting cycle (including the next reporting cycle (including the next reporting cycle (including the next reporting the next reporting cycle (including the next reporting the nex | <u>=</u>   |                            | ICM during                  |
| The City will continue to update the   | website and utilize it for pu                          | blic education and inv     | olvement.                   |
|  |  |                            |                             |
|  |  |                            |                             |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

| in outsiming this form as part of a joint report on contain of a s  | SPDES ID   |
|---|--|
| Name of MS4/Coalition TOWN OF MILTON  | N Y R 2 0 A 1 0 8  |
| 4. Evaluating Progress Toward Measurable Goals MCM 1  |  |
| Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed. |  |
| A. Briefly summarize the Measurable Goal identified in the SV   | WMPP in this reporting period.   |
| Continued participation in Saratoga Co. CCE ISWM Programs in Outreach.  | cluding Public Education and   |
| B. Briefly summarize the observations that indicated the overa Goal.  | all effectiveness of this Measurable   |
| Selected BMPs detailed in ISWM Program Plan continue to be im   | plemented  |
| C. How many times was this observation measured or evaluate   | ed in this reporting period?   |
| of from many times was this observation measured or evarant   | 2  |
| D. Has your MS4 made progress toward this Measurable Goal   | (ex.: samples/participants/events  I during this reporting period?  ● Yes ○ No |
| E. Is your MS4 on schedule to meet the deadline set forth in the  |  |
| F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation scheen   | 8  |

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.

| This report is being submitted for the reporting period ending March 9 | 2   | 0 | 2 | 1 |
|--|-----|---|---|---|
| period chang watch   | , ~ | 0 | 4 | 1 |

| in sublifiting this form as part of a joint report on behalf of a coalitie   |  |
|--|--|
|  | SPDES ID   |
| Town of MS4/Coalition TOWN OF MOREAU   | N Y R 2 0 A 1 5 8  |
| Evaluating Progress Toward Measurable Goals MCM 1  |  |
|  |  |
| Use this page to report on your progress and project plans toward achieved dentified in your Stormwater Management Program Plan (SWMPP), incl. 1. Submit additional program of the content | ing measurable goals   |
| II.C.1. Submit additional pages as needed.   |  |
| a. Briefly summarize the Measurable Goal identified in the SWMPl   | P in this reporting period.  |
| Continue implementation of the Saratoga County I-WM Program Educa Maintain website   |  |
| Maintain "Town Hall" display/kiosk   |  |
| Continue direct education/outreach programming   |  |
| Continue SW Regional Training Center w/ John Dunkle  |  |
| . Briefly summarize the observations that indicated the overall effe Goal.  ICM1 implementation primarily relied upon the Saratoga County ISWN utreach and educational materials. The Town website provided a link to ast years goal of direct ed/outreach and training.   | M Program's website for  |
| ICM1 implementation primarily relied upon the Saratoga County ISWA   | M Program's website for  |
| ACM1 implementation primarily relied upon the Saratoga County ISWN utreach and educational materials. The Town website provided a link to ast years goal of direct ed/outreach and training metrics will be dropped nticipated that as the program improves these goals will be revisited.   | M Program's website for their annual report. The las not yet effective. It is  |
| ACM1 implementation primarily relied upon the Saratoga County ISWN utreach and educational materials. The Town website provided a link to ast years goal of direct ed/outreach and training metrics will be dropped  | M Program's website for their annual report. The las not yet effective. It is  |
| ACM1 implementation primarily relied upon the Saratoga County ISWN utreach and educational materials. The Town website provided a link to ast years goal of direct ed/outreach and training metrics will be dropped nticipated that as the program improves these goals will be revisited.  How many times was this observation measured or evaluated in the   | M Program's website for their annual report. The las not yet effective. It is nis reporting period?  |
| ACM1 implementation primarily relied upon the Saratoga County ISWN utreach and educational materials. The Town website provided a link to ast years goal of direct ed/outreach and training metrics will be dropped nticipated that as the program improves these goals will be revisited.   | M Program's website for their annual report. The las not yet effective. It is nis reporting period?  |
| MCM1 implementation primarily relied upon the Saratoga County ISWN utreach and educational materials. The Town website provided a link to ast years goal of direct ed/outreach and training metrics will be dropped nticipated that as the program improves these goals will be revisited.  How many times was this observation measured or evaluated in the Has your MS4 made progress toward this Measurable Goal during   | M Program's website for their annual report. The las not yet effective. It is nis reporting period?  [ex.: samples/participants/g this reporting period?  Yes No                   |
| ACM1 implementation primarily relied upon the Saratoga County ISWN utreach and educational materials. The Town website provided a link to ast years goal of direct ed/outreach and training metrics will be dropped nticipated that as the program improves these goals will be revisited.  How many times was this observation measured or evaluated in the   | M Program's website for their annual report. The las not yet effective. It is nis reporting period?  [ex.: samples/participants/g this reporting period?  Yes No                   |
| MCM1 implementation primarily relied upon the Saratoga County ISWN utreach and educational materials. The Town website provided a link to ast years goal of direct ed/outreach and training metrics will be dropped nticipated that as the program improves these goals will be revisited.  How many times was this observation measured or evaluated in the Has your MS4 made progress toward this Measurable Goal during Is your MS4 on schedule to meet the deadline set forth in the SWN Briefly summarize the stormwater activities planned to meet the goal.   | M Program's website for their annual report. The las not yet effective. It is nis reporting period?  [ex.: samples/participants/g this reporting period?  Yes O No  MPP?  Yes O No |
| MCM1 implementation primarily relied upon the Saratoga County ISWN utreach and educational materials. The Town website provided a link to ast years goal of direct ed/outreach and training metrics will be dropped nticipated that as the program improves these goals will be revisited.  How many times was this observation measured or evaluated in the Has your MS4 made progress toward this Measurable Goal during Is your MS4 on schedule to meet the deadline set forth in the SWN Briefly summarize the stormwater activities planned to meet the gothen ext reporting cycle (including an implementation schedule).  | M Program's website for their annual report. The las not yet effective. It is nis reporting period?  [ex.: samples/participants/g this reporting period?  Yes O No  MPP?  Yes O No |
| MCM1 implementation primarily relied upon the Saratoga County ISWN utreach and educational materials. The Town website provided a link to ast years goal of direct ed/outreach and training metrics will be dropped nticipated that as the program improves these goals will be revisited.  How many times was this observation measured or evaluated in the Has your MS4 made progress toward this Measurable Goal during Is your MS4 on schedule to meet the deadline set forth in the SWN Briefly summarize the stormwater activities planned to meet the goal.   | M Program's website for their annual report. The las not yet effective. It is nis reporting period?  [ex.: samples/participants/g this reporting period?  Yes O No  MPP?  Yes O No |

SPDES ID

6932504403

#### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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  | NYR2            | 0 A 0       | 9 9    |
|--|-----------------|-------------|--------|
| 4. Evaluating Progress Toward Measurable Goals MCM 1   |                 |             |        |
| Use this page to report on your progress and project plans toward achieving identified in your Stormwater Management Program Plan (SWMPP), incl. III.C.1. Submit additional pages as needed. | •               |             | Part   |
| A. Briefly summarize the Measurable Goal identified in the SWMPP   | in this repo    | rting peri  | iod.   |
| Maintain constant stock of literature available at Village Hall and the Roavailable to the interested public.  | und Lake Lib    | rary gene   | rally  |
| B. Briefly summarize the observations that indicated the overall effection.  | ctiveness of t  | this Meas   | urable |
| Stock of materials was checked and determined adequate.  |                 |             |        |
| C. How many times was this observation measured or evaluated in the  | nis reporting   | period?     | 2      |
| D. Harris MC4 and de marries forward this Massaurahle Coal durin   |                 | samples/par |        |
| D. Has your MS4 made progress toward this Measurable Goal durin  | g this report   | Yes         |        |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWI   | MPP?            | • Yes       | O No   |
| F. Briefly summarize the stormwater activities planned to meet the g<br>the next reporting cycle (including an implementation schedule).   | goals of this I | MCM du      | ring   |
| The Round Lake Village newsletter (e-letter; distributed via email and av  | ailable for vi  | ewing at    | our    |

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.

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| Name of MS4/Coalition   | Saratoga County, Dep                      | partment of Public                        | Works            | N Y R 2          | 0 A 2                             | 0 9          |
|---|---|---|------------------|------------------|-----------------------------------|--------------|
| 4. Evaluating Progr   | ress Toward Measu                         | ırable Goals MC                           | 'M 1             |                  |                                   |              |
| Use this page to report identified in your Storill.C.1. Submit additi | rt on your progress a<br>rmwater Manageme | and project plans to<br>nt Program Plan ( | coward achievin  |                  |                                   | Part         |
| A. Briefly summariz   | ze the Measurable (                       | Goal identified i                         | n the SWMPP      | in this report   | ing peri                          | od.          |
| Maintain public acce<br>Continue cooperation<br>Continue ongoing en   | n and participation w                     | ith the Saratoga                          | County ISWM      | Program          |                                   |              |
| B. Briefly summariz   | ze the observations                       | that indicated th                         | 1e overall effec | ctiveness of thi | is Meası                          | urable       |
| All resources describ ongoing.  | ped in the SC DPW S                       | SWMP &/or ISW                             | M Plans have b   | een implemen     | ted and a                         | are          |
| C. How many times   | was this observation                      | on measured or                            | evaluated in th  | is reporting p   | eriod?                            |              |
|   |   |   |                  |                  |                                   | 1            |
| D. Has your MS4 m   | ade progress towar                        | rd this Measural                          | ole Goal during  |                  | g period                          |              |
| E. Is your MS4 on s   | schedule to meet the                      | e deadline set for                        | th in the SWM    | <b>1PP?</b>      | <ul><li>Yes</li><li>Yes</li></ul> | □ No<br>□ No |
| F. Briefly summarize the next reportin                                | ze the stormwater a                       | -   | _                | oals of this Mo  | CM dur                            | ing          |
| Maintain all measure  | es described in the So                    | C DPW &/or ISW                            | /M Plans. Con    | tinue all ongoi  | ng progr                          | rams.        |
|   |   |   |                  | -                | -                                 |              |
|   |   |   |                  |                  |                                   |              |
|   |   |   |                  |                  |                                   |              |

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|  | SPDES ID  |
|--|---|
| Name of MS4/Coalition City of Saratoga Springs   | N Y R 2 0 A 2 1 6   |
| 4. Evaluating Progress Toward Measurable Goals MCM 1   |   |
| The Dynamic Flogroup Towns in Linear Course Inching  | •   |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed.  |   |
| A. Briefly summarize the Measurable Goal identified in the S   | WMPP in this reporting period.  |
| Provide the general public with access to information and educati stormwater management and pollution prevention.  | ional materials related to  |
|  |   |
|  |   |
| B. Briefly summarize the observations that indicated the over Goal.  | all effectiveness of this Measurable  |
| - (365) days SW Management Program web page posted on City - (10,480) utility bills mailed quarterly with information about sto - Brochures and other printed material publicly available in City - Pet waste and waterfowl feeding signs posted at Congress Park, - (0) "Don't Pollute" storm drain decals installed or replaced this | ormwater pollution prevention. Engineers Office. Farmers Market, and other locales. |
| Constituted manufacturation in Company Control TOWN & Date of manufacturation  | . 3 0   |
| C. How many times was this observation measured or evaluate  | ted in this reporting period?   |
|  | 3 6 5   |
| D. Has your MS4 made progress toward this Measurable Goa   | (ex.: samples/participants/event<br>al during this reporting period?                |
| D. Has your MIS4 made progress toward this Measurable Goz  | • Yes O No  |
| E. Is your MS4 on schedule to meet the deadline set forth in t   |   |
|  |   |

- 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 include stormwater pollution prevention information on quarterly utility bills.
- Maintain public accessibility to information and educational materials.
- Install/maintain posted signs promoting pet waste disposal and not feeding waterfowl.
- Install/replace "Don't Pollute" storm drain decals.
- Continue norticination in Santage Co. ISWM Drawn muhlis ad le sutremah nativities

This report is being submitted for the reporting period ending March 9, 2 0

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 N Y R        | 2 0 A 0 9         | 1  |
|--|---|------------------------|-----------------------|-------------------|--|
| 4. Evaluating Pro                          | gress Toward Measura  | ble Goals MCM 1        |                       |                   |  |
| identified in your St                      | ort on your progress and cormwater Management I tional pages as needed. |                        | •                     | •                 | t  |
| A. Briefly summar                          | rize the Measurable Go  | al identified in the S | WMPP in this repo     | orting period.    | <u>,                                    </u> |
| Continue participat<br>Public Education an | ion in the Saratoga Coun<br>nd Outreach.                                | ty CCE ISWM Progra     | am's Stormwater Ma    | anagement         |  |
|  |   |                        |                       |                   |  |
| B. Briefly summar<br>Goal.                 | rize the observations tha   | at indicated the over  | all effectiveness of  | this Measura      | ıble   |
| All selected BMP's                         | detailed in the ISWM Pr   | rogram Plan continue   | to be implemented.    |                   |  |
|  |   |                        |                       |                   |  |
|  |   |                        |                       |                   |  |
| C. How many time                           | es was this observation   | measured or evaluat    | ted in this reporting | g period?         |  |
|  |   |                        |                       |                   | 1  |
| D. Hassians MC4.                           | do do 40 do   | this Massaurahla Cas   |                       | : samples/partici | pants/events)                                |
| D. Has your MIS4                           | made progress toward t  | inis Measurabie Goa    | ii during this repor  | <b>U A</b>        | No   |
| E. Is your MS4 on                          | schedule to meet the de   | eadline set forth in t | he SWMPP?             |                   | No   |
| ž.   | rize the stormwater acti<br>ing cycle (including an i                   | -                      | C                     | MCM during        | ,  |

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

#### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| e SPD   | ES I   | D blan  | ık.   |   |  |
|---------|--|---|---|---|--|
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| is rep  | ort  | ing pe  | eric  | od.   |  |
| EISW    | M I  | rogra   | m's   | S   |  |
| iess o  | f thi  | is Mea  | asu   | rab   | le   |
| ented.  |  |   |   |   |  |
| oortii  | ıg p   | eriod   | ?   |   |  |
| /av     |  | molasia   | 1   |   | L at a farming   |
|         |  | g peri  |   | 100   | ncs/even   |
| L'ANTON |  | 2 1/01  | wu  |   |  |
| repo    |  | • Yes   |   | ON  | lo   |
|         | easura<br>g requires repoy To<br>E ISW<br>rating | easurable grequirements report by Town of E ISWM I rating Properting Properting porting p | easurable goals grequirements in the reporting period rating Procedurements of this Mean rating Procedurements. | easurable goals g requirements in F  is reporting period by Town officials f E ISWM Program's rating Procedures rating Procedures  ented. | easurable goals grequirements in Part his reporting period.  by Town officials for E ISWM Program's rating Procedures for hess of this Measurab ented. |

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 educaton/outreach programming; ongoing throughout the year
- Continue creation of Standard Operation Procedures for Coalition members to create a consistent

#### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| If submitting this form as part of a joint report on behalf of a coalition le  | eave         | SPD    | ES I  | D bla | nk.  |            |     |
|--|--------------|--------|-------|-------|------|------------|-----|
|  | SPDE         | 1      |       |       |      |            | -   |
| Name of MS4/Coalition Village of Stillwater  | NY           | R      | 2     | 0 A   | 5    | 4 7        |     |
| 4. Evaluating Progress Toward Measurable Goals MCM 1  Use this page to report on your progress and project plans toward achieving dentified in your Stormwater Management Program Plan (SWMPP), include  | mea          | sura   | ble ; | goals | in I | Part .     |     |
| II.C.1. Submit additional pages as needed.   | 6            | coqui  | iron  | ionio |      |            |     |
| A. Briefly summarize the Measurable Goal identified in the SWMPP in  | thi          | s rep  | ort   | ing p | erio | od.        |     |
| During this reporting period the Village continued to develop forms to be u record keeping through its continued participation in the Saratoga County C Stormwater Management Public Education and Outreach where Standard C all members of the Coalition are being drafted. | CCE          | ISW    | MI    | Progr | am'  | S          |     |
| B. Briefly summarize the observations that indicated the overall effecti<br>Goal.  | ivene        | ess o  | f th  | is Mo | east | ırabl      | e   |
| Area sites were maintained to a satisfactory level with no violations occurri<br>All selected BMPs detailed in the ISWM Program Plan continue to be impl   | ing.<br>leme | nted.  |       |       |      |            |     |
| C. How many times was this observation measured or evaluated in this   | s rep        | ortii  | ıg p  | erio  | d?   | 1          |     |
|  |              |        |       |       |      | ticipan    | nts |
| D. Has your MS4 made progress toward this Measurable Goal during   | this         | repo   | rtir  | g pe  |      | d?<br>○ No | 0   |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWMI  | PP?          |        |       | • Ye  |      | O No       |     |
| E. D. G  | ale o        | f this | M     | CM    | dur  | ina        |     |

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
- Croate a William Hall diamlar/linelarith written meteriale engaine throughout the veer

This report is being submitted for the reporting period ending March 9, 2 0 2

|                       |   | SPDES ID                                |
|-----------------------|---|---|
| Name of MS4/Coalition | Town of Waterford   | N Y R 2 0 A 0 3 7                       |
| 4. Evaluating Pro     | gress Toward Measurable Goals MCM 1   |   |
| identified in your St | ort on your progress and project plans toward tormwater Management Program Plan (SWM tional pages as needed.                            |   |
| A. Briefly summar     | rize the Measurable Goal identified in the  | e SWMPP in this reporting period.       |
|                       | ned educational kiosks at the Town Hall and hlets and brochures, information about storm  | •                                       |
| B. Briefly summan     | rize the observations that indicated the ove  | verall effectiveness of this Measurable |
| "Where does all the   | nwater pamphlets/brochures are made available Dirty Water Go?"; "10 Things You Can dowater Regulations and the Construction Industrials | to Prevent Stormwater Runoff            |
| C. How many time      | es was this observation measured or evalu   | uated in this reporting period?         |
|                       |   | (ex.: samples/participants/             |
| D. Has your MS4       | made progress toward this Measurable Go   | Goal during this reporting period?      |
| E. Is your MS4 on     | schedule to meet the deadline set forth in  | ● Yes ○ No  n the SWMPP? ● Yes ○ No     |
| •                     | rize the stormwater activities planned to ming cycle (including an implementation sch   |   |
| The Town will con     | tinue to maintain the educational kiosk.  |   |
|                       |   |   |
|                       |   |   |

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| ii suoiiittii              | ig tills form as part of   | a joint report of | ii ociiali ol a ( |                | ES ID     | ווומוט עוו           | Λ.     |        |
|----------------------------|--|-------------------|-------------------|----------------|-----------|----------------------|--------|--------|
| Name of MS4/Coalition      | Town of Waterford  |                   |                   |                | Y R 2     | 0 A                  | 0 3    | 7      |
|                            |  |                   |                   |                |           |                      |        |        |
| 4. Evaluating Pro          | gress Toward Mea   | surable Goals     | S MCM 1           |                |           |                      |        |        |
| identified in your St      | ort on your progress<br>tormwater Managen<br>tional pages as need      | nent Program F    |                   | _              |           | _                    | ı Parı | t      |
| A. Briefly summar          | rize the Measurabl   | e Goal identif    | ied in the SV     | WMPP in th     | is report | ting pe              | riod.  |        |
| how they can positi        | rford wanted a mear<br>ively contribute, as v<br>ed of contributing to | well as a postc   | ard to distrib    |                |           |                      | and    |        |
| B. Briefly summar<br>Goal. | rize the observation   | ns that indicat   | ted the overa     | all effectiven | ess of th | is Mea               | isura  | ble    |
| residents can positi       | flyer was created, ovely participate. A pents or neighborhood          | postcard descri   | bing illicit di   | ischarges wa   | s created |                      |        |        |
| C. How many time           | es was this observa  | tion measured     | d or evaluate     | ed in this rep | porting p | period               | ?      |        |
|                            |  |                   |                   |                |           |                      | 5      | 0      |
| D. Has vour MS4            | made progress tow  | ard this Meas     | surable Goal      | l during this  |           | amples/pa<br>ng neri |        | pants/ |
| o. Has your Mist           | made progress tow  | ard this wicas    | our abic Goal     | during tims    | reportii  | Yes                  |        | No     |
| E. Is your MS4 on          | schedule to meet t   | the deadline so   | et forth in th    | e SWMPP?       |           | • Yes                |        | No     |
| •                          | rize the stormwatering cycle (including                                | -                 |                   | _              | of this M | CM dı                | aring  | ξ.     |
| The Town posted the        | he flyer on their stor   | rmwater webpa     | age and will      | distribute the | postcaro  | ds as ne             | eded   |        |
|                            |  |                   |                   |                |           |                      |        |        |
|                            |  |                   |                   |                |           |                      |        |        |
|                            |  |                   |                   |                |           |                      |        |        |

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|   |   | SPDES ID                    |  |
|---|---|-----------------------------|--|
| Name of MS4/Coalition                     | n Town of Waterford   | N Y R 2                     | 0 A 0 3 7                              |
| 4. Evaluating Pro                         | ogress Toward Measurable Goals MCM  | 1                           |  |
| identified in your S                      | port on your progress and project plans to<br>tormwater Management Program Plan (S'<br>litional pages as needed.  | _                           | _                                      |
| A. Briefly summa                          | rize the Measurable Goal identified in t  | he SWMPP in this repor      | ting period.                           |
| public to report sus<br>www.waterfordstor | a more robust form of stormwater educations a more robust form of stormwater educations and more. A stormwater.com which educates the public, restormwater mapping, and more. | mwater website was create   | d:                                     |
| B. Briefly summa<br>Goal.                 | rize the observations that indicated the  | overall effectiveness of th | is Measurable                          |
| The website has no                        | ot yet been highly publicized, yet will be u  | tilized more in 2021.       |  |
| C. How many time                          | es was this observation measured or ev  |                             | period?  1 camples/participants/event. |
| D. Has your MS4                           | made progress toward this Measurable  | Goal during this reporti    | ng period?<br>● Yes ○ No               |
| E. Is your MS4 on                         | n schedule to meet the deadline set forth   | in the SWMPP?               | ● Yes ○ No                             |
| •   | rize the stormwater activities planned ting cycle (including an implementation  | _                           | CM during                              |
| The Town will con                         | ntinue to update the website and utilize it f   | or public education and inv | volvement.                             |
|   |   |                             |  |
|   |   |                             |  |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|   | SPDES ID                                  |
|---|---|
| Name of MS4/Coalition Village of Waterford  | N Y R 2 0 A 4 6 9                         |
| 4. Evaluating Progress Toward Measurable Goals MCM 1  |   |
| Use this page to report on your progress and project plans toward ac identified in your Stormwater Management Program Plan (SWMPP III.C.1. Submit additional pages as needed. |   |
| A. Briefly summarize the Measurable Goal identified in the SW   | MPP in this reporting period.             |
| Continur parcipitation in the Saratoga County CCE ISWM Program Public Education and Outreach  | n's Stormwater Management                 |
| B. Briefly summarize the observations that indicated the overal Goal.   | l effectiveness of this Measurable        |
| ALl selected BMP's detailed in the ISWM Program Plan continue to  | o be implemented.                         |
|   |   |
| C. How many times was this observation measured or evaluated  | l in this reporting period?               |
|   | (ex.: samples/participants/               |
| 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 next reporting cycle (including an implementation schedu   |   |
| Continue implementation of the Saratoga County I-SWM Program -Maintain website: ongoing throughout the year   | Education/Outreach Program                |

- -Maintain "Town Hall' display/kiosks: ongoing throughout the ear
- -Continue direct education/outreach, programming, ongoing throughout the year
- -Continue SW Regional Training Center w/John Dunkle: ongoing throughout the year

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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

|                            |           | <br>SPI |   |   |   |   |   |   |   |   |
|----------------------------|-----------|---------|---|---|---|---|---|---|---|---|
| Name of MS4/Coalition Town | of Wilton | N       | Y | R | 2 | 0 | А | 1 | 1 | 4 |

#### 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 when practical.

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 | $\bigcirc$ No |
|---------------|-----|---------------|
| $\overline{}$ | 100 | $\sim$ 110    |

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

| • Yes C | ) N | o |
|---------|-----|---|
|---------|-----|---|

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, when needed
- Continue direct education/outreach programming; ongoing throughout the year
- Continue SW Regional Training Center; ongoing throughout the year, when feasible.

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|  | SPDES ID          |       |      |     |     |    |   |   |   |  |  |
|--|-------------------|-------|------|-----|-----|----|---|---|---|--|--|
| Name of MS4/Coalition Saratoga County ISWM Program | N                 | Y     | R    | 2   | 0   | С  | 0 | 0 | 6 |  |  |
| Minimum Control Massura 2 Pub                      | lia Involvament/D | ) a w | tiai | ina | tio | 'n |   |   |   |  |  |

| The information in this section is being reported (check one   | e):  |
|--|--|
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report</li> </ul>               | t? 1 9                                     |
| 1. What opportunities were provided for public particle development, evaluation and improvement of the (SWMP) Plan during this reporting period? Che | e Stormwater Management Program            |
| • Cleanup Events   | # Events 0                                 |
| O Comments on SWMP Received  | # Comments                                 |
| Community Hotlines   | none # (                                   |
| Phone # ( 5 1 8 ) 8 8 5 - 8 9 9 5 Ph   | none # (                                   |
| Phone # ( Ph   | none# (                                    |
| Phone # ( Ph   | none# (                                    |
| Phone # ( Ph   | none # (                                   |
| Phone # ( Ph   | none # (                                   |
| O Community Meetings   | # Attendees                                |
| ○ Plantings  | Sq. Ft.                                    |
| <ul><li>Storm Drain Markings</li></ul>   | # Drains 0                                 |
| O Stakeholder Meetings   | # Attendees                                |
| O Volunteer Monitoring   | # Events                                   |
| Other:   |  |
| 2. Was public notice of availability of this annual r<br>Program (SWMP) Plan provided?   | eport and Stormwater Management • Yes • No |
| • List-Serve   | # In List 6 2 6                            |
| O Newspaper Advertising  | # Days Run                                 |
| ○ TV/Radio Notices   | # Days Run                                 |
| $\circ$ $\circ$ $\circ$ $\circ$  |  |

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| Name of MS4/Coalitio                          | $_{ m in}$ Villa | ige  | of         | Ba        | alls | tor  | ı S | Spa  | 1     |      |      |      |     |     |    |     | N   | Y    | R    | 2   | 0    | А         | 3  | 7 | 6  |
|---|------------------|------|------------|-----------|------|------|-----|------|-------|------|------|------|-----|-----|----|-----|-----|------|------|-----|------|-----------|----|---|----|
| <u>Mini</u>                                   | <u>imum</u>      | Co   | <u>ntr</u> | <u>ol</u> | M    | eas  | ur  | e 2  | 2. F  | Pul  | olio | : Iı | nvo | lv  | en | nen | t/F | ar   | tic  | ipa | ıtio | <u>)n</u> |    |   |    |
| The information in                            | this sec         | tion | is b       | ein       | g re | port | ted | (ch  | eck   | one  | e):  |      |     |     |    |     |     |      |      |     |      |           |    |   |    |
| On behalf of an in On behalf of a control How |                  |      |            | ontr      | ribu | ited | to  | this | s rej | or   | t? [ |      |     |     |    |     |     |      |      |     |      |           |    |   |    |
| 1. What opported development, (SWMP) Plan     | evalua           | atio | n an       | ıd i      | mp   | rov  | en  | ien  | t of  | th   | e St | tor  | mw  | ato | er | Ma  | nag |      |      |     |      | ran       | n. |   |    |
| • Cleanup Events                              |                  |      |            |           |      |      |     |      |       |      |      |      |     |     |    |     |     | # E  | Evei | ıts |      |           |    |   | 2  |
| ○ Comments on SV                              | WMP R            | ecei | ved        |           |      |      |     |      |       |      |      |      |     |     |    |     | # ( | Com  | mei  | nts |      |           |    |   |    |
| • Community Hotl                              | lines            |      |            |           |      |      |     |      |       | Pł   | one  | #    | (   | 5   | 1  | . 8 | ])  | 8    | 8    | 5   | _    | 5         | 7  | 1 | 1  |
| Phone # <b>(</b> 5                            | 1 8              | 8 8  | 8 8        | 5         | _    | 8    | 9   | 9    | 5     | Pł   | one  | #    | (   |     |    |     | ])  |      |      |     | _    |           |    |   |    |
| Phone # (                                     |                  | )    |            |           | _    |      |     |      |       | Pł   | one  | #    | (   |     |    |     | ])  |      |      |     | _    |           |    |   |    |
| Phone # (                                     |                  | )    |            |           | _    |      |     |      |       | Pł   | one  | #    | (   |     |    |     | ])  |      |      |     | _    |           |    |   |    |
| Phone # (                                     |                  | )    |            |           | ] -  |      |     |      |       | Pł   | one  | #    | (   |     |    |     | ])  |      |      |     | _    |           |    |   |    |
| Phone # (                                     |                  | )    |            |           | ] -  |      |     |      |       | Pł   | one  | #    | (   |     |    |     | ])  |      |      |     | _    |           |    |   |    |
| O Community Mee                               | tings            |      |            |           |      |      |     |      |       |      |      |      |     |     |    |     | #   | Atte | nde  | ees |      |           |    |   |    |
| <ul><li>Plantings</li></ul>                   |                  |      |            |           |      |      |     |      |       |      |      |      |     |     |    |     |     | 9    | Sq.  | Ft. |      | 8         | 0  | 0 | 0  |
| O Storm Drain Man                             | rkings           |      |            |           |      |      |     |      |       |      |      |      |     |     |    |     |     | # I  | Orai | ns  |      |           |    |   |    |
| O Stakeholder Mee                             | etings           |      |            |           |      |      |     |      |       |      |      |      |     |     |    |     | #   | Atte | nde  | ees |      |           |    |   |    |
| O Volunteer Monit                             | oring            |      |            |           |      |      |     |      |       |      |      |      |     |     |    |     |     | # E  | Evei | ıts |      |           |    |   |    |
| ● Other: L i t                                | e r              | a t  | t u        | ır        | е    |      | D   | i    | s     | t    | r    | i    | b   | u   | t  | i   | 0   | n    |      |     |      |           |    |   |    |
| 2. Was public no Program (SW                  |                  |      |            |           | ·    |      | his | an   | nua   | al r | epo  | rt   | and | l S | to | rmv | vat | er I | Ma   | nag | ,    | ent<br>Ye |    |   | No |
| O List-Serve                                  |                  |      |            |           |      |      |     |      |       |      |      |      |     |     |    |     |     | # I  | n L  | ist |      |           |    |   |    |
| O Newspaper Adve                              | ertising         |      |            |           |      |      |     |      |       |      |      |      |     |     |    |     | #   | Day  | s R  | un  |      |           |    |   |    |
| ○ TV/Radio Notice                             | es               |      |            |           |      |      |     |      |       |      |      |      |     |     |    |     | #   | Day  | s R  | un  |      |           |    |   |    |
| Other:  |                  |      |            |           |      |      |     |      |       |      |      |      |     |     |    |     |     |      |      |     |      |           |    |   |    |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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

SPDES ID

| Name of MS4/Coalition Town of Ballston   | N Y R 2 0 A 1 5 7                               |
|--|---|
| Minimum Control Measure 2. Public Invo   | lvement/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?  | n in implementation,<br>ater Management Program |
| Cleanup Events Ballston Lake Cleanup Day (May 2020)  | # Events 1                                      |
| O Comments on SWMP Received  | #Comments                                       |
| • Community Hotlines Phone # (   | )   |
| Phone # ( 5 1 8 ) 4 9 0 - 2 7 1 5 Phone # ( [  | )   |
| Phone # ( 5 1 8 ) 8 8 5 - 8 9 9 5 Phone # ( [  | )   |
| Phone # ( Phone # ( [  | )   |
| Phone # ( Phone # ( [  | )   |
| Phone # ( Phone # ( [  | )   |
| O Community Meetings   | # Attendees                                     |
| O Plantings  | Sq. Ft.   |
| O Storm Drain Markings   | # Drains  |
| O Stakeholder Meetings   | # Attendees                                     |
| O Volunteer Monitoring   | # Events  |
| Other: Watershed Manageme  | n t Plan  |
| 2. Was public notice of availability of this annual report and Program (SWMP) Plan provided? | Stormwater Management  Yes No                   |
| List-Serve   | # In List 2 1 0 0                               |
| O Newspaper Advertising  | # Days Run                                      |
| O TV/Radio Notices   | # Days Run                                      |
| Other: TownBoardMtgAn  | n o u n c e m e n t                             |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

|   |      |      |       | SP.         | DES I | D     |            |            |   |   |    |
|---|------|------|-------|-------------|-------|-------|------------|------------|---|---|----|
| Name of MS4/Coalition Town of Charlton  |      |      |       | N           | Y     | R 2   | 0          | A          | 0 | 3 | 2  |
| Minimum Control Measure 2. Public   | In   | volv | eme   | nt/I        | Parti | cip   | atio       | on         |   |   |    |
| The information in this section is being reported (check one):  |      |      |       |             |       |       |            |            |   |   |    |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>                 | 1    |      |       |             |       |       |            |            |   |   |    |
| 1. What opportunities were provided for public partic development, evaluation and improvement of the St (SWMP) Plan during this reporting period? Check | orm  | ıwat | er M  | anag        |       |       | _          | ran        | n |   |    |
| • Cleanup Events  |      |      |       |             | #Ev   | ents  |            |            |   |   | 1  |
| Comments on SWMP Received   |      |      |       | # (         | Comm  | ents  |            |            |   |   | 0  |
| Community Hotlines Phone  | #    | (    |       | )           |       |       | -          |            |   |   |    |
| Phone # ( 5 1 8 ) 8 8 5 - 8 9 9 5 Phone   | #    | (    |       | )           |       |       | -          |            |   |   |    |
| Phone # ( ) Phone   | #    | (    |       |             |       |       | -          |            |   |   |    |
| Phone # ( ) Phone   | #    | (    |       | _<br>_<br>) |       | İ     | Ĭ <b>-</b> |            |   |   |    |
| Phone # ( ) Phone   | #    | (    |       |             |       |       | Ī -        |            |   |   |    |
| Phone # ( ) Phone   | #    | (    |       |             |       |       | Ī -        |            |   |   |    |
| O Community Meetings  |      | `    |       | #           | Atten | dees  |            |            |   |   | _  |
| ○ Plantings   |      |      |       |             | Sq    | . Ft. |            |            |   |   |    |
| <ul> <li>Storm Drain Markings</li> </ul>  |      |      |       |             | # Dr  | ains  |            |            |   | 1 | 0  |
| O Stakeholder Meetings  |      |      |       | #           | Atten | dees  |            |            |   |   |    |
| O Volunteer Monitoring  |      |      |       |             | # Ev  | ents  |            |            |   |   | _  |
| Other:  |      |      |       |             |       |       |            |            |   |   |    |
| 2. Was public notice of availability of this annual report Program (SWMP) Plan provided?  | rt a | nd S | Storm | wat         | er M  | anaş  | _          | ient<br>Ye |   | 0 | No |
| • List-Serve  |      |      |       |             | # In  | List  |            | 1          | 3 | 5 | 0  |
| O Newspaper Advertising   |      |      |       | #           | Days  | Run   |            |            |   |   | _  |
| ○ TV/Radio Notices  |      |      |       | #           | Days  | Run   |            |            |   |   |    |
| Other: Cony, 2 t Town U 2 1   | 7    |      |       |             |       |       | $\vdash$   | Ħ          |   |   |    |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| Name of MS4/Coalition TOWN OF CLIFTON PARK   |         |       |           |     |       |     | N   | Y     | R    | 2    | 0    | A          | 0 | 3 | 5  |
|--|---------|-------|-----------|-----|-------|-----|-----|-------|------|------|------|------------|---|---|----|
| Minimum Control Measu  | ure 2   | 2. I  | Public II | nvo | lven  | nen | t/P | art   | tici | ipa  | ıtic | <u>) n</u> |   |   |    |
| The information in this section is being reported  | ed (ch  | eck   | one):     |     |       |     |     |       |      |      |      |            |   |   |    |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to</li> </ul> | to this | s rej | port?     |     | 1     |     |     |       |      |      |      |            |   |   |    |
| 1. What opportunities were provided fo development, evaluation and improve (SWMP) Plan during this reporting p             | em en   | t of  | the Stor  | mw  | ater  | Man |     |       |      |      |      | ran        | 1 |   |    |
| O Cleanup Events   |         |       |           |     |       |     |     | # E   | ven  | ts   |      |            |   |   |    |
| O Comments on SWMP Received  |         |       |           |     |       |     | # C | omn   | nen  | ts   |      |            |   |   |    |
| <ul><li>Community Hotlines</li></ul>   |         |       | Phone #   | (   |       |     | )[  |       |      |      | -    |            |   |   |    |
| Phone # ( 5 1 8 ) 8 8 5 - 8  | 9 9     | 5     | Phone #   | (   |       |     | )   |       | j    |      | _    |            |   |   |    |
| Phone # ( ) -  |         |       | Phone #   | (   |       |     | )   |       | j    |      | _    |            |   |   |    |
| Phone # ( ) -  |         |       | Phone #   | (   |       |     | )   |       | Ī    |      | _    |            |   |   |    |
| Phone # ( )  |         |       | Phone #   | (   |       |     | )   |       | Ī    |      | _    |            |   |   |    |
| Phone # ( ) -  |         |       | Phone #   | (   |       |     | )   | İ     | Ī    |      | _    |            |   |   |    |
| O Community Meetings   |         |       |           | ` ' | '     |     | # A | Atter | ıde  | es [ |      |            |   |   |    |
| ○ Plantings  |         |       |           |     |       |     |     | S     | q. F | t.   |      |            |   |   |    |
| <ul><li>Storm Drain Markings</li></ul>   |         |       |           |     |       |     |     | # D   | rair | ıs [ |      |            |   | 5 | 0  |
| O Stakeholder Meetings   |         |       |           |     |       |     | # A | Atter | ıde  | es [ |      |            |   |   |    |
| O Volunteer Monitoring   |         |       |           |     |       |     |     | # E   | ven  | ts   |      |            |   |   |    |
| Other: 0 Stewardsh   | i p     |       | W a l     | k   | s     |     |     |       |      |      |      |            |   |   |    |
| 2. Was public notice of availability of the Program (SWMP) Plan provided?  | ıis an  | nua   | al report | and | l Sto | rmw | ate | er N  | Iar  | ıag  |      | ent<br>Ye  |   | 0 | No |
| • List-Serve   |         |       |           |     |       |     |     | # Ir  | ı Li | st [ |      |            | 6 | 1 | 2  |
| O Newspaper Advertising  |         |       |           |     |       |     | # I | Days  | Ru   | ın   |      |            |   |   |    |
| ○ TV/Radio Notices   |         |       |           |     |       |     | # I | Days  | Ru   | ın   |      |            |   |   |    |
| Other:   |         |       |           |     |       |     |     |       |      |      |      |            |   |   |    |

This report is being submitted for the reporting period ending March 9, 2 0 2

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

SPDES ID

| Name of MS4/Coalition Town of Greenfield  |                    | N Y R 2        | 0           | A   3      | 1 2 | 3  |
|---|--------------------|----------------|-------------|------------|-----|----|
| Minimum Control Measure 2.  | Public Involver    | ment/Participa | <u>atic</u> | <u>)n</u>  |     |    |
| The information in this section is being reported (chec   | ck one):           |                |             |            |     |    |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this</li> </ul> | report?            |                |             |            |     |    |
| 1. What opportunities were provided for publ development, evaluation and improvement (SWMP) Plan during this reporting period   | of the Stormwater  | Management P   |             | ram        |     |    |
| ● Cleanup Events  |                    | # Events       |             |            | >   | 7  |
| O Comments on SWMP Received   |                    | # Comments     |             |            |     | 0  |
| <ul><li>Community Hotlines</li></ul>  | Phone # (          |                | ]-[         |            |     |    |
| Phone # ( 5 1 8 ) 8 8 5 - 8 9 9 !   | 5 Phone # (        |                | <b>-</b> [  |            |     |    |
| Phone # ( )   | Phone # (          |                | _ [         |            |     |    |
| Phone # ( )   | Phone # (          |                | ] - [       |            |     |    |
| Phone # ( ) -   | Phone # (          |                | <b>-</b> [  |            |     |    |
| Phone # ( ) -   | Phone # (          |                | - [         |            |     |    |
| O Community Meetings  |                    | # Attendees    |             |            |     |    |
| ○ Plantings   |                    | Sq. Ft.        |             |            |     |    |
| O Storm Drain Markings  |                    | # Drains       |             |            |     |    |
| O Stakeholder Meetings  |                    | # Attendees    |             |            |     |    |
| O Volunteer Monitoring  |                    | # Events       |             |            |     |    |
| Other: Town&Planning  | B o a r d          | m t s .        | 3           | 0          |     |    |
| 2. Was public notice of availability of this ann Program (SWMP) Plan provided?  | ual report and Sto | rmwater Manaş  | _           | ent<br>Yes | 0   | No |
| ○ List-Serve  |                    | # In List      |             |            |     |    |
| <ul><li>Newspaper Advertising</li></ul>   |                    | # Days Run     |             |            |     | 1  |
| ○ TV/Radio Notices  |                    | # Days Run     |             |            |     |    |
| ● Other: copyatown  | h a 1 1            |                |             |            |     |    |

#### Intermunicipal Stormwater Management (ISWM) Program

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID 0 A 7 Ν Y R 2 3 5 Name of MS4/Coalition Town of Halfmoon 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 O Comments on SWMP Received # Comments Community Hotlines Phone # 3 7 1 0 Phone # 5 8 9 Phone # Phone # Phone # Phone # Phone # Phone # Phone # Phone # Phone # O Community Meetings # Attendees Plantings Sq. Ft. O Storm Drain Markings # Drains O Stakeholder Meetings # Attendees O Volunteer Monitoring # Events Other: 2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? Yes O No List-Serve 1 2 # In List 6 O Newspaper Advertising # Days Run

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

O TV/Radio Notices

Other:

# Days Run

SPDES ID

### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition Town of Malta  |          |     |       |            | N   | Y     | R           | 2   | 0          | A         | 0 | 8 | 6  |
|--|----------|-----|-------|------------|-----|-------|-------------|-----|------------|-----------|---|---|----|
| Minimum Control Measure 2. Pu  | ıblic In | vol | ven   | <u>1en</u> | t/P | ar    | tici        | ipa | ıtic       | <u>)n</u> |   |   |    |
| The information in this section is being reported (check on  | ne):     |     |       |            |     |       |             |     |            |           |   |   |    |
| ● On behalf of an individual MS4 □ On behalf of a coalition How many MS4s contributed to this repo   | rt?      |     |       |            |     |       |             |     |            |           |   |   |    |
| 1. What opportunities were provided for public padevelopment, evaluation and improvement of the (SWMP) Plan during this reporting period? Cl | he Storn | nwa | ter : | Mai        | nag |       |             |     |            | ran       | a |   |    |
| ○ Cleanup Events   |          |     |       |            |     | # E   | ven         | ts  |            |           |   |   |    |
| O Comments on SWMP Received  |          |     |       |            | # C | omr   | nen         | ts  |            |           |   |   |    |
| <ul><li>Community Hotlines</li></ul>   | Phone#   | (   | 5 1   | 8          | )   | 8     | 9           | 9   | <b>-</b> [ | 2         | 6 | 8 | 5  |
| Phone # ( 5 1 8 ) 8 8 5 - 8 9 9 5 F  | Phone#   | (   |       |            | )   |       |             |     | <b>-</b> [ |           |   |   |    |
| Phone # ( ) - F  | Phone #  | (   |       |            | )   |       |             |     | <b>-</b> [ |           |   |   |    |
| Phone # ( ) - F  | Phone#   | (   |       |            | )   |       |             |     | -          |           |   |   |    |
| Phone # ( ) - F  | Phone#   | (   |       |            | )   |       |             |     | -          |           |   |   |    |
| Phone # ( ) - F  | Phone#   | (   |       |            | )   |       |             |     | -          |           |   |   |    |
| O Community Meetings   |          |     | ·     |            | # 1 | Atte  | nde         | es  |            |           |   |   |    |
| ○ Plantings  |          |     |       |            |     | S     | q. F        | ₹t. |            |           |   |   |    |
| ○ Storm Drain Markings   |          |     |       |            |     | # D   | rair        | ns  |            |           |   |   |    |
| O Stakeholder Meetings   |          |     |       |            | # 1 | Attei | nde         | es  |            |           |   |   |    |
| O Volunteer Monitoring   |          |     |       |            |     | # E   | ven         | ts  |            |           |   |   |    |
| Other:   |          |     |       |            |     |       |             |     |            |           |   |   |    |
| 2. Was public notice of availability of this annual Program (SWMP) Plan provided?  | report a | and | Stoi  | ·mw        | ate | er N  | <b>I</b> ar | nag |            | ent<br>Ye |   |   | No |
| ● List-Serve   |          |     |       |            |     | # Iı  | n Li        | st  |            |           | 5 | 8 | 4  |
| O Newspaper Advertising  |          |     |       |            | #]  | Days  | s Ru        | ın  |            |           |   |   |    |
| ○ TV/Radio Notices   |          |     |       |            | #]  | Days  | s Ru        | ın  |            |           |   |   |    |
| O Other:         T o w n B o a r d M e e t   | i n      | g   |       | 4          | /   | 5     | /           | 2   | 0          | 2         | 0 |   |    |

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

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Ν YR 2 0 A 5 5 City of Mechanicville 1 Name of MS4/Coalition

| <u>Minimu</u>  | <u>n (</u> | Con   | trol  | Mε       | eas | ur  | <u>e 2</u> | <u>. F</u> | <u>u</u>    | blic  | e Ir           | 1V0 | lv  | em   | en          | t/P | ar         | <u>tic</u> | ipa | tic | <u>n</u>  |   |   |    |
|--|------------|-------|-------|----------|-----|-----|------------|------------|-------------|-------|----------------|-----|-----|------|-------------|-----|------------|------------|-----|-----|-----------|---|---|----|
| The information in this s  | ectic      | on is | being | rep      | ort | ed  | (ch        | eck        | on          | e):   |                |     |     |      |             |     |            |            |     |     |           |   |   |    |
| <ul><li>On behalf of an individe On behalf of a coalition</li><li>How many</li></ul> | n          |       |       | but      | ted | to  | this       | rep        | <b>5</b> 01 | rt? [ |                |     |     |      |             |     |            |            |     |     |           |   |   |    |
| 1. What opportunition development, evaluation (SWMP) Plan dur                        | uati       | ion   | and i | np       | rov | en  | nen        | tof        | th          | ie S  | tor            | mw  | ate | er N | <b>Ta</b> ı | nag |            |            |     |     | ran       | n |   |    |
| O Cleanup Events   |            |       |       |          |     |     |            |            |             |       |                |     |     |      |             |     | # E        | ven        | ıts |     |           |   |   |    |
| ○ Comments on SWMP   | Rec        | eive  | ed    |          |     |     |            |            |             |       |                |     |     |      |             | # C | omi        | men        | its |     |           |   |   |    |
| <ul><li>Community Hotlines</li></ul>   |            |       |       |          |     |     |            |            | P           | hone  | e #            | (   | 5   | 1    | 8           | )   | 8          | 8          | 5   | -   | 8         | 9 | 9 | 5  |
| Phone # (  | )[         |       |       | -[       |     |     |            |            | P           | hone  | <b>e</b> #     | (   |     |      |             | )   |            |            |     | -   |           |   |   |    |
| Phone # (  | )[         |       |       | -[       |     |     |            |            | P           | hone  | <del>2</del> # | (   |     |      |             | )   |            |            |     | -   |           |   |   |    |
| Phone # (  | )[         |       |       | <b>-</b> |     |     |            |            | P           | hone  | <b>e</b> #     | (   |     |      |             | )   |            |            |     | -   |           |   |   |    |
| Phone # (  | ])[        |       |       | -[       |     |     |            |            | P           | hone  | e#             | (   |     |      |             | )   |            |            |     | -   |           |   |   |    |
| Phone # (  | )[         |       |       | -[       |     |     |            |            | P           | hone  | <b>e</b> #     | (   |     |      |             | )   |            |            |     | -   |           |   |   |    |
| O Community Meetings   |            |       |       |          |     |     |            |            |             |       |                |     |     |      |             | # 1 | Atte       | nde        | es  |     |           |   |   |    |
| ○ Plantings  |            |       |       |          |     |     |            |            |             |       |                |     |     |      |             |     | S          | Sq. I      | ₹t. |     |           |   |   |    |
| O Storm Drain Markings   |            |       |       |          |     |     |            |            |             |       |                |     |     |      |             |     | # <b>C</b> | rai        | ns  |     |           |   |   |    |
| O Stakeholder Meetings   |            |       |       |          |     |     |            |            |             |       |                |     |     |      |             | # 1 | Atte       | nde        | es  |     |           |   |   |    |
| O Volunteer Monitoring   |            |       |       |          |     |     |            |            |             |       |                |     |     |      |             |     | # E        | ven        | ıts |     |           |   |   |    |
| Other:   |            |       |       |          |     |     |            |            |             |       |                |     |     |      |             |     |            |            |     |     |           |   |   |    |
| 2. Was public notice<br>Program (SWMP)   |            |       |       | •        |     | his | s an       | nua        | al 1        | repo  | ort            | anc | l S | tor  | mw          | ate | er N       | /Iai       | nag | •   | ent<br>Ye |   | 0 | No |
| O List-Serve   |            |       |       |          |     |     |            |            |             |       |                |     |     |      |             |     | # I        | n Li       | ist |     |           |   |   |    |
| Newspaper Advertisin   | g          |       |       |          |     |     |            |            |             |       |                |     |     |      |             | #]  | Day        | s Rı       | ın  |     |           |   | 3 | 0  |
| ○ TV/Radio Notices   |            |       |       |          |     |     |            |            |             |       |                |     |     |      |             | #]  | Day        | s Rı       | ın  |     |           |   |   |    |
| Other:   |            |       |       |          |     |     |            |            |             |       |                |     |     |      |             |     |            |            |     |     |           |   |   |    |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

SPDES ID

SPDES ID

| Name of MS4/Coalition TOWN OF MILTON   |           |            |      |     | N    | Y     | R          | 2   | 0           | А         | 1 | 0   | 8  |
|--|-----------|------------|------|-----|------|-------|------------|-----|-------------|-----------|---|-----|----|
| Minimum Control Measure 2. P   | ublic Ir  | <u>1VO</u> | lve  | mer | 1t/] | Par   | <u>tic</u> | ipa | <u>atic</u> | <u>on</u> |   |     |    |
| The information in this section is being reported (check o   | one):     |            |      |     |      |       |            |     |             |           |   |     |    |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report</li> </ul>   | ort?      |            | 1    |     |      |       |            |     |             |           |   |     |    |
| 1. What opportunities were provided for public publ | the Stori | nw:        | ater | Ma  | na   |       |            |     |             | ran       | 1 |     |    |
| ○ Cleanup Events   |           |            |      |     |      | # ]   | Evei       | nts |             |           |   |     |    |
| O Comments on SWMP Received  |           |            |      |     | # (  | Com   | mei        | nts |             |           |   |     |    |
| ● Community Hotlines   | Phone #   | (          |      |     | ] )  |       |            |     | ] -         |           |   |     |    |
| Phone # ( 5 1 8 ) 8 8 5 - 8 9 9 5  | Phone #   | ([         |      |     | ])   |       |            |     | _           |           |   |     |    |
| Phone # (  | Phone #   | ([         |      |     | ])   |       |            |     | _           |           |   |     |    |
| Phone # (  | Phone #   | (          |      |     | ])   |       |            |     | _           |           |   |     |    |
| Phone # ( ) -  | Phone #   | (          |      |     | ] )  |       |            |     | _           |           |   |     |    |
| Phone # ( ) -  | Phone #   | ([         |      |     | ] )  |       |            |     | _           |           |   |     |    |
| O Community Meetings   |           |            |      |     | #    | Atte  | ende       | ees |             |           |   |     |    |
| ○ Plantings  |           |            |      |     |      | ;     | Sq.        | Ft. |             |           |   |     |    |
| O Storm Drain Markings   |           |            |      |     |      | #]    | Orai       | ins |             |           |   |     |    |
| O Stakeholder Meetings   |           |            |      |     | #    | Atte  | ende       | ees |             |           |   |     |    |
| O Volunteer Monitoring   |           |            |      |     |      | # ]   | Evei       | nts |             |           |   |     |    |
| Other:   |           |            |      |     |      |       |            |     |             |           |   |     |    |
| 2. Was public notice of availability of this annual Program (SWMP) Plan provided?  | l report  | and        | Sto  | rmv | wat  | ter I | Ma         | nag | _           | ent<br>Ye |   | • 1 | No |
| ○ List-Serve   |           |            |      |     |      | # ]   | In L       | ist |             |           |   |     |    |
| O Newspaper Advertising  |           |            |      |     | #    | Day   | s R        | un  |             |           |   |     |    |
| ○ TV/Radio Notices   |           |            |      |     | #    | Day   | /s R       | un  |             |           |   |     |    |
| Other:   |           |            |      |     |      |       |            |     |             |           |   |     |    |

# Days Run

# Days Run

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition TOWN OF MOREAU N Y R 2 0 A 1 5 8 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: O Cleanup Events # Events O Comments on SWMP Received #Comments Community Hotlines Phone # 5 9 2 4 7 6 Phone # 5 8 9 9 5 Phone # Phone # Phone # Phone# Phone # Phone # Phone # Phone # Phone # Community Meetings # Attendees Plantings Sq. Ft. O Storm Drain Markings #Drains O Stakeholder Meetings # Attendees O Volunteer Monitoring # Events Other: 2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? Yes O No List-Serve # In List 6 1

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

O Newspaper Advertising

O TV/Radio Notices

Other:

**MS4 Annual Report Form** 

| T                   | nis   | rep    | ort i   | s be   | ein  | ıg : | sub   | m    | itt  | ed  | for  | r t | he   | re   | poi  | tin  | g p  | eri | od  | enc | ling  | M    | ar   | ch   | 9,  | 2   | 0 2       | 2   | 1   |    |
|---------------------|-------|--------|---------|--------|------|------|-------|------|------|-----|------|-----|------|------|------|------|------|-----|-----|-----|-------|------|------|------|-----|-----|-----------|-----|-----|----|
| 1                   | f su  | bmi    | tting   | this   | s fo | orn  | 1 as  | pa   | rt   | of  | a jo | in  | t re | poi  | t o  | n be | ehal | fof | a c | oal | ition |      |      |      |     | SII | ) bl      | ank | C.  |    |
| Name of MS          | 4/C   | naliti | v.      | illage | e of | Rot  | and I | Lake |      |     |      |     |      |      |      |      |      |     |     |     |       | SP   |      | SII  |     | 2 ( | ) A       | . ( | ) 9 | 9  |
| vame or mo          |       |        |         | 1 773  |      | 701  | nti   | ral  | 1    | /In | 061  |     |      | ,    | D,   | ıhl  | io I | ns  | als | 701 | nor   | +/1  | Da   | +i   | oin | at  | ian       |     |     |    |
| The infame          |       |        | im      |        |      |      |       |      |      |     |      |     |      |      |      |      | ic i | IIV | 01  | ei  | nei   | 11/1 | , a  | ru   | CIP | al  | lon       | l   |     |    |
| The inform  On beha |       |        |         |        |      |      |       | )en  | ig i | rep | OLU  | eu  | (CI  | ieci | COI  | ie). |      |     |     |     |       |      |      |      |     |     |           |     |     |    |
| On beha             | lf o  | faç    |         | ion    |      |      |       | ont  | rib  | out | ed i | to  | thi  | s re | epo  | rt?  |      |     |     |     |       |      |      |      |     |     |           |     |     |    |
| 1. What<br>develo   | pn    | ient   | , eva   | alua   | ati  | on   | an    | d    | im   | pr  | ove  | en  | ien  | t o  | f tl | he S | Stor | my  | vat | er  | Ma    | nag  |      |      |     |     | gra       | m   |     |    |
| Cleanup             | Ev    | ents   |         |        |      |      |       |      |      |     |      |     |      |      |      |      |      |     |     |     |       |      | #    | Eve  | nts |     |           |     |     | 1  |
| O Commer            | its c | on S   | WM      | PR     | ec   | eiv  | ed    |      |      |     |      |     |      |      |      |      |      |     |     |     |       | #(   | on   | nme  | nts | F   |           |     | Ī   |    |
| O Commu             | nity  | Hot    | lines   |        |      |      |       |      |      |     |      |     |      |      | I    | Phor | ne#  | (   | 0   |     |       | )    | 0    | d    |     | -   |           | T   | T   |    |
| Phone #             | (     | 0      |         | 7)     | )    | 0    |       |      | -    |     |      |     |      |      | F    | hor  | ie#  | (   | 0   |     |       | )    | 0    | Ī    |     | Ī - |           |     | T   |    |
| Phone #             | (     | 0      |         | )      | )    | 0    |       |      | -    | Ī   |      | Ì   |      |      | F    | hor  | ie#  | (   | 0   |     |       | )    | 0    |      |     | -   |           |     |     |    |
| Phone #             | (     | 0      |         | )      | )    | 0    |       |      | -    |     |      |     |      |      | F    | hor  | ie#  | (   | 0   |     |       | )    | 0    |      |     | _   |           |     |     |    |
| Phone #             | (     | 0      |         | ])     | ) [  | 0    |       |      | -    |     |      |     |      |      | P    | hor  | ie#  | (   | 0   |     |       | )    | 0    |      |     | -   |           |     |     |    |
| Phone #             | (     | 0      |         | )      |      | 0    |       |      | -    |     |      |     |      |      | P    | hon  | e#   | (   | 0   |     |       | )    | 0    |      |     | -   |           |     |     |    |
| Commun              | ity   | Med    | etings  | S      |      |      |       |      |      |     |      |     |      |      |      |      |      |     |     |     |       | # 1  | Att  | ende | ees |     |           |     | 5   | 0  |
| Plantings           |       |        |         |        |      |      |       |      |      |     |      |     |      |      |      |      |      |     |     |     |       |      |      | Sq.  | Ft. |     | 2         | 0   |     |    |
| Storm D             | rain  | Ma     | rking   | S      |      |      |       |      |      |     |      |     |      |      |      |      |      |     |     |     |       |      | #]   | Drai | ns  |     |           |     |     |    |
| Stakehol            | der   | Mee    | etings  | 3      |      |      |       |      |      |     |      |     |      |      |      |      |      |     |     |     |       | # /  | Atte | ende | ees |     |           |     |     |    |
| Voluntee            | r N   | Ionit  | oring   | 3      |      |      |       |      |      |     |      |     |      |      |      |      |      |     |     |     |       |      | #1   | Ever | its |     |           |     |     |    |
| Other:              |       |        |         |        |      | П    |       |      |      |     |      |     |      |      |      |      |      |     |     |     |       |      |      |      |     |     |           |     |     |    |
| 2. Was p            |       |        |         |        |      |      |       |      |      |     | th   | is  | an   | nu   | al ı | rep  | ort  | an  | d S | tor | mw    | ate  | r l  | Ma   | nag | 9   | ien<br>Ye |     | 0   | No |
| List-Serv           |       |        |         | *      |      |      |       |      |      |     |      |     |      |      |      |      |      |     |     |     |       |      | # ]  | ln L | ist |     |           | 6   | 1   | 2  |
| Newspap             | er i  | Adve   | ertisii | ng     |      |      |       |      |      |     |      |     |      |      |      |      |      |     |     |     |       | # I  | Day  | s Rı | ın  |     |           |     |     |    |
| TV/Radio            | N     | otice  | es      |        |      |      |       |      |      |     |      |     |      |      |      |      |      |     |     |     |       | # I  | Day  | s Ri | ın  |     |           |     |     |    |
| Other: P            | 0     | s      | t       | e      | E    |      | s     | i    | C    | 1 1 | n    |     | i    | n    |      | V    | i    | 1   | 1   | a   | g     | е    | Ħ    | 0    | f   | f   | i         | С   | е   |    |

This report is being submitted for the reporting period ending March 9, 2 0 2

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

|                       |   | SPI | DES | ID |   |   |   |   |   |   |
|-----------------------|---|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition | Saratoga County, Department of Public Works | N   | Y   | R  | 2 | 0 | А | 2 | 0 | 9 |

### Minimum Control Measure 2. Public Involvement/Participation

| The information in this section is being reported (check   | one):                  |                |            |        |     |   |            |     |     |   |
|--|------------------------|----------------|------------|--------|-----|---|------------|-----|-----|---|
| <ul> <li>On behalf of an individual MS4</li> <li>☐ On behalf of a coalition</li> <li>How many MS4s contributed to this report to the contributed to the</li></ul> | oort?                  |                |            |        |     |   |            |     |     |   |
| 1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?  | participa<br>the Storn | nwater Mai     | nage       |        |     |   | ram        | 1   |     |   |
| Cleanup Events   |                        |                |            | # Ever | ıts |   |            |     | 4 8 | , |
| O Comments on SWMP Received  |                        |                | # Co       | ommer  | ıts |   |            |     |     |   |
| <ul><li>Community Hotlines</li></ul>   | Phone #                | <b>(</b> 5 1 8 | ])[        | 8 8    | 5   | _ | 2          | 2   | 3 5 | 5 |
| Phone # ( 5 1 8 ) 8 8 5 - 8 9 9 5  | Phone #                | (              | ])[        |        |     | _ |            |     |     |   |
| Phone # ( )  | Phone #                | (              | ] ) $[$    |        |     | _ |            |     |     |   |
| Phone # (  | Phone #                | (              | ])[        |        |     | _ |            |     |     |   |
| Phone # ( )  | Phone #                | (              | ] ) $[$    |        |     | _ |            |     |     |   |
| Phone # ( )  | Phone #                | (              | ] ) $[$    |        |     | _ |            |     |     |   |
| O Community Meetings   |                        |                | # <b>A</b> | ttende | ees |   |            |     |     |   |
| ○ Plantings  |                        |                |            | Sq. 1  | Ft. |   |            |     |     |   |
| ○ Storm Drain Markings   |                        |                |            | # Drai | ns  |   |            |     |     |   |
| O Stakeholder Meetings   |                        |                | # A        | ttende | ees |   |            |     |     |   |
| O Volunteer Monitoring   |                        |                |            | # Ever | ıts |   |            |     |     |   |
| Other:   |                        |                |            |        |     |   |            |     |     |   |
| 2. Was public notice of availability of this annua Program (SWMP) Plan provided?   | al report :            | and Stormw     | vate       | r Ma   | nag |   | ent<br>]Ye | s [ | □n  | o |
| ● List-Serve   |                        |                |            | # In L | ist |   |            | 6   | 1 2 |   |
| O Newspaper Advertising  |                        |                | # D        | ays R  | un  |   |            |     |     |   |
| ○ TV/Radio Notices   |                        |                | # D        | Days R | un  |   |            |     |     |   |
| Other:   |                        |                |            |        |     |   |            |     |     |   |
| STATE THE STATE OF A SALE  |                        |                |            |        |     |   |            |     |     |   |

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID City of Saratoga Springs Y R 2 0 | A Name of MS4/Coalition 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: #Events O Cleanup Events 0 #Comments Comments on SWMP Received Phone # Community Hotlines Phone# Phone# Phone # Phone # Phone # Phone # Phone# Phone # Phone # Phone # # Attendees Community Meetings Sq. Ft. O Plantings Storm Drain Markings #Drains # Attendees Stakeholder Meetings #Events Volunteer Monitoring Other: T r e e Ρ 1 а n i n g 2. Was public notice of availability of this annual report and Stormwater Management  $\bigcirc$  No **Yes** Program (SWMP) Plan provided? # In List O List-Serve # Days Run O Newspaper Advertising

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

O TV/Radio Notices

Other:

# Days Run

SPDES ID

### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition South Glens Falls  |               |         | N     | YR     | 2    | 0            | А          | 0 | 9         | 1         |
|--|---------------|---------|-------|--------|------|--------------|------------|---|-----------|-----------|
| Minimum Control Measure 2.   | Public Invol  | veme    | nt/Pa | artic  | cipa | atio         | <u>n</u>   |   |           |           |
| The information in this section is being reported (check   | one):         |         |       |        |      |              |            |   |           |           |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this re</li> </ul> | eport?        |         |       |        |      |              |            |   |           |           |
| 1. What opportunities were provided for public development, evaluation and improvement o (SWMP) Plan during this reporting period? | f the Stormwa | iter Ma | nage  |        |      |              | ram        |   |           |           |
| ○ Cleanup Events   |               |         |       | # Eve  | nts  |              |            |   |           |           |
| ○ Comments on SWMP Received  |               |         | # Co  | omme   | nts  |              |            |   |           | Ī         |
| ● Community Hotlines   | Phone # (     |         | ])[   |        |      | -            |            |   |           | $\bar{1}$ |
| Phone # ( 5 1 8 ) 8 8 5 - 8 9 9 5  | Phone # (     |         | ] (   |        |      | ] - [        |            |   |           |           |
| Phone # ( )  | Phone # (     |         |       |        |      | ] <b>-</b> [ |            |   |           |           |
| Phone # ( ) -  | Phone # (     |         | ] ) [ |        |      | ] - [        |            |   |           |           |
| Phone # ( )  | Phone # (     |         | ] ) [ |        |      | ] - [        |            |   |           |           |
| Phone # ( ) -  | Phone# (      |         | ])[   |        |      | ] - [        |            |   |           |           |
| O Community Meetings   |               |         | # A   | ttend  | ees  |              |            |   |           |           |
| ○ Plantings  |               |         |       | Sq.    | Ft.  |              |            |   |           |           |
| O Storm Drain Markings   |               |         |       | # Dra  | ins  |              |            |   |           |           |
| O Stakeholder Meetings   |               |         | # A   | ttend  | ees  |              |            |   |           |           |
| O Volunteer Monitoring   |               |         |       | # Eve  | nts  |              |            |   |           |           |
| Other:   |               |         |       |        |      |              |            |   |           |           |
| 2. Was public notice of availability of this annu Program (SWMP) Plan provided?  | al report and | Storm   | wate  | r Ma   | ınaş | _            | ent<br>Yes | 3 | $\circ$ N | Лo        |
| ● List-Serve   |               |         |       | # In L | ist  |              |            | 6 | 1 :       | 2         |
| O Newspaper Advertising  |               |         | # D   | ays R  | lun  |              |            |   |           |           |
| ○ TV/Radio Notices   |               |         | # D   | ays R  | lun  |              |            |   |           |           |
| Other:   |               |         |       |        |      |              |            |   |           |           |

MS4 Annual Report Form This report is being submitted for the reporting period ending March 9, 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID NYR 2 0 A Name of MS4/Coalition Town of Stillwater 5 4 9 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: O Cleanup Events # Events O Comments on SWMP Received #Comments Community Hotlines Phone # Phone # 8 5 8 9 5 Phone # Phone # 6 6 6 8 4 1 4 Phone # Phone # Phone # Phone # Phone # Phone # Phone # O Community Meetings # Attendees Plantings Sq. Ft. O Storm Drain Markings # Drains O Stakeholder Meetings # Attendees O Volunteer Monitoring # Events Inform f | 1 | y Other: a t ion rs a i 1 a e av 2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? • Yes O No List-Serve # In List 6 2 6

O Newspaper Advertising # Days Run O TV/Radio Notices

# Days Run Other:

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2  $\,^{\circ}$  0  $\,^{\circ}$  2  $\,^{\circ}$ 

|  |                       | SIDESID     |                    |
|--|-----------------------|-------------|--------------------|
| Name of MS4/Coalition Village of Stillwater  |                       | N Y R 2     | 0 A 5 4 7          |
| Minimum Control Measure 2  | Public Involvemen     | nt/Particip | ation_             |
| The information in this section is being reported (ch  | ck one):              |             |                    |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this</li> </ul>    | report?               |             |                    |
| 1. What opportunities were provided for pul-<br>development, evaluation and improvemen<br>(SWMP) Plan during this reporting period | of the Stormwater Ma  | nagement P  |                    |
| O Cleanup Events   |                       | # Events    |                    |
| O Comments on SWMP Received  |                       | #Comments   |                    |
| Community Hotlines   | Phone # (             | )           | ]-[]               |
| Phone # ( 5 1 8 ) 6 6 4 - 6 1 4  | 8 Phone # (           | )           | -                  |
| Phone # ( 5 1 8 ) 8 8 5 - 8 9 9  | 5 Phone # <b>(</b>    | )           | -                  |
| Phone # ( )  | Phone # (             | )           | ]-[]]              |
| Phone # ( )  | Phone # (             | )           | -                  |
| Phone # ( ) -  | Phone # (             | )           | -                  |
| O Community Meetings   |                       | # Attendees |                    |
| O Plantings  |                       | Sq. Ft.     |                    |
| O Storm Drain Markings   |                       | # Drains    |                    |
| O Stakeholder Meetings   |                       | # Attendees |                    |
| O Volunteer Monitoring   |                       | # Events    |                    |
| Other: Printed Mater   | i a l s A v a         | i l a b     | 1 e                |
| 2. Was public notice of availability of this an Program (SWMP) Plan provided?  | nual report and Storm | water Manaş | gement  • Yes • No |
| ○ List-Serve   |                       | # In List   |                    |
| Newspaper Advertising  |                       | # Days Run  |                    |
| O TV/Radio Notices   |                       | # Days Run  |                    |
| Other:   |                       |             |                    |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| Name of MS4/Coalition Town of Waterford  |            |         | I    | 1 Y   | R     | 2   | 0            | A         | 0 | 3 | 7  |
|--|------------|---------|------|-------|-------|-----|--------------|-----------|---|---|----|
| Minimum Control Measure 2. Pr  | ublic Invo | olvem   | ent/ | Pai   | rtici | ipa | <u>ıtio</u>  | <u>n</u>  |   |   |    |
| The information in this section is being reported (check o   | ne):       |         |      |       |       |     |              |           |   |   |    |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report</li> </ul>   | ort?       |         |      |       |       |     |              |           |   |   |    |
| 1. What opportunities were provided for public publ | the Stormw | ater N  | lana |       |       | -   |              | ran       | 1 |   |    |
| ○ Cleanup Events   |            |         |      | #     | Even  | ts  |              |           |   |   |    |
| ● Comments on SWMP Received  |            |         | #    | Con   | nmen  | ts  |              |           |   |   | 0  |
| ● Community Hotlines   | Phone #    | 5 1     | 8    | 8     | 8     | 5   | _ [          | 8         | 9 | 9 | 5  |
| Phone # (  | Phone #    |         |      |       |       |     | <b>-</b> [   |           |   |   |    |
| Phone # (  | Phone #    |         |      | )     |       |     | <b>  -</b> [ |           |   |   |    |
| Phone # ( ) -  | Phone #    |         |      |       |       |     | -            |           |   |   |    |
| Phone # (  | Phone # (  |         |      |       |       |     | _            |           |   |   |    |
| Phone # (  | Phone # (  |         |      |       |       |     | _ [          |           |   |   |    |
| O Community Meetings   |            |         | #    | # Att | ende  | es  |              |           |   |   |    |
| ○ Plantings  |            |         |      |       | Sq. F | t.  |              |           |   |   |    |
| <ul> <li>Storm Drain Markings</li> </ul>   |            |         |      | #     | Draiı | ns  |              |           |   | 1 | 2  |
| ○ Stakeholder Meetings # Attendees   |            |         |      |       |       | es  |              |           |   |   |    |
| O Volunteer Monitoring   |            |         |      | #     | Even  | ts  |              |           |   |   |    |
| ● Other: R e c y c l i n g D a y s   | , Н        | нн      | W    | D     | a     | У   | ន            |           |   |   |    |
| 2. Was public notice of availability of this annual Program (SWMP) Plan provided?  | report and | d Stori | nwa  | ter   | Mai   | 1ag | •            | ent<br>Ye |   | 0 | No |
| ○ List-Serve   |            |         |      | #     | In Li | st  |              |           |   |   |    |
| O Newspaper Advertising  |            |         | #    | # Da  | ys Ru | ın  |              |           |   |   |    |
| ○ TV/Radio Notices   |            |         | #    | # Da  | ys Ru | ın  |              |           |   |   |    |
| ● Other: Postedon webs   | i t e      |         |      |       |       |     |              |           |   |   |    |
| • Web Page URL: Enter URL(s) on the following two  | pages.     |         |      |       |       |     |              |           |   |   |    |

SPDES ID

### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2

| Name of MS4/Coalition Village of Waterford  | N Y R 2                          | 0            | A 4         | : 6        | 9 |    |
|---|----------------------------------|--------------|-------------|------------|---|----|
| Minimum Control Measure 2.  | Public Involveme                 | nt/Particip  | <u>atio</u> | <u>n</u>   |   |    |
| The information in this section is being reported (check  | one):                            |              |             |            |   |    |
| <ul><li>● On behalf of an individual MS4</li><li>☐ On behalf of a coalition</li><li>How many MS4s contributed to this re</li></ul>  | port?                            |              |             |            |   |    |
| 1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period? | the Stormwater M                 | anagement P  |             | am         |   |    |
| ○ Cleanup Events  |                                  | # Events     |             |            |   |    |
| ○ Comments on SWMP Received   | Comments on SWMP Received #Comme |              |             |            |   |    |
| Community Hotlines  | Phone # (                        | )            | ] - [       |            |   |    |
| Phone # ( 5 1 8 ) 8 8 5 - 8 9 9 5   | Phone # (                        | )            | ] - [       |            |   |    |
| Phone # (   | Phone # (                        | )            | <b>-</b> [  |            |   |    |
| Phone # (   | Phone # (                        | ])           | ] - [       |            |   |    |
| Phone # ( )   | Phone # (                        | )            | <b>-</b> [  |            |   |    |
| Phone # ( ) -   | Phone # (                        | )            | ] - [       |            |   |    |
| O Community Meetings  |                                  | # Attendees  |             |            |   |    |
| Plantings Sq. Ft.   |                                  |              |             |            |   |    |
| O Storm Drain Markings  |                                  |              |             |            |   |    |
| Stakeholder Meetings # Attendees  |                                  |              |             |            |   |    |
| O Volunteer Monitoring  |                                  |              |             |            |   |    |
| Other:  |                                  |              |             |            |   |    |
| 2. Was public notice of availability of this annu Program (SWMP) Plan provided?   | al report and Storm              | ıwater Manaş |             | ent<br>Yes |   | No |
| • List-Serve  |                                  | # In List    |             | 6          | 1 | 2  |
| O Newspaper Advertising   |                                  |              |             |            |   |    |
| ○ TV/Radio Notices  |                                  |              |             |            |   |    |
| Other:  |                                  |              |             |            |   |    |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Minimum Control Measure 2.  | Public Involvement/Particip   | <u>atio</u>  | <u>on</u>  |                   |                    |
|---|-------------------------------|--------------|------------|-------------------|--------------------|
| The information in this section is being reported (check  | one):                         |              |            |                   |                    |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this re</li> </ul>  | eport?                        |              |            |                   |                    |
| 1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period? | f the Stormwater Management I |              | ram        |                   |                    |
| ○ Cleanup Events  | # Events                      |              |            |                   |                    |
| O Comments on SWMP Received   | # Comments                    |              |            |                   |                    |
| ● Community Hotlines  | Phone # ( )                   | ]-[          |            |                   |                    |
| Phone # ( 5 1 8 ) 8 8 5 - 8 9 9 5   | Phone # ( )                   | ] - [        |            |                   |                    |
| Phone # ( )   | Phone # ( )                   | Ī <b>-</b> [ |            |                   |                    |
| Phone # ( )   | Phone # ( )                   | Ī <b>-</b> [ |            |                   |                    |
| Phone # ( ) -   | Phone # ( )                   | - [          |            |                   |                    |
| Phone # ( ) -   | Phone # ( )                   | - [          |            |                   |                    |
| O Community Meetings  | # Attendees                   |              |            |                   |                    |
| ○ Plantings   | Sq. Ft.                       |              |            |                   |                    |
| O Storm Drain Markings  | # Drains                      |              |            | T                 |                    |
| O Stakeholder Meetings  | # Attendees                   |              |            |                   |                    |
| O Volunteer Monitoring  | # Events                      |              |            | $\overline{\Box}$ | _                  |
| Other:  |                               |              |            | T                 |                    |
| 2. Was public notice of availability of this annu Program (SWMP) Plan provided?   | al report and Stormwater Mana | _            | ent<br>Yes | 0 N               | Vo                 |
| ○ List-Serve  | # In List                     |              |            |                   |                    |
| O Newspaper Advertising   | # Days Run                    |              |            |                   |                    |
| ○ TV/Radio Notices  | # Days Run                    |              |            |                   | $\bar{\mathbb{I}}$ |
| ● Other: TownBoardMe  | t i n g                       |              |            |                   |                    |

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

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$ 

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

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

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

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Name of MS4/Coalition Village of Ballston Spa

SPDES ID

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# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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Name of MS4/Coalition Town of Ballston

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# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$ 

| UI<br>Pl | RL(   | (s)<br>e p | con<br>rov | ı't.:<br>⁄ide | :<br>e sp | eci | ific | ad | dre | ess( | es) | wł | iero | e no | otic | e(s | ) ca | an l | be : | acc | esso | ed · | - n | ot h | ıon | 1e p | pag | e. |   |          |   |
|----------|-------|------------|------------|---------------|-----------|-----|------|----|-----|------|-----|----|------|------|------|-----|------|------|------|-----|------|------|-----|------|-----|------|-----|----|---|----------|---|
| JRL      | ,     |            |            |               |           |     |      |    |     |      |     |    |      | 1    |      | I   |      |      |      |     |      |      |     |      |     |      |     |    |   |          | Г |
| h        | t     |            | р          | :             | /         | /   | t    | 0  | W   | n    | 0   | f  |      | h    | a    | r   | 1    | t    | 0    | n   | •    | 0    | r   | g    | /   | Р    | a   |    |   | L        | L |
| G<br>—   | E     | S          | /          | M             | S         | _   | 4    | _  | R   | Е    | Р   | 0  | R    | Т    | S    |     |      |      |      |     |      |      |     |      |     |      |     |    |   | <u></u>  | L |
|          |       |            |            |               |           |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |          |   |
| JRI      |       |            |            |               |           |     |      |    |     | 1    |     | 1  |      | 1    |      | 1   |      |      |      |     |      |      |     |      | 1   |      | 1   |    |   |          | _ |
| h        | t     | t          | р          | :             | /         | /   | s    | a  | r   | a    | t   | 0  | g    | a    | ន    | t   | 0    | r    | m    | W   | а    | t    | е   | r    | •   | 0    | r   |    |   | L        |   |
| g        | /     | m          | u          | n             | i         | С   | i    | р  | а   | 1    | i   | t  | i    | е    | s    | _   | a    | d    | d    | i   | t    | i    | 0   | n    | a   | 1    | _   | r  | е | ន        |   |
| 1        | r     | С          | е          | s             |           | h   | t    | m  |     |      |     |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |          |   |
| RI       | ,     |            |            |               |           |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |          |   |
|          |       |            |            |               |           |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |          |   |
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| т        |       |            |            |               |           |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |          | L |
| JRL      |       |            |            |               |           |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |          | Γ |
|          |       |            |            |               |           |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |          | İ |
|          |       |            |            |               |           |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   | $\vdash$ | L |
|          |       |            |            |               |           |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |          |   |
| JRL      | ,<br> |            |            |               |           |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   | Т        | Τ |
|          |       |            |            |               |           |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   | <u> </u> | L |
|          |       |            |            |               |           |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   | _        | L |
| _        |       |            |            |               |           |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |          | L |
| JRL      | ,<br> |            |            |               |           |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |          | Г |
|          |       |            |            |               |           |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   | _        | Ļ |
|          |       |            |            |               |           |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |          |   |
|          |       |            |            |               |           |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |          |   |
| JRL      | _     |            |            |               |           |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |          |   |
|          |       |            |            |               |           |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |          |   |
|          |       |            |            |               |           |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |          |   |
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Name of MS4/Coalition

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# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$ 

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| g   | / | m | u | n | i | С | i | р  | a | 1  | i | t | i        | е | s | _  | a | d | d | i | t | i | 0 | n | a | 1       | _ | r | е | 2 |
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| UKL |   |   |   |   |   |   |   |    |   |    |   |   |          |   |   |    |   |   |   |   |   |   |   |   |   |         |   |   |   |   |
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|     |   |   |   |   |   |   |   |    |   |    |   |   | <u> </u> |   |   |    |   |   |   |   |   |   |   |   |   | <u></u> |   |   |   |   |
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$ 

|        |      |      |     |       | _   |     |     |      |      |      |     |    |      |      |      |     |      |      |      | _   |     |    | SPI | DES  | ID |      |     |    |          |   |   |
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| Name ( | of M | S4/0 | Coa | litic | n T | ow  | n c | of C | iree | enfi | eld |    |      |      |      |     |      |      |      |     |     |    | И   | Y    | R  | 2    | 0   | A  | 1        | 2 | 3 |
|        | eas  |      |     |       |     | eci | fic | ad   | dre  | ess( | es) | wh | iero | e no | otic | e(s | ) ca | an l | be : | acc | ess | ed | - n | ot h | on | ıe p | oag | e. |          |   |   |
| h      |      | t    | р   | :     | /   | /   | w   | W    | w    |      | s   | a  | r    | a    | t    | 0   | g    | a    | s    | t   | 0   | r  | m   | w    | а  | t    | е   | r  |          | 0 | r |
| g      | /    | m    | u   | n     | i   | С   | i   | р    | a    | 1    | i   | t  | i    | е    | s    | -   | a    | d    | d    | i   | t   | i  | 0   | n    | a  | 1    | -   | r  | е        | ន | 0 |
| u      | r    | С    | е   | s     |     | h   | t   | m    |      |      |     |    |      |      |      |     |      |      |      |     |     |    |     |      |    |      |     |    |          |   |   |
| URI    | L    |      |     |       |     | •   |     | '    |      |      |     | '  | •    | '    |      |     |      |      | •    |     |     |    | ,   |      |    |      |     |    |          |   |   |
|        |      |      |     |       |     |     |     |      |      |      |     |    |      |      |      |     |      |      |      |     |     |    |     |      |    |      |     |    |          |   |   |
|        |      |      |     |       |     |     |     |      |      |      |     |    |      |      |      |     |      |      |      |     |     |    |     |      |    |      |     |    |          |   |   |
|        |      |      |     |       |     |     |     |      |      |      |     |    |      |      |      |     |      |      |      |     |     |    |     |      |    |      |     |    |          |   |   |
| URI    | L    |      |     |       |     |     |     |      |      |      |     |    |      |      |      |     |      |      |      |     |     |    |     |      |    |      |     |    |          |   |   |
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|        |      |      |     |       |     |     |     |      |      |      |     |    |      |      |      |     |      |      |      |     |     |    |     |      |    |      |     |    |          |   |   |
|        |      |      |     |       |     |     |     |      |      |      |     |    |      |      |      |     |      |      |      |     |     |    |     |      |    |      |     |    |          |   |   |
| URI    | L    |      |     |       |     |     |     |      |      |      |     |    |      |      |      |     |      |      |      |     |     |    |     |      |    |      |     |    |          |   |   |
|        |      |      |     |       |     |     |     |      |      |      |     |    |      |      |      |     |      |      |      |     |     |    |     |      |    |      |     |    |          |   |   |
|        |      |      |     |       |     |     |     |      |      |      |     |    |      |      |      |     |      |      |      |     |     |    |     |      |    |      |     |    |          |   |   |
|        |      |      |     |       |     |     |     |      |      |      |     |    |      |      |      |     |      |      |      |     |     |    |     |      |    |      |     |    |          |   |   |
| UR     | L    |      |     |       |     |     |     |      |      |      |     |    |      |      |      |     |      |      |      |     |     |    |     |      |    |      |     |    |          |   |   |
|        |      |      |     |       |     |     |     |      |      |      |     |    |      |      |      |     |      |      |      |     |     |    |     |      |    |      |     |    |          |   |   |
|        |      |      |     |       |     |     |     |      |      |      |     |    |      |      |      |     |      |      |      |     |     |    |     |      |    |      |     |    |          |   |   |
|        |      |      |     |       |     |     |     |      |      |      |     |    |      |      |      |     |      |      |      |     |     |    |     |      |    |      |     |    |          |   |   |
| URI    | L    |      |     |       |     |     |     |      |      |      |     |    |      |      |      |     |      |      |      |     |     |    |     |      |    |      |     |    |          |   |   |
|        |      |      |     |       |     |     |     |      |      |      |     |    |      |      |      |     |      |      |      |     |     |    |     |      |    |      |     |    | <u> </u> |   |   |
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Name of MS4/Coalition Town of Halfmoon

N Y R 2 0 A 3 7 5

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# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 \end{vmatrix}$ 

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| h   | t   | t | р | :             | / | /   | w    | w  | w   |      | s   | а  | r    | a    | t    | 0   | g    | a    | s    | t   | 0    | r  | m   | w    | а   | t    | е   | r  |   | 0 | r |
| g   | /   | m | u | n             | i | С   | i    | р  | a   | 1    | i   | t  | i    | е    | s    | -   | а    | d    | d    | i   | t    | i  | 0   | n    | a   | 1    | -   | r  | е | s | 0 |
| u   | r   | С | е | s             |   | h   | t    | m  |     |      |     |    |      |      |      |     |      |      |      |     |      |    |     |      |     |      |     |    |   |   |   |
| JRL | ,   |   |   |               |   |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |    |     |      |     |      |     |    |   |   |   |
| h   | t   | t | р | s             | : | /   | /    | w  | W   | W    |     | t  | 0    | W    | n    | 0   | f    | h    | a    | 1   | f    | m  | 0   | 0    | n   | _    | n   | У  | • | g | 0 |
| V   | /   | s | i | t             | е | s   | /    | h  | a   | 1    | f   | m  | 0    | 0    | n    | n   | У    | /    | f    | i   | 1    | е  | s   | /    | р   | a    | g   | е  | s | / |   |
| f   | i   | n | a | 1             | _ | d   | r    | a  | f   | t    | _   | 2  | 0    | 2    | 0    | _   | r    | е    | р    | 0   | r    | t  | •   | р    | d   | f    |     |    |   |   |   |
| JRL | ,   |   |   |               |   |     |      |    |     |      |     |    |      |      | ı    |     |      |      |      |     |      |    |     |      |     |      |     |    |   |   |   |
|     |     |   |   |               |   |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |    |     |      |     |      |     |    |   |   | L |
|     |     |   |   |               |   |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |    |     |      |     |      |     |    |   |   |   |
|     |     |   |   |               |   |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |    |     |      |     |      |     |    |   |   |   |
| JRL | ,   |   |   |               |   |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |    |     |      |     |      |     |    |   |   |   |
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|     |     |   |   |               |   |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |    |     |      |     |      |     |    |   |   |   |
|     |     |   |   |               |   |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |    |     |      |     |      |     |    |   |   |   |
| JRL | ,   |   |   |               |   |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |    |     |      |     |      | I   |    |   |   |   |
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|     |     |   |   |               |   |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |    |     |      |     |      |     |    |   |   |   |
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| JRL | ,   |   |   |               |   |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |    |     |      |     |      |     |    |   |   |   |
| _   |     |   |   |               |   |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |    |     |      |     |      |     |    |   |   |   |
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|     |     |   |   |               |   |     |      |    |     |      |     |    |      |      |      |     |      |      |      |     |      |    |     |      |     |      |     |    |   |   |   |

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# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2

| me o     | of M      | S4/0 | Coa | litic | $\mathbf{J}_{\mathrm{n}}$ | OV | ٧n | of | M | alt | а |    |      |      |      |     |      |      |      |     |      |      | N   | Y    | R   | 2    | 0   | A  | 0 | 8 | 6 |
|----------|-----------|------|-----|-------|---------------------------|----|----|----|---|-----|---|----|------|------|------|-----|------|------|------|-----|------|------|-----|------|-----|------|-----|----|---|---|---|
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| h        | t         | t    | р   | :     | /                         | /  | W  | W  | W | •   | s | a  |      | a    | t    | 0   | g    | a    | s    | t   | 0    | r    | m   | W    | a   | t    | е   | r  | • | 0 | r |
| a        | /         | m    | u   | n     | i                         | С  | _  | р  | a | 1   | i | t  | i    | е    | s    | -   | a    | d    | d    | i   | t    | i    | 0   | n    | a   | 1    | _   | r  | е | s | 0 |
| u        | r         | С    | е   | S     | •                         | h  | t  | m  |   |     |   |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |   |   |
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|          |           |      |     |       |                           |    |    |    |   |     |   |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |   |   |
| URI      |           |      |     |       |                           |    |    |    |   |     |   |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |   |   |
|          |           |      |     |       |                           |    |    |    |   |     |   |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |   |   |
|          |           |      |     |       |                           |    |    |    |   |     |   |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |   |   |
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| URI      | ,         |      |     |       |                           |    |    |    |   |     |   |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |   |   |
|          |           |      |     |       |                           |    |    |    |   |     |   |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |   |   |
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| URI      |           |      |     |       |                           |    |    |    |   |     |   |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |   |   |
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|          |           |      |     |       |                           |    |    |    |   |     |   |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |   |   |
| L<br>URI |           |      |     |       |                           |    |    |    |   |     |   |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |   |   |
|          |           |      |     |       |                           |    |    |    |   |     |   |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |   |   |
|          |           |      |     |       |                           |    |    |    |   |     |   |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |   |   |
|          |           |      |     |       |                           |    |    |    |   |     |   |    |      |      |      |     |      |      |      |     |      |      |     |      |     |      |     |    |   |   |   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$ 

|     |      |     |      |       | _    |       |      |      |       |      |     |    |     |      |      |     |      |      |      | 7   |     |    | SPI  | DES  | ID |      |             |    |             |   |   |
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|     |      |     | coi  |       |      |       |      |      |       |      |     |    |     |      |      |     |      |      |      |     |     |    |      |      |    |      |             |    |             |   |   |
|     |      |     | orov |       |      | eci   | ific | ad   | dre   | ess( | es) | wh | ier | e no | otic | e(s | ) ca | an l | be a | acc | ess | ed | - no | ot h | on | 1e p | oag         | e. |             |   |   |
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| h   | . t  | t   | р    | :     | /    | /     | W    | W    | w     |      | s   | a  | r   | a    | t    | 0   | g    | a    | s    | t   | 0   | r  | m    | w    | a  | t    | е           | r  |             | 0 | r |
| 9   | . /  | m   | u    | n     | i    | С     | i    | р    | a     | 1    | i   | t  | i   | е    | ន    | _   | a    | d    | d    | i   | t   | i  | 0    | n    | a  | 1    | _           | r  | е           | ន | 0 |
| u   | r    | . С | е    | s     |      | h     | t    | m    |       |      |     |    |     |      |      |     |      |      |      |     |     |    |      |      |    |      |             |    |             |   |   |
| UR  | L    | •   | •    | •     | •    |       | •    |      | •     |      |     |    |     |      |      |     |      |      |      | •   |     | •  |      | •    | •  |      |             | •  |             |   | • |
| W   | w    | w   | •    | m     | е    | С     | h    | a    | n     | i    | С   | v  | i   | 1    | 1    | е   | s    | t    | 0    | r   | m   | w  | a    | t    | е  | r    |             | С  | 0           | m |   |
|     |      |     |      |       |      |       |      |      |       |      |     |    |     |      |      |     |      |      |      |     |     |    |      |      |    |      |             |    |             |   |   |
|     |      |     |      |       |      |       |      |      |       |      |     |    |     |      |      |     |      |      |      |     |     |    |      |      |    |      |             |    |             |   |   |
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| F   |      |     |      |       |      |       |      |      |       |      |     |    |     |      |      |     |      |      |      |     |     |    |      |      |    |      |             |    |             |   |   |
| UR  | T.   |     |      |       |      |       |      |      |       |      |     |    |     |      |      |     |      |      |      |     |     |    |      |      |    |      |             |    |             |   |   |
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SPDES ID

# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ 

| ame        | of N        | ΛS              | 4/Coa                   | alitio | on      | гow  | N O     | F MI | LTO               | N    |       |      |                |      |      |        |     |      |     |     |             |      | N     | Y   | R    | 2    | 0              | A    | 1    | 0     | 8        |
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| <b>P</b> l | lea:        | se              | ) co<br>pro             | vid    | e sj    |      |         |      |                   |      |       |      |                |      |      |        |     |      |     |     |             |      |       |     |      | _    |                |      |      |       |          |
| htt<br>Sr  | p:⊬/<br>nee | /w <sub>¥</sub> | ųt<br>vw <sup>.</sup> b | arạt   | oga     | asto | rm      | vąte | er <sub>w</sub> o | rg/F | રિકુક | ider | nt <u>i</u> al | %2   | 0€[  | D/gr   | 1%2 | 2Qir | nę‰ | 20r | esc         | :/₽ı | ıþļid | %2  | og   | d/H  | o <u>t</u> lir | nes_ | Pro  | ofije | <u>-</u> |
|            |             |                 | î e                     | s      | i       | d    | е       | n    | t                 | i    | a     | 1    | 왕              | 2    | 0    | Ε      | D   | /    | 0   | n   | %           | 2    | 0     | 1   | i    | n    | е              | %    | 2    | 0     | r        |
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| UR         |             |                 |                         |        |         | ,    | •       |      |                   | •    |       |      |                |      |      |        |     |      |     |     |             |      |       |     |      |      | •              |      |      |       |          |
|            |             |                 | vw.s<br>ur%2            |        |         |      |         | vate | er.o              | rg/N | /lun  | icip | al-g           | jovt | -EC  | )/on   | ·%2 | 0lin | e%  | 20r | esc         | /pu  | blic  | %2( | 0in\ | /olv | eme            | ent/ | Pro  | tect  | io.      |
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| UR<br>htt  |             | /\ <b>\</b> /\/ | vw.s                    | arat   | oas     | esto | rm      | vate | er o              | ra/N | /Lun  | icin | al-c           | ıovt | -FГ  | )/on   | %2  | Olin | e%  | 20r | <b>-</b> 80 | /nu  | blic  | %2  | Oinv | /Olv | eme            | ent/ | /Put | tina  | 1%       |
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| UR         | L           |                 |                         |        |         |      |         |      |                   |      |       |      |                |      |      |        |     |      |     |     |             |      |       |     |      |      |                |      |      |       |          |
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|            |             |                 |                         |        |         |      |         |      |                   |      |       |      |                |      |      |        |     |      |     |     |             |      |       |     |      |      |                |      |      |       |          |
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| UR         | L_          |                 |                         |        |         |      |         |      |                   |      |       |      |                |      |      |        |     |      |     |     |             |      |       |     |      |      |                |      |      |       |          |
|            |             |                 |                         |        |         |      |         |      |                   |      |       |      |                |      |      |        |     |      |     |     |             |      |       |     |      |      |                |      |      |       |          |
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|            |             |                 |                         |        |         |      |         |      |                   |      |       |      |                |      |      |        |     |      |     |     |             |      |       |     |      |      |                |      |      |       |          |

This report is being submitted for the reporting period ending March 9, 2 0 2 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

|          |      |      |            |       | Г   |     |      |     |     |     |      | _  |     |      |     |     |      |     |    | _  |      |     | SF        | DE        | SIL | )         |           |     |          |        |           |
|----------|------|------|------------|-------|-----|-----|------|-----|-----|-----|------|----|-----|------|-----|-----|------|-----|----|----|------|-----|-----------|-----------|-----|-----------|-----------|-----|----------|--------|-----------|
| Name     | of N | 1S4  | /Co        | aliti | on  | TO  | Wì   | N O | FI  | MO  | RE   | Αl | J   |      |     |     |      |     |    |    |      |     | N         | Y         | R   | 2         | : C       | A   | 1        | . 5    | 1         |
| 2. U     | RL   | (s)  | co         | n't.  | :   |     |      |     |     |     |      |    |     |      |     |     |      |     |    |    |      |     |           |           |     |           |           |     |          |        |           |
| P        | leas | se j | oro        | vid   | e s | pec | ific | ad  | ldr | ess | (es) | w  | hei | re n | oti | ce( | s) ( | ean | be | ac | cess | sed | - n       | ot        | hor | ne        | pas       | ge. |          |        |           |
| UR       | L    | _    | T-         | _     | _   | _   | _    |     | _   |     |      | _  |     |      |     |     |      |     |    |    |      |     |           |           |     |           | 1 7       | 9   |          |        |           |
| W        | W    | W    | <u>  •</u> | t     | 0   | W   | n    | 0   | f   | m   | 0    | r  | е   | a    | u   |     | 0    | r   | g  | 1  | m    | s   | 4         | _         | r   | е         | p         | 0   | r        | t      |           |
| a        | s    | p    |            |       |     |     |      |     |     |     |      |    |     |      |     |     |      |     |    |    |      |     |           |           |     |           |           |     |          | T      | T         |
|          |      |      |            |       |     |     |      |     |     |     |      |    |     |      |     |     |      |     |    |    |      |     |           |           |     |           |           |     | $\vdash$ | T      | T         |
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| g        | /    | m    | u          | n     | i   | C   | i    | р   | a   | 1   | i    | t  | i   | е    | s   | -   | a    | d   | d  | i  | t    | i   | 0         | n         | a   | 1         | _         | r   | е        | +      | 0         |
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| URL      |      |      |            |       |     |     |      |     |     |     |      |    |     |      |     |     |      |     | 7  |    |      |     |           |           |     |           |           |     |          |        |           |
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| URL      |      | Т    | Т          |       |     |     |      |     |     |     |      |    |     |      | -   |     |      |     |    |    |      |     |           |           |     |           |           |     |          |        |           |
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This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 2 \end{bmatrix}$  1

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

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

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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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| UI<br>Ple | RL | (s)<br>e p | cor<br>rov | ı't.:<br>zide | esp | eci | ific | ad   | dre   | ess( | es) | wl | ier | e no | otic | e(s | ) c: | an | be: | acc | ess | ed | - n | ot l | ion | ıe j | ag           | e. |   |   |
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| h         | t  | t          | p          |               | 1   | 1   | W    | W    | W     |      | s   | a  | r   | a    | t    | 0   | g    | a  | S   | t   | 0   | r  | m   | W    | a   | t    | е            | r  |   | C |
| g         | 1  | m          | u          | n             | i   | C   | i    | p    | a     | 1    | i   | t  | i   | е    | s    | S.  | a    | d  | d   | i   | t   | i  | 0   | n    | a   | 1    | $\mathbb{H}$ | r  | е | 2 |
| u         | r  | С          | е          | s             |     | h   | t    | m    |       |      |     |    |     |      |      |     |      |    |     |     |     |    |     |      |     |      |              |    |   |   |
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SPDES ID

1693183102

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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| JRL       |     |     |     |       |          |        |      |        |       |     |     |    |     |      |      |     |      |      |      |     |         |    |          |      |     |      |     |    |     |   | _ |
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# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$ 

| RL |   |   |   |   |   |   |   |   | _ |   |   | - |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | $\overline{}$ |
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 \end{vmatrix}$ 

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|     |           |      |     |       |      |      |    |     |      |    |     |     |    |      |      |     |      |      |      |     |      |    |      |      |    |      |     |    |         |   |   |
| UR  | L         |      |     |       |      |      |    |     |      |    |     |     |    |      |      |     |      |      |      |     |      |    |      |      |    |      |     |    |         |   |   |
|     |           |      |     |       |      |      |    |     |      |    |     |     |    |      |      |     |      |      |      |     |      |    |      |      |    |      |     |    |         |   |   |
|     |           |      |     |       |      |      |    |     |      |    |     |     |    |      |      |     |      |      |      |     |      |    |      |      |    |      |     |    |         |   |   |
|     |           |      |     |       |      |      |    |     |      |    |     |     |    |      |      |     |      |      |      |     |      |    |      |      |    |      |     |    | ĺ       |   | ' |

Name of MS4/Coalition Town of Wilton

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# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$ 

| Pl       | eas  |   |   | ı't.:<br>⁄ide |   | eci | ific | ad | dre | ess( | es)      | wł | ier | e no | otic | e(s | ) ca | an l | be : | acc | ess | ed - | - n | ot ł | ıon | ıe j | pag | e. |   |   |   |
|----------|--|---|---|---------------|---|-----|------|----|-----|------|----------|----|-----|------|------|-----|------|------|------|-----|-----|------|-----|------|-----|------|-----|----|---|---|---|
| URI<br>h | t  | t | р | :             | / | /   | w    | W  | w   |      | t        | 0  | w   | n    | 0    | f   | w    | i    | 1    | t   | 0   | n    |     | С    | 0   | m    | /   | d  | е | р | a |
| r        | t  | m | е | n             | t | /   | е    | n  | g   | i    | n        | е  | е   | r    | i    | n   | g    | -    | d    | е   | р   | a    | r   | t    | m   | е    | n   | t  | / | s | t |
| 0        | r  | m | w | а             | t | е   | r    | -  | m   | a    | n        | a  | g   | е    | m    | е   | n    | t    | /    | a   | n   | n    | u   | a    | 1   | -    | m   | s  | 4 | - |   |
| URI      | ٠  |   |   |               |   |     |      |    |     |      |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
| h        | t  | t | р | :             | / | /   | w    | w  | W   |      | s        | a  | r   | a    | t    | 0   | g    | a    | s    | t   | 0   | r    | m   | W    | a   | t    | е   | r  | • | 0 | r |
| g        | /  | m | u | n             | i | С   | i    | р  | a   | 1    | i        | t  | i   | е    | s    | -   | a    | d    | d    | i   | t   | i    | 0   | n    | a   | 1    | _   | r  | е | ន | 0 |
| u        | r  | С | е | s             |   | h   | t    | m  |     |      |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
| URI      |  |   |   |               |   |     |      |    |     |      |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
|          |  |   |   |               |   |     |      |    |     |      |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
|          |  |   |   |               |   |     |      |    |     |      |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
|          |  |   |   |               |   |     |      |    |     |      |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
| URI      |  |   |   |               |   |     |      |    |     |      |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
|          |  |   |   |               |   |     |      |    |     |      |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
|          |  |   |   |               |   |     |      |    |     |      |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
|          |  |   |   |               |   |     |      |    |     |      |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
| URI      | ,  |   |   |               |   |     |      |    |     | I    |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
|          |  |   |   |               |   |     |      |    |     |      |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
|          |  |   |   |               |   |     |      |    |     |      |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
|          |  |   |   |               |   |     |      |    |     |      |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
| URI      | <u>,                                      </u> |   |   |               |   |     |      |    |     |      |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
|          |  |   |   |               |   |     |      |    |     |      |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
|          |  |   |   |               |   |     |      |    |     |      |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
|          |  |   |   |               |   |     |      |    |     |      |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
| URI      | í –  |   |   |               |   |     |      |    |     |      |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
| _        |  |   |   |               |   |     |      |    |     |      | <u> </u> |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
|          |  |   |   |               |   |     |      |    |     |      |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |
|          |  |   |   |               |   |     |      |    |     |      |          |    |     |      |      |     |      |      |      |     |     |      |     |      |     |      |     |    |   |   |   |

Name of MS4/Coalition Saratoga County ISWM Program

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#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$ 

| U<br>Pl | RL<br>leas | (s)<br>se p | cor<br>rov | ı't.<br>zide | :<br>e sp  | eci | fic | ad   | dre | ess( | es) | wh | ere | e no | otic | es ( | can | be | ac | ces | sec | <b>l</b> - 1 | not | ho | me | pa | ıge.    |      |          |
|---------|------------|-------------|------------|--------------|--|-----|-----|--|-----|------|-----|----|-----|------|------|------|-----|----|----|-----|-----|--------------|-----|----|----|----|---------|------|----------|
| JRJ     | L          |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
|         | +          | <u> </u>    |            |              | _  |     |     | _  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      | <u> </u> |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
|         |            | +           |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      | +        |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
| JR.     | <u>L</u>   | _           |            |              |  |     |     |  | 1   |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      | _        |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
|         | $\vdash$   |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      | Ħ        |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
| JRJ     | L          |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      | L        |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
| _       | +          | +           |            |              | _  |     |     | _  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      | +        |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
|         | -          | -           | -          |              | -  | -   |     | -  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      | -        |
| JR1     | L          |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      | _        |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
|         |            | +           |            |              | <del>                                     </del> |     |     | <del>                                     </del> |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      | +        |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
|         |            |             |            |              | Ì  |     |     | Ì  | İ   |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      | Ī        |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
| JR.     | Ī.         |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
| 710     | Ť          |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      | Τ        |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      | L        |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
|         |            | +           |            |              |  |     |     | <u> </u>   |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      | ┾        |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
|         |            |             |            | _            |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         | <br> |          |
| JR.     | L          | _           |            |              | _  | 1   |     |  | _   |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      | _        |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
|         |            |             |            |              |  |     |     | 1  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      | t        |
|         |            |             |            |              | L  |     | L   |  |     | L    |     |    |     | L    | L    |      |     |    |    |     |     | L            |     | L  |    |    |         |      |          |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      | T        |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
| JRJ     | Ι.         |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
| /10     | Ť          |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      | Τ        |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    | <u></u> |      |          |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |
|         |            |             |            |              |  |     |     |  |     |      |     |    |     |      |      |      |     |    |    |     |     |              |     |    |    |    |         |      |          |

 $_{Name\ of\ MS4/Coalition}$  Village of Ballston Spa

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# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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|---------------|----------|-----|------|----------|-----|----|-----|------|-----|--|----------|------|-------------|----|-----|----|----|-----|-----|-------|-----|----|----|----|-----|----------|---|---|
| IRL           |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
| IRL           |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
| IRL           |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   | Ī |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   | H |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
| RL            |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   | Π |
| _             |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
| IRL           |          | •   |      | •        |     |    |     | •    |     | •  |          | •    |             | •  |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   | T |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
| IRL           |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   | Τ |
| _             |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   | L |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
| JRL           |          | •   |      | •        | •   | •  |     | •    |     | •  |          | •    |             | •  |     |    |    |     |     |       |     |    |    | •  | •   |          | • |   |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |
|               | $\vdash$ | +   | _    | <u> </u> |     |    | _   |      |     | <del>                                     </del> | $\vdash$ |      | <del></del> |    |     |    |    |     |     |       |     |    |    | l  |     | $\vdash$ |   | + |
|               |          |     |      |          |     |    |     |      |     |  |          |      |             |    |     |    |    |     |     |       |     |    |    |    |     |          |   |   |

# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2

| ne of N             | <b>1S4/</b> C | oali | itio | n T | ow | n c | of E | Ball | stc | n |    |      |      |      |    |     |    |      |      |     |              | N   | Y  | R  | 2  | 0    | А | 1 | 5 |
|---------------------|---------------|------|------|-----|----|-----|------|------|-----|---|----|------|------|------|----|-----|----|------|------|-----|--------------|-----|----|----|----|------|---|---|---|
| URL<br>Pleas<br>URL | (s) c         | on'  | 't.: |     |    |     |      |      |     |   | wh | iero | e no | otic | es | can | be | e ac | cces | sec | <b>l -</b> 1 | not | ho | me | pa | ıge. |   |   |   |
|                     |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   |   |
|                     |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   |   |
|                     |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   |   |
| JRL                 |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   |   |
|                     |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   |   |
|                     |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   | L |   |
|                     |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   |   |
| JRL                 |               |      |      |     |    |     |      |      |     |   |    |      | 1    |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   |   |
|                     |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   | L |   |
|                     |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   |   |
|                     |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   |   |
| JRL                 |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   |   |
|                     |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   |   |
|                     |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   |   |
|                     |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   |   |
| JRL                 |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   | _ |   |
|                     |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   | L |   |
|                     |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   |   |
|                     |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   |   |
| JRL                 |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   |   |
|                     |               | 4    |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   | L |   |
|                     |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   | L |   |
|                     |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   |   |
| JRL                 |               |      |      |     |    |     |      |      |     |   |    |      | 1    |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   | _ |
|                     |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   | L |
|                     |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   |   |
|                     |               |      |      |     |    |     |      |      |     |   |    |      |      |      |    |     |    |      |      |     |              |     |    |    |    |      |   |   |   |

Name of MS4/Coalition Town of Charlton

SPDES ID

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# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$ 

| UI<br>Ple | RL(<br>eas | (s) c<br>e pr | con<br>cov | 't.:<br>ide | e sp | eci | fic | ad | dre | ess( | es) | wh | iero | e no | otic     | es | can      | be | ac | ces | sec | <b>l</b> - 1 | not | ho | me | pa | ge. | • |             |   |
|-----------|------------|---------------|------------|-------------|------|-----|-----|----|-----|------|-----|----|------|------|----------|----|----------|----|----|-----|-----|--------------|-----|----|----|----|-----|---|-------------|---|
| URL       | ,          |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   | <u> </u>    |   |
| JRL       | ,          |               |            |             |      |     |     |    |     |      |     |    |      | 1    |          | 1  |          |    |    | 1   |     |              |     |    |    |    |     |   |             |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           |            |               | İ          |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   | <u> </u>    |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
| JRL       | _          |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   | <del></del> |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
| ЛRL       |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
| JKL       |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   | <u> </u>    |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      | <u> </u> |    | <u> </u> |    |    |     |     |              |     |    |    |    |     |   | Ħ           |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   | L           |   |
| JRL       | ,          |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   | <del></del> |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           | Ш          |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   | <u> </u>    | _ |
| ЛRL       | ,          |               |            |             |      |     |     |    |     |      |     |    | 1    | 1    |          | 1  |          |    |    | 1   |     |              |     |    |    |    |     | 1 |             |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           |            |               | İ          |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           |            | _             |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   | <u> </u>    |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           |            |               |            |             |      | -   | -   | -  |     | -    |     | -  | -    | -    | -        | -  | -        |    | -  | -   |     |              |     |    |    | -  |     | - | -           |   |
| ЛRL       | _          |               |            |             |      |     |     | Ι  |     | Ι    |     | Ι  |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             | Ι |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |
|           | $\vdash$   | _             |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   | <del></del> |   |
|           |            |               |            |             |      |     |     |    |     |      |     |    |      |      |          |    |          |    |    |     |     |              |     |    |    |    |     |   |             |   |

Name of MS4/Coalition TOWN OF CLIFTON PARK

SPDES ID

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# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Plo | eas | s) c<br>e pi  | rov | ide | e sp | eci | fic | ad | dre | ess( | es) | wh | ier | e ne | otic | es | can | be | ac | ces | sec | <b>l -</b> 1 | not | ho | me | pa | ıge. | • |   |
|-----|-----|---------------|-----|-----|------|-----|-----|----|-----|------|-----|----|-----|------|------|----|-----|----|----|-----|-----|--------------|-----|----|----|----|------|---|---|
| JRL | ,   |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
| JRL |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    | -    |   |   |
| 711 |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     | $\overline{}$ |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
| JRL | ,   |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     | T             |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
| JRL | ,   |               |     |     |      |     | ı   |    |     |      |     |    |     | ı    |      |    |     |    |    |     |     |              |     |    |    |    | ı    |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     | _             |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
| JRL | ,   |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
| JRL | ,   |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   | _ |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
| JRL |     |               |     |     | -    |     |     |    |     | -    |     |    |     |      |      | -  |     |    |    |     |     |              |     |    |    |    |      |   |   |
| IXL | ,   |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |
|     |     |               |     |     |      |     |     |    |     |      |     |    |     |      |      |    |     |    |    |     |     |              |     |    |    |    |      |   |   |

Name of MS4/Coalition Town of Greenfield

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#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$ 

| U.<br>Pl | RL<br>leas | (s)<br>se p | coi<br>rov | ı't.:<br>vide | :<br>e sp | oeci     | ific | ad | dre | ess(     | es)      | wh | ere      | e ne | otic | es | can | ı be | e ac | ces | sec | l - 1 | not | ho | me | pa | ıge. | •        |          |   |
|----------|------------|-------------|------------|---------------|-----------|----------|------|----|-----|----------|----------|----|----------|------|------|----|-----|------|------|-----|-----|-------|-----|----|----|----|------|----------|----------|---|
| JRJ      | Ļ          |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          |   |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          |   |
|          | +          | +           |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          | $\vdash$ |   |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          |   |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          |   |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          | _ |
| JRJ      | L          | _           |            |               |           |          |      |    |     |          | 1        |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      | 1        |          | Г |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          |   |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          |   |
|          | -          | +           |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      | <u> </u> | <u> </u> |   |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          |   |
| JRI      | г          |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          |   |
| IXI      |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          | Г |
|          |            | 1           |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          | L        |   |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          |   |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          | $\vdash$ | T |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          | L        |   |
| ЛRI      | L          |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          |   |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          |   |
|          | +          | +           |            | _             |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          | ⊨        | H |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          |   |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          |   |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          | _ |
| JRJ      | L          | _           | 1          |               | 1         | 1        |      |    |     |          | 1        |    |          | 1    |      | 1  |     | 1    |      | 1   |     |       |     |    |    |    |      | 1        |          |   |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          |   |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          | Г |
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|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          |   |
| JRI      | r          |             |            |               |           |          |      | •  |     |          |          | •  |          |      |      |    |     |      |      |     |     |       |     |    |    |    | •    |          | -        |   |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          |   |
|          | -          | <u> </u>    |            | <u> </u>      |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          | <u> </u> | L |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          |   |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          | $\vdash$ | T |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          | L        |   |
| JRJ      | L_         |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     | _     | _   | _  |    |    |      |          |          |   |
|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          |   |
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|          |            |             |            |               |           |          |      |    |     |          |          |    |          |      |      |    |     |      |      |     |     |       |     |    |    |    |      |          |          |   |
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| ie o | fΜ | S4/0  | Coa | litic | ոշ  | ow  | n c | of F | Ialf | mo   | on  |    |    |      |      |    |     |    |      |     |     |       | N          | Y          | R  | 2  | 0   | Α | 3 | 7 | 5 |
|      |    | (s) ( |     |       |     |     |     |      |      |      |     |    |    |      |      |    |     |    |      |     |     |       |            |            |    |    |     |   |   |   |   |
|      |    |       |     |       |     | eci | fic | ad   | dre  | ess( | es) | wh | er | e no | otic | es | can | be | e ac | ces | sed | l - 1 | not        | ho         | me | na | σe. |   |   |   |   |
| JRL  |    | ·     |     |       | ~ r |     |     |      |      | .~~( | -~, |    |    |      |      |    |     |    |      |     | ~   |       |            |            |    | P  | 8   |   |   |   |   |
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| g    | /  | m     | u   | n     | i   | С   | i   | р    | a    | 1    | i   | t  | i  | е    | s    | _  | a   | d  | d    | i   | t   | i     | 0          | n          | a  | 1  | -   | r | е | s | 0 |
| u    | r  | С     | е   | s     |     | h   | t   | m    |      |      |     |    |    |      |      |    |     |    |      |     |     |       |            |            |    |    |     |   |   |   |   |
| JRL  |    |       |     |       | -   |     | -   |      |      | -    |     |    |    |      |      | -  |     |    |      |     |     |       |            |            |    |    |     |   |   |   |   |
| h    | t  | t     | р   | ន     | :   | /   | /   | W    | w    | w    |     | t  | 0  | W    | n    | 0  | f   | h  | a    | 1   | f   | m     | 0          | 0          | n  | -  | n   | У | • | g | 0 |
| v    | /  | ន     | i   | t     | е   | s   | /   | h    | a    | 1    | f   | m  | 0  | 0    | n    | n  | У   | /  | f    | i   | 1   | е     | ន          | /          | р  | a  | g   | е | s | / |   |
| f    | i  | n     | a   | 1     | _   | d   | r   | a    | f    | t    | _   | 2  | 0  | 2    | 0    | _  | r   | е  | р    | 0   | r   | t     |            | р          | d  | f  |     |   |   |   |   |
| JRL  |    |       |     | •     |     |     |     | •    |      |      |     | •  |    | •    |      |    |     | •  | •    |     |     |       |            |            |    |    |     |   |   |   |   |
|      |    |       |     |       |     |     |     |      |      |      |     |    |    |      |      |    |     |    |      |     |     |       |            |            |    |    |     |   |   |   |   |
|      |    |       |     |       |     |     |     |      |      |      |     |    |    |      |      |    |     |    |      |     |     |       |            |            |    |    |     |   |   |   |   |
|      |    |       |     |       |     |     |     |      |      |      |     |    |    |      |      |    |     |    |      |     |     |       |            |            |    |    |     |   |   |   |   |
| ЛRL  |    |       |     | •     |     |     |     | •    |      |      |     | •  |    | •    |      |    |     | •  | •    |     |     |       |            |            |    |    |     |   |   |   |   |
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|      |    |       |     |       |     |     |     |      |      |      |     |    |    |      |      |    |     |    |      |     |     |       |            |            |    |    |     |   |   |   |   |
| JRL  |    |       |     |       |     |     |     |      |      |      |     |    |    |      |      |    |     |    |      |     |     |       |            |            |    |    |     |   |   |   |   |
|      |    |       |     |       |     |     |     |      |      |      |     |    |    |      |      |    |     |    |      |     |     |       |            |            |    |    |     |   |   |   |   |
|      |    |       |     |       |     |     |     |      |      |      |     |    |    |      |      |    |     |    |      |     |     |       |            |            |    |    |     |   |   |   |   |
|      |    |       |     |       |     |     |     |      |      |      |     |    |    |      |      |    |     |    |      |     |     |       |            |            |    |    |     |   |   |   |   |
| JRL  |    |       |     |       |     |     |     |      |      |      |     |    |    |      |      |    |     |    |      |     |     |       |            |            |    |    |     |   |   |   |   |
|      |    |       |     |       |     |     |     |      |      |      |     |    |    |      |      |    |     |    |      |     |     |       |            |            |    |    |     |   |   |   |   |
|      |    |       |     |       |     |     |     |      |      |      |     |    |    |      |      |    |     |    |      |     |     |       |            |            |    |    |     |   |   |   |   |
|      |    |       |     |       |     |     |     |      |      |      |     |    |    |      |      |    |     |    |      |     |     |       |            |            |    |    |     |   |   |   |   |
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|      |    |       |     |       |     |     |     |      |      |      |     |    |    |      |      |    |     |    |      |     |     |       |            |            |    |    |     |   |   |   |   |
|      |    |       |     |       |     |     |     |      |      |      |     |    |    |      |      |    |     |    |      |     |     |       |            |            |    |    |     |   |   |   |   |
|      |    |       |     |       |     |     |     |      |      |      |     |    |    |      |      |    |     |    |      |     |     |       |            |            |    |    |     |   |   |   |   |

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| URI    | L(s) o | con  | 't.:  |    |    |    |    |    |      |   | wh | iero | e no | otic | es | can | be | ac | ces | sec | l - 1 | not | ho | me | pa | ge. |   |   |   |   |
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| $\pm$  |        |      |       |    |    |    |    |    |      |   |    |      |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   |   | H |

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| RL    |               |   |               |  |   |   |      |      |   |  |  |   |   |  |   |          |         |          | Г |
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|       |               |   |               |  |   |   |      |      |   |  |  |   |   |  |   |          |         |          |   |
| RL    |               | • |               |  |   | • | •    | •    | • |  |  | • | • |  | • |          |         |          |   |
|       |               |   |               |  |   |   |      |      |   |  |  |   |   |  |   |          |         |          | Γ |
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| RL    |               |   |               |  | ı |   |      |      | I |  |  | I | I |  |   |          |         |          | _ |
|       |               |   |               |  |   |   |      |      |   |  |  |   |   |  |   |          |         |          |   |
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|       |               |   |               |  |   |   |      |      |   |  |  |   |   |  |   |          |         |          | Ē |
| m.    |               |   | _             |  |   |   |      |      |   |  |  |   |   |  |   |          |         |          | _ |
| RL    |               |   |               |  |   |   |      |      |   |  |  |   |   |  |   |          |         |          | Г |
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# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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This report is being submitted for the reporting period ending March 9, 2 0 2 1

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# **MS4 Annual Report Form**

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

| ne of MS4/Coalition South Glens Falls |      |     |       |          |   |          |   |   |  |   | N | Y | R | 2 | 0 | A | 0 | 9 |       |     |              |  |  |   |  |   |          |          |
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This report is being submitted for the reporting period ending March 9, 2 0 2 1

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# MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 2 & 1 \end{bmatrix}$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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|    |        |  |  |  |  |  |  |  |  |  |   |  |  |          | L       | Ļ |
|    |        |  |  |  |  |  |  |  |  |  |   |  |  |          | L       |   |
|    |        |  |  |  |  |  |  |  |  |  |   |  |  |          |         |   |
| RL |        |  |  |  |  |  |  |  |  |  |   |  |  |          |         |   |
|    |        |  |  |  |  |  |  |  |  |  |   |  |  |          |         | Γ |
|    |        |  |  |  |  |  |  |  |  |  |   |  |  |          |         | Ħ |
|    |        |  |  |  |  |  |  |  |  |  |   |  |  | _        | _       | H |
|    |        |  |  |  |  |  |  |  |  |  |   |  |  |          |         |   |
| RL |        |  |  |  |  |  |  |  |  |  | ı |  |  |          | _       |   |
|    |        |  |  |  |  |  |  |  |  |  |   |  |  |          |         |   |
|    |        |  |  |  |  |  |  |  |  |  |   |  |  |          |         |   |
|    |        |  |  |  |  |  |  |  |  |  |   |  |  |          |         | Ħ |
| m. |        |  |  |  |  |  |  |  |  |  |   |  |  |          |         | _ |
| RL |        |  |  |  |  |  |  |  |  |  |   |  |  |          |         | Π |
|    |        |  |  |  |  |  |  |  |  |  |   |  |  | $\vdash$ | H       | H |
|    |        |  |  |  |  |  |  |  |  |  |   |  |  |          | L       | L |
|    |        |  |  |  |  |  |  |  |  |  |   |  |  |          |         |   |
| RL |        |  |  |  |  |  |  |  |  |  |   |  |  |          |         |   |
|    |        |  |  |  |  |  |  |  |  |  |   |  |  |          |         |   |
|    |        |  |  |  |  |  |  |  |  |  |   |  |  |          |         |   |
|    |        |  |  |  |  |  |  |  |  |  |   |  |  |          |         | Ħ |
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| RL |        |  |  |  |  |  |  |  |  |  |   |  |  |          |         | Г |
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|    |        |  |  |  |  |  |  |  |  |  |   |  |  |          |         | L |
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Name of MS4/Coalition Village of Waterford

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# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$ 

| RL  |   | ide |  |          |          |          |  |          |   |   |  |       |   |  |  |   |          |             |   |   |
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|     |   |     |  |          |          |          |  |          |   |   |  |       |   |  |  |   |          |             |   | Г |
|     |   |     |  |          |          |          |  |          |   |   |  |       |   |  |  |   |          |             |   | H |
|     |   |     |  |          |          |          |  |          |   |   |  |       |   |  |  |   |          |             |   |   |
| IRL |   |     |  |          |          |          |  |          |   |   |  |       |   |  |  |   |          |             |   | Г |
|     |   |     |  |          |          |          |  |          |   |   |  |       |   |  |  |   |          | _           |   | H |
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|     |   |     |  |          |          |          |  |          |   |   |  |       |   |  |  |   |          |             |   |   |
| RL  |   |     |  |          |          |          |  |          |   |   |  |       |   |  |  |   |          |             |   |   |
|     |   |     |  |          |          |          |  |          |   |   |  |       |   |  |  |   |          |             |   |   |
|     |   |     |  |          |          |          |  |          |   |   |  |       |   |  |  |   |          |             |   | Ī |
|     |   |     |  |          |          |          |  |          |   |   |  |       |   |  |  |   |          |             |   | H |
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| RL  | 1 |     |  |          |          |          |  |          |   |   |  |       |   |  |  |   |          |             |   | Г |
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|     |   |     |  |          |          |          |  |          |   |   |  |       |   |  |  |   |          |             |   |   |
|     |   |     |  |          |          |          |  |          |   |   |  |       |   |  |  |   |          |             |   |   |
| IRL |   |     |  |          |          |          |  |          |   |   |  |       |   |  |  |   |          |             |   |   |
|     |   |     |  |          |          |          |  |          |   |   |  |       |   |  |  |   |          |             |   |   |
|     |   |     |  |          |          |          |  |          |   |   |  |       |   |  |  |   |          |             |   | Г |
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|     |   |     |  |          |          |          |  |          |   |   |  |       |   |  |  |   |          |             |   |   |
| RL  |   |     |  |          |          |          |  |          |   |   |  |       |   |  |  |   |          |             |   |   |
|     |   |     |  |          |          |          |  |          |   |   |  |       |   |  |  |   |          |             |   |   |
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|         |                 |      |      |       |     |     |      |          |    |     |    |     |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   |   |
|         |                 |      |      |       |     |     |      |          |    |     |    |     |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   |   |
| RL      |                 |      |      |       |     |     |      | -        |    |     | -  |     |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   |   |
|         |                 |      |      |       |     |     |      |          |    |     |    |     |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   |   |
|         |                 |      |      |       |     |     |      |          |    |     |    |     |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   |   |
|         |                 |      |      |       |     |     |      |          |    |     |    |     |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   |   |
| RL      |                 |      |      |       |     |     |      |          |    | l   | -  | I   |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   | I |
|         |                 |      |      |       |     |     |      |          |    |     |    |     |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   |   |
|         |                 |      |      |       |     |     |      |          |    |     |    |     |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   |   |
|         |                 |      |      |       |     |     |      |          |    |     |    |     |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   |   |
| RL      |                 |      |      |       |     |     |      |          |    |     |    |     |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   |   |
|         |                 |      |      |       |     |     |      |          |    |     |    |     |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   |   |
|         |                 |      |      |       |     |     |      |          |    |     |    |     |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   |   |
|         |                 |      |      |       |     |     |      |          |    |     |    |     |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   |   |
| IRL     |                 |      |      |       |     |     |      |          |    |     |    |     |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   |   |
|         |                 |      |      |       |     |     |      |          |    |     |    |     |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   |   |
|         |                 |      |      |       |     |     |      |          |    |     |    |     |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   |   |
|         |                 |      |      |       |     |     |      |          |    |     |    |     |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   |   |
| m)      |                 |      |      |       |     |     |      |          |    |     |    |     |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   |   |
| RL      |                 |      |      |       |     |     |      |          |    |     |    |     |      |      |    |     |    |    |     |     |       |     |    |    |    |     |   |   |   |
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3. Where can the public access copies of this annual report, Stormwater Management

Program SWMP) Plan and submit comments on those documents?

|       | nter<br>hetl                |               |                   |             | con           |        |        |    |             |   |          |      |        |      |     |   |            |               |       |             |          |     |                              |         |              |                |              |           |     | d   |      |
|-------|-----------------------------|---------------|-------------------|-------------|---------------|--------|--------|----|-------------|---|----------|------|--------|------|-----|---|------------|---------------|-------|-------------|----------|-----|------------------------------|---------|--------------|----------------|--------------|-----------|-----|-----|------|
| • MS  | 4/C                         | oal           | itio              | n C         |               |        | пау    | UC | Sui         | J1111                                   | ıııcı    | a ai | . UII  | at 1 | oca |   |            |               |       | t ac<br>Rep |          |     | ai j                         | _       |              |                |              |           |     | nme | ents |
|       | Dep<br>S                    | artı<br>a     | men<br>r          | a           | t             | 0      | g      | а  |             | С                                       | С        | E    |        | I    | S   | W | М          |               | Р     | r           | 0        | g   | r                            | a       | m            |                |              |           |     |     |      |
|       | Add                         | lres          | S                 |             |               |        |        |    |             |   |          |      |        |      |     |   |            |               |       |             |          |     |                              |         |              |                |              |           |     |     |      |
|       | 5                           | 0             |                   | W           | е             | s      | t      |    | Н           | i                                       | g        | h    |        | S    | t   | r | е          | е             | t     |             |          |     |                              |         |              |                |              |           |     |     |      |
|       | City                        | <u>′</u><br>а | 1                 | 1           | s             | t      | 0      | n  |             | S                                       | р        | a    |        |      |     |   |            | [-            | N .   | Y           |          | Zip |                              |         |              |                | ] _          |           |     |     |      |
|       | Pho                         |               |                   |             |               |        |        |    |             |   | <u> </u> | u    |        |      |     |   |            | Ľ             |       |             |          |     |                              |         |              |                | ] _          |           |     |     |      |
|       | (                           |               |                   |             | )             |        |        |    | _           |   |          |      |        |      |     |   |            |               |       |             |          |     |                              |         |              |                |              |           |     |     |      |
| ○ Lib | rary<br>Add                 | lres          | s                 |             |               |        |        |    |             |   |          |      |        |      |     |   | ) <b>A</b> | nnu           | al ]  | Rep         | ort      | (   | $\supset \mathbf{S}^{\circ}$ | WN      | <b>1</b> P 1 | Plaı           | 1            | 0         | Con | nme | ents |
|       |                             |               |                   |             |               |        |        |    |             |   |          |      |        |      |     |   |            |               |       |             |          |     |                              |         |              |                |              |           |     |     |      |
|       | City                        | 7             |                   |             |               |        |        |    |             |   |          |      |        |      |     |   |            | _             | _     | _           |          | Zip |                              |         |              |                | 1            |           |     |     |      |
|       |                             |               |                   |             |               |        |        |    |             |   |          |      |        |      |     |   |            |               |       |             |          |     |                              |         |              |                | _            |           |     |     |      |
|       | Pho                         | ne            |                   |             |               |        |        |    |             |   |          |      |        |      |     | ı |            | _             |       |             |          |     |                              |         |              | -              | J            |           |     |     |      |
|       | (                           |               |                   |             | )             |        |        |    | _           |   |          |      |        |      |     |   |            |               |       |             |          |     |                              |         |              |                |              |           |     |     |      |
|       |                             |               |                   |             |               |        |        |    |             |   |          |      |        |      |     |   |            |               |       |             |          |     |                              |         |              |                |              |           |     |     |      |
| Oth   | er<br>Add                   | lres          | S                 |             |               |        |        |    |             |   |          |      |        |      |     |   | ) <b>A</b> | nnu           | al I  | Rep         | ort      | (   | $\supset \mathbf{S}$         | WN      | <b>1P</b> 1  | Plaı           | 1            | 0         | Con | nme | ents |
| ○ Oth | er<br>Add                   | lres          | S                 |             |               |        |        |    |             |   |          |      |        |      |     |   | ) <b>A</b> | nnu           | al l  | Rep         | ort      |     | $\supset S$                  | WN      | /IP ]        | Plaı           | n            | 0         | Con | nme | ents |
| Oth   | er<br>Add<br>City           |               | S                 |             |               |        |        |    |             |   |          |      |        |      |     |   | ) <b>A</b> | nnu           | al ]  | Rep         | ort      |     |                              | WN      | <b>ЛР</b> ]  | Plaı           | 1            |           | Con | nme | ents |
| ○ Oth | Add                         |               | S                 |             |               |        |        |    |             |   |          |      |        |      |     |   | A          | nnu           | al l  | Rep         | ort      | Zip |                              | WN      | ИР I         | Plaı           | 1<br> <br> - |           | Con | nme | ents |
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| Oth   | Add<br>City                 | 7             | S                 |             | ])            |        |        |    |             |   |          |      |        |      |     |   | ) A        | nnu           | al ]  | Rep         | ort      |     |                              | WN      | <b>1P</b> ]  | Plaı           |              |           | Con | nme | ents |
| Oth   | Add City Pho                | ne            |                   | RL:         | ])            |        |        |    |             |   |          |      |        |      |     |   |            |               |       | Rep         |          | Zip |                              |         |              |                | ] -          |           |     | nme |      |
|       | Add City Pho                | ne            |                   | RL:         | ])            |        |        | W  | - w         | W                                       |          | S    | a      | r    | a   |   |            |               |       |             |          | Zip |                              |         | <b>ИР</b> 1  |                | ] -          |           |     |     |      |
|       | Add City Pho (              | ne            | UR                |             |               | /<br>i | /<br>C | w  |             | w                                       | . 1      | s    | a      | r    | ае  |   | A          | nnu           | al l  | Rep         | ort      | Zip |                              | WN      | <b>ИР</b> 1  | Plaı           | ] <b>-</b>   |           | Con |     | ents |
|       | City Pho (                  | ne            | UR                | р           |               | /<br>i | /<br>c |    | W           |   | 1        |      |        |      |     | t | ) A        | mnu           | al l  | Rep         | ort<br>t | Zip | S                            | WN<br>m | MP I         | Plai           | -<br>1<br>t  |           | Con |     | ents |
|       | City Pho ([ h  g            | ne<br>t<br>/  | UR<br>t<br>m      | p<br>u<br>o | n<br>u        | r      | С      | i  | w<br>p      | а                                       | h        | i    | t<br>m | i    | е   | t | ) A        | nnu<br>g<br>a | al la | Reps        | ort<br>t | Zip | Srrii                        | WN<br>m | MP w m       | Plai<br>a<br>a | -   t   1    | 0 ( e e - | Con |     | ents |
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| • We  | City Pho ([ b Pee h  g Plee | ne<br>t<br>/  | UR<br>t<br>m<br>s | p<br>u<br>o | n<br>u<br>ide | r      | С      | i  | w<br>p<br>s | a · · · · · · · · · · · · · · · · · · · | h        | i    | t<br>m | i    | е   | t | ) A        | nnu<br>g<br>a | al la | Reps        | ort<br>t | Zip | Srrii                        | WN<br>m | MP w m       | Plai<br>a<br>a | -   t   1    | e e -     | Com | nme | ents |

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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| 3. W  | Vhe<br>rog   |           |          |             | _   |          |      |       |      |      | _        |                   |      |     |             |      |            | _    |       |      |     |     |          | Ma  | ana          | age        | me     | nt         |     |      |          |
|-------|--------------|-----------|----------|-------------|-----|----------|------|-------|------|------|----------|-------------------|------|-----|-------------|------|------------|------|-------|------|-----|-----|----------|-----|--------------|------------|--------|------------|-----|------|----------|
| E     | nter<br>hetl | ad        | ldre     | ess/        | con | itac     | t in | ıfo a | and  | l se | lect     | t rac             | dio  | bu  | ttor        | ı to | ino        | dica | ate   | wh   | ich | do  | cun      |     |              |            |        |            |     | d    |          |
| • MS  | 54/C         | oali      | itioı    | n O         |     |          |      |       |      |      |          |                   |      |     |             |      |            |      |       | Rep  |     |     | ∍ S'     | _   |              |            |        |            |     | nmei | nts      |
|       | Dep<br>V     | artn<br>i | nen<br>1 | 1 1         | а   | g        | е    |       | Н    | a    | 1        | 1                 |      |     |             |      |            |      |       | T    |     |     |          |     |              |            |        |            |     |      |          |
|       | Ado          |           |          |             |     |          |      |       |      |      |          |                   |      |     |             |      |            |      |       |      |     |     |          |     |              |            |        | _          |     |      |          |
|       | 6            | 6         |          | F           | r   | 0        | n    | t     |      | S    | t        | r                 | е    | е   | t           |      |            |      | T     |      |     |     |          |     |              |            |        |            |     |      |          |
|       | City         |           |          | <del></del> |     | _        |      | _     |      | _    | _        |                   |      | _   | <del></del> | _    | ↓<br>`     |      |       |      | _   | Zip | <u> </u> | _   |              |            | ,      |            |     |      | _        |
|       | В            | a         | 1        | 1           | s   | t        | 0    | n     |      | S    | р        | a                 |      |     |             |      |            |      | N     | Y    |     | 1   | 2        | 0   | 2            | 0          | _      |            |     |      |          |
|       | Pho          | ne        |          |             | 1 . |          | _    |       | 1    |      | _        |                   |      | 1   |             |      |            |      |       |      |     |     |          |     |              |            |        |            |     |      |          |
|       | (            | 5         | 1        | 8           | ])  | 8        | 8    | 5     | _    | 5    | 7        | 1                 | 1    |     |             |      |            |      |       |      |     |     |          |     |              |            |        |            |     |      |          |
| ○ Lib | rary<br>Add  | lres      | <u>s</u> |             |     |          |      |       |      |      |          |                   |      |     |             |      | ) A        | nnu  | ıal   | Rep  | ort | (   | o S'     | WN  | 1P ]         | Plar       | a<br>— | 0          | Con | nmei | nts      |
|       |              |           |          |             |     |          |      |       |      |      |          |                   |      |     |             |      |            |      |       |      |     |     |          |     |              |            |        |            |     |      |          |
|       | City         | /         |          |             |     | _        | ·    |       | _    |      |          |                   |      | _   |             | _    | 1          | ·    |       |      |     | Zip |          |     |              | _          | 1      | _          |     |      | _        |
|       |              |           |          |             |     |          |      |       |      |      |          |                   |      |     |             |      |            | 1    | N I   | Y    |     |     |          |     |              |            | -      |            |     |      |          |
|       | Pho          | ne        | _        | _           | 1 , | _        | _    | _     | 1    | _    | _        |                   | _    | 1   |             |      | •          | _    |       |      |     |     |          |     |              |            | •      |            |     |      |          |
|       | (            | 5         | 1        | 8           | )   |          |      |       | _    |      |          |                   | ı    |     |             |      |            |      |       |      |     |     |          |     |              |            |        |            |     |      |          |
| - 0.1 |              |           |          |             | •   |          |      |       | •    |      |          |                   |      |     |             | 4    |            |      | 1     | _    |     |     | - a1     |     | ш.           | <b>~</b> 1 |        |            | ~   |      |          |
| • Oth | ner<br>Add   | lres      | S        |             |     |          |      |       |      |      |          |                   |      |     |             | •    | <b>)</b> A | nnu  | ıaı . | Rep  | ort | (   | ⊃ S'     | WIV | 1P 1         | Plar       | 1      | • (        | Jon | nmei | nts      |
|       |              | 0         |          | W           | е   | s        | t    |       | Н    | i    | g        | h                 |      | S   | t           | r    | е          | е    | t     |      |     |     |          |     |              |            |        |            |     |      |          |
|       | City         |           |          |             |     | <u> </u> |      |       |      |      |          | <u> </u>          |      |     |             |      |            |      |       |      | _   | Zip | <u> </u> |     | _            |            |        | <u> </u>   |     |      | _        |
|       | В            | a         | 1        | 1           | s   | t        | 0    | n     |      | S    | р        | a                 | _    |     |             |      |            | 1    | N .   | Y    |     | 1   | 2        | 0   | 2            | 0          | -      |            |     |      |          |
|       | Pho          | ne        |          |             | ,   |          |      | _     | ,    | _    | _        |                   | _    | ,   |             |      | J          | _    |       |      |     |     |          |     |              |            | J      |            |     |      |          |
|       | (            | 5         | 1        | 8           | )   | 8        | 8    | 5     | -    | 8    | 9        | 9                 | 5    |     |             |      |            |      |       |      |     |     |          |     |              |            |        |            |     |      |          |
| _     | • •          |           |          | -           | 1 * |          |      |       | 1    |      |          |                   |      | ı   |             |      |            |      |       | _    |     |     | - ~,     |     |              |            |        |            | ~   |      |          |
| • We  | b Pa         | age       | UR       | <u>:L:</u>  |     |          |      |       |      |      |          |                   |      |     |             |      | A          | nnu  | ıal . | Rep  | ort |     | ) S'     | WM  | <b>1</b> P 1 | Plar<br>⊤— | 1      | $\bigcirc$ | Con | nmei | nts<br>— |
|       | h            | t         | t        | р           | :   | /        | /_   | W     | W    | W    | ·        | s                 | a    | r   | a           | t    | 0          | g    | a     | s    | t   | 0   | r        | m   | W            | a          | t      | е          | r   |      | 0        |
|       | r            | g         | /        | m           | u   | n        | i    | С     | i    | р    | a        | 1                 | i    | t   | i           | е    | s          | _    | a     | d    | d   | i   | t        | i   | 0            | n          | a      | 1          | -   | r    | e        |
|       | s            | 0         | u        | r           | С   | е        | s    |       | h    | t    | m        |                   |      |     |             |      |            |      |       |      |     |     |          |     |              |            |        |            |     |      |          |
|       | Ple          | ase       | pr       | ovi         | ide | spe      | cif  | ic a  | iddi | ress | of       | paş               | ge v | whe | ere         | rep  | ort        | cai  | n be  | e ac | ces | sec | i - n    | iot | hor          | me         | pag    | je.        |     | -    |          |
| • eM  |              |           |          |             |     |          |      |       |      |      |          |                   |      |     |             |      |            |      |       |      |     |     |          |     |              |            |        |            | Con | nmei | nts      |
|       | ma           | уо        | r@       | vi          | 11  | ag       | eo:  | fba   | all  | lst  | or       | ısp               | a.   | or  | g           |      |            |      |       |      |     |     |          |     |              |            |        |            |     |      |          |
|       | h            | r         | n        | 5           |     |          |      | T     | 'n   |      | <u> </u> | $\overline{\Box}$ | <br> |     | 7           | Ī.,  | T          | Ī    | T     | T    |     |     |          |     |              | Ī          | Ī      |            |     |      | 司        |

Name of MS4/Coalition Town of Ballston

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# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

| 3. W   |            |           |          |     | _     |     |     |      |     |      | _  |    |      |     |     |     |            | _   |       | Sto<br>cur |     |     |       | M  | ana          | age  | me  | nt  |     |      |        |
|--------|------------|-----------|----------|-----|-------|-----|-----|------|-----|------|----|----|------|-----|-----|-----|------------|-----|-------|------------|-----|-----|-------|----|--------------|------|-----|-----|-----|------|--------|
|        |            |           |          |     |       |     |     |      |     |      |    |    |      |     |     |     |            |     |       | wh<br>t ac |     |     |       |    |              |      |     |     | an  | d    |        |
| • MS   |            |           |          |     | Offic | e   | •   |      |     |      |    |    |      |     |     |     | A          | nnu | al l  | Rep        | ort |     | S'    | WN | <b>1P</b> ]  | Plar | 1   | • ( | Con | nmen | ıts    |
|        | Dep<br>B   | artr<br>u | nen<br>i | 1   | d     | i   | n   | g    |     | D    | е  | р  | а    | r   | t   | m   | е          | n   | t     |            |     |     |       |    |              |      |     |     |     |      |        |
|        | Add        | lres      | s        |     |       |     |     |      |     |      |    |    |      |     |     |     |            |     |       |            |     |     |       |    |              |      |     |     |     |      | _      |
|        | 3          | 2         | 3        |     | С     | h   | a   | r    | 1   | t    | 0  | n  |      | R   | d   |     |            |     |       |            |     |     |       |    |              |      |     |     |     |      |        |
| ,      | City       | ,         |          |     |       |     |     |      |     |      |    |    |      |     |     |     |            |     |       |            |     | Zip |       |    |              |      |     |     |     |      | _<br>_ |
|        | В          | a         | 1        | 1   | S     | t   | 0   | n    |     | S    | р  | a  |      |     |     |     |            | []  | 71    | Y          |     | 1   | 2     | 0  | 2            | 0    | -   |     |     |      |        |
|        | Pho        | ne        |          |     | 1.    |     |     |      | 1   |      |    |    |      | 1   |     |     |            |     |       |            |     |     |       |    |              |      |     |     |     |      |        |
|        | (          | 5         | 1        | 8   | )     | 4   | 9   | 0    | -   | 2    | 7  | 1  | 5    |     |     |     |            |     |       |            |     |     |       |    |              |      |     |     |     |      |        |
| O Libi | ary<br>Add | lres      | S        |     |       |     |     |      |     |      |    |    |      |     |     |     | ) <b>A</b> | nnu | al l  | Rep        | ort |     | ) S'  | WN | <b>1</b> P 1 | Plar | 1   | 0   | Con | nmen | its    |
|        |            |           |          |     |       |     |     |      |     |      |    |    |      |     |     |     |            |     |       |            |     |     |       |    |              |      |     |     |     |      |        |
| l<br>r | City       | 7         |          |     |       |     |     |      |     |      |    |    |      |     |     |     |            | _   |       |            |     | Zip |       |    |              |      |     |     |     |      | _      |
|        |            |           |          |     |       |     |     |      |     |      |    |    |      |     |     |     |            | l   | 1   7 | ·          |     |     |       |    |              |      | _   |     |     |      |        |
|        | Pho        | ne        |          | -   | -     | -   | -   | -    |     | -    | -  | -  |      | -   | -   | -   | l          | _   |       | _          |     |     |       |    |              |      |     |     |     |      | _      |
|        | (          | 5         | 1        | 8   | )     |     |     |      | _   |      |    |    |      |     |     |     |            |     |       |            |     |     |       |    |              |      |     |     |     |      |        |
| • Oth  | er<br>Add  | lres      | S        |     |       |     |     |      |     |      |    |    |      |     |     |     | A          | nnu | al l  | Rep        | ort |     | ) S'  | WN | <b>1P</b> ]  | Plar | 1   | • ( | Con | nmen | its    |
|        | 5          | 0         |          | W   | е     | S   | t   |      | Н   | i    | g  | h  |      | S   | t   | r   | е          | е   | t     |            |     |     |       |    |              |      |     |     |     |      |        |
| ,      | City       | ,         |          |     |       |     |     |      |     |      |    |    |      |     |     |     |            |     |       |            |     | Zip |       |    |              |      |     |     |     |      | _      |
|        | В          | a         | 1        | 1   | s     | t   | 0   | n    |     | S    | p  | a  |      |     |     |     |            | 1   | 1     | Y          |     | 1   | 2     | 0  | 2            | 0    | _   |     |     |      |        |
|        | Pho        | ne        |          |     | ,     |     |     |      |     |      |    |    |      | 1   |     |     |            | _   |       |            |     | ,   |       |    |              |      |     |     |     |      | _      |
|        | (          | 5         | 1        | 8   | )     | 8   | 8   | 5    | _   | 8    | 9  | 9  | 5    |     |     |     |            |     |       |            |     |     |       |    |              |      |     |     |     |      |        |
| • Wel  | Pa         | ıge       | UR       | RL: |       |     |     |      |     |      |    |    |      |     |     |     | A          | nnu | al l  | Rep        | ort |     | S'    | WN | <b>1</b> P 1 | Plar | 1   | 0   | Con | nmen | ıts    |
|        | h          | t         | t        | р   | :     | /   | /   | t    | 0   | W    | n  | 0  | f    | b   | a   | 1   | 1          | s   | t     | 0          | n   | n   | У     |    | 0            | r    | g   | /   | b   | u :  | i      |
|        | d          | i         | n        | g   | D     | е   | р   |      | h   | t    | m  | 1  |      |     |     |     |            |     |       |            |     |     |       |    |              |      |     |     |     |      |        |
|        |            |           |          |     |       |     |     |      |     |      |    |    |      |     |     |     |            |     |       |            |     |     |       |    |              |      |     |     |     |      |        |
| ı      | Ple        | ase       | pr       | ovi | ide   | spe | cif | ic a | ddı | ress | of | pa | ge v | whe | ere | rep | ort        | car | ı be  | e ac       | ces | sec | l - r | ot | hor          | ne   | pag | ge. |     |      | _      |
| • eMa  | il         |           |          |     |       |     |     |      |     |      |    |    |      |     |     |     |            |     |       |            |     |     |       |    |              |      | [   | • ( | Con | nmen | ıts    |
|        | b          | u         | i        | 1   | d     | i   | n   | g    | @   | t    | 0  | W  | n    | 0   | f   | b   | а          | 1   | 1     | s          | t   | 0   | n     | n  | У            |      | 0   | r   | g   |      |        |
|        |            |           |          |     |       |     |     |      |     |      |    |    |      |     |     |     |            |     |       |            |     |     |       |    |              |      |     |     |     |      |        |

Name of MS4/Coalition Town of Charlton

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#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| 3. V<br>P | Vhe<br>rog   |           |     |     | -   |     |     |      |     |     | -  |    |      |     |     |     |            | -   |      |      |     |     |       | M  | ana  | age  | me | nt      |               |       |               |
|-----------|--------------|-----------|-----|-----|-----|-----|-----|------|-----|-----|----|----|------|-----|-----|-----|------------|-----|------|------|-----|-----|-------|----|------|------|----|---------|---------------|-------|---------------|
|           | nter<br>hetl |           |     |     |     |     |     |      |     |     |    |    |      |     |     |     |            |     |      |      |     |     |       |    |      |      |    |         |               | d     |               |
| • MS      |              |           |     |     |     |     | ii. | ••   | 501 |     |    |    |      |     |     |     |            |     |      | Rep  |     |     | •     | _  |      |      |    |         | Con           | nme   | nts           |
|           | Dep          | artı      | nen | t   |     |     |     | _    | _   |     |    |    |      |     |     |     |            |     |      | _    |     |     |       |    |      |      |    |         |               |       | $\overline{}$ |
|           | T            | 0         | W   | n   |     | Н   | a   | 1    | 1   |     |    |    |      |     |     |     |            |     |      |      |     |     |       |    |      |      |    |         |               |       |               |
|           | Add          |           |     |     |     | h   |     | 70   | 7   | _   |    |    |      | Б   |     |     | d          |     |      |      |     |     |       |    |      |      |    |         |               |       |               |
|           | 7<br>City    | 5         | 8   |     | С   | h   | a   | r    | 1   | t   | 0  | n  |      | R   | 0   | a   | a          |     |      |      |     | Zip |       |    |      |      |    |         |               |       |               |
|           | С            | h         | a   | r   | 1   | t   | 0   | n    |     |     |    |    |      |     |     |     |            | []  | N    | Y    |     | 1   | 2     | 0  | 1    | 9    | _  |         |               |       |               |
|           | Pho          | ne        |     |     |     |     |     |      |     |     |    |    |      |     |     |     | J          |     |      |      |     |     |       |    |      |      | J  |         |               |       |               |
|           | (            | 5         | 1   | 8   | )   | 3   | 8   | 4    | _   | 0   | 1  | 5  | 2    |     |     |     |            |     |      |      |     |     |       |    |      |      |    |         |               |       |               |
| ○ Lib     | rary<br>Add  | ,<br>Ires | s   |     |     |     |     |      |     |     |    |    |      |     |     |     | ) <b>A</b> | nnu | al l | Rep  | ort |     | SV    | WN | 1P 1 | Plar | 1  | 0       | Con           | nme   | nts           |
|           |              |           |     |     |     |     |     |      |     |     |    |    |      |     |     |     |            |     |      |      |     |     |       |    |      |      |    |         |               |       |               |
|           | City         | /         |     |     |     |     |     |      |     |     | _  |    |      |     |     |     | 1          |     |      |      |     | Zip |       |    |      |      | 1  |         |               |       | _             |
|           |              |           |     |     |     |     |     |      |     |     |    |    |      |     |     |     |            | 1   | 1    | Y    |     |     |       |    |      |      | -  |         |               |       |               |
|           | Pho          | ne        |     |     | 1   |     |     |      | 1   |     |    |    |      |     |     |     | -          |     |      |      |     |     |       |    |      |      |    |         |               |       |               |
|           | (            | 5         | 1   | 8   | )   |     |     |      | -   |     |    |    |      |     |     |     |            |     |      |      |     |     |       |    |      |      |    |         |               |       |               |
| • Otł     | ner<br>Add   | lres      | c   |     |     |     |     |      |     |     |    |    |      |     |     |     | A          | nnu | al l | Rep  | ort |     | SV    | WN | 1P 1 | Plar | 1  | • (     | Con           | nme   | nts           |
|           | 5            | 0         |     | W   | е   | s   | t   |      | Н   | i   | g  | h  |      | S   | t   | r   | е          | е   | t    |      |     |     |       |    |      |      |    |         |               |       |               |
|           | City         |           |     |     | _   |     |     |      |     |     |    |    |      |     |     |     |            |     |      |      |     | Zip |       |    |      |      |    |         |               |       |               |
|           | В            | a         | 1   | 1   | s   | t   | 0   | n    |     | S   | р  | a  |      |     |     |     |            | ľ   | 1 3  | Y    |     | 1   | 2     | 0  | 2    | 0    | _  |         |               |       |               |
|           | Pho          | ne        |     |     | 1   |     |     |      | 1   |     |    |    |      |     |     | •   | •          |     |      |      |     |     |       |    |      |      | ,  |         |               |       |               |
|           | (            | 5         | 1   | 8   | )   | 8   | 8   | 5    | -   | 8   | 9  | 9  | 5    |     |     |     |            |     |      |      |     |     |       |    |      |      |    |         |               |       |               |
| • We      | b Pa         | age       | UR  | RL: |     |     |     |      |     |     |    |    |      |     |     |     | A          | nnu | al l | Rep  | ort |     | SV    | WN | 1P ] | Plar | 1  | $\circ$ | Con           | nme   | nts           |
|           | W            | W         | W   |     | t   | 0   | w   | n    | 0   | f   | С  | h  | a    | r   | 1   | t   | 0          | n   |      | 0    | r   | g   | /     | m  | ន    | 4    | -  | р       | r             | 0     | g             |
|           | r            | a         | m   | /   | р   | a   | g   | е    | ន   | /   | m  | s  | _    | 4   | _   | r   | е          | р   | 0    | r    | t   | s   |       |    |      |      |    |         |               |       |               |
|           | w            | W         | w   |     | s   | a   | r   | a    | t   | 0   | g  | a  | ន    | t   | 0   | r   | m          | W   | a    | t    | е   | r   | •     | 0  | r    | g    | /  | m       | u             | n     | i             |
| • eM      |              | ease      | pr  | ovi | ide | spe | cif | ic a | ddı | ess | of | pa | ge v | whe | ere | rep | ort        | car | i be | e ac | ces | sed | l - n | ot | hor  | ne   |    |         | Con           | ıme   | nte           |
| ÷ 0171    |              |           |     |     |     |     |     |      |     |     |    |    |      |     |     |     |            |     |      |      |     |     |       |    |      |      |    |         |               | 11110 | 1112          |
|           |              |           |     |     |     |     |     |      |     |     |    |    |      |     |     |     |            |     |      |      |     |     |       |    |      |      |    |         | $\sqsubseteq$ |       | =             |

Name of MS4/Coalition

TOWN OF CLIFTON PARK

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#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| 3. W  | /hei         |      |          |     | _    |     |     |      |     |     |    |     |      |     |     |     |            | _   | -     |     |     |         |              | M  | ana          | age  | me  | nt      |     |     |      |
|-------|--------------|------|----------|-----|------|-----|-----|------|-----|-----|----|-----|------|-----|-----|-----|------------|-----|-------|-----|-----|---------|--------------|----|--------------|------|-----|---------|-----|-----|------|
|       | nter<br>hetl |      |          |     |      |     |     |      |     |     |    |     |      |     |     |     |            |     |       |     |     |         |              |    |              |      |     |         |     | d   |      |
| • MS  |              |      |          |     | ffic | e   |     |      |     |     |    |     |      |     |     |     | A          | nnu | ıal 1 | Rep | ort |         | S            | WN | <b>1</b> P 1 | Plar | 1   | • (     | Con | ıme | nts  |
|       | Dep<br>B     | u    | nen<br>i | 1   | d    | i   | n   | g    |     | a   | n  | d   |      | D   | е   | v   | е          | 1   | 0     | р   | m   | е       | n            | t  |              |      |     |         |     |     |      |
|       | Add          | res  | S        |     |      |     |     |      |     |     |    |     |      |     |     |     |            |     |       |     |     |         |              |    |              |      |     |         |     |     |      |
|       | 1<br>City    | ,    | Т        | 0   | W    | n   |     | Η    | а   | 1   | 1  |     | Р    | 1   | а   | Z   | а          |     |       |     |     | Zip     |              |    |              |      |     |         |     |     |      |
|       | City         | 1    | i        | f   | t    | 0   | n   |      | Р   | a   | r  | k   |      |     |     |     |            |     | N .   | Y   |     | 2.ip    | 2            | 0  | 6            | 5    | _   |         |     |     |      |
|       | Pho          | ne   |          |     |      |     | l   |      |     |     | l  |     |      |     |     |     | J          | _   |       |     |     |         |              |    |              |      | J   |         |     |     | _    |
|       | (            | 5    | 1        | 8   | )    | 3   | 7   | 1    | _   | 6   | 7  | 0   | 2    |     |     |     |            |     |       |     |     |         |              |    |              |      |     |         |     |     |      |
| O Lib | rary<br>Add  | ress | S        |     |      |     |     |      |     |     |    |     |      |     |     |     | ) <b>A</b> | nnu | ıal l | Rep | ort |         | $\mathbf{S}$ | WN | <b>1</b> P I | Plar | 1   | $\circ$ | Con | nme | nts  |
|       |              |      |          |     |      |     |     |      |     |     |    |     |      |     |     |     |            |     |       |     |     |         |              |    |              |      |     |         |     |     |      |
|       | City         | .    |          |     |      |     |     |      |     |     |    |     |      |     |     |     |            |     | ·     |     |     | Zip     |              |    |              |      |     |         |     |     |      |
|       |              |      |          |     |      |     |     |      |     |     |    |     |      |     |     |     |            |     |       |     |     |         |              |    |              |      | -   |         |     |     |      |
|       | Pho          | ne   |          |     |      |     |     |      |     |     |    |     |      |     |     |     | J          |     |       |     |     |         |              |    |              |      | J   |         |     |     |      |
|       | (            |      |          |     | )    |     |     |      | _   |     |    |     |      |     |     |     |            |     |       |     |     |         |              |    |              |      |     |         |     |     |      |
| • Oth | er<br>Add    | reco | 2        |     |      |     |     |      |     |     |    |     |      |     |     |     | A          | nnu | ıal 1 | Rep | ort |         | S            | WN | <b>1</b> P 1 | Plar | 1   | • (     | Con | nme | nts  |
|       | 5            | 0    | 3        | W   | е    | s   | t   |      | Н   | i   | g  | h   |      | S   | t   | r   | е          | е   | t     |     |     |         |              |    |              |      |     |         |     |     |      |
|       | City         | ,    |          |     |      |     |     |      |     |     |    |     |      |     |     |     |            |     |       |     |     | <br>Zip |              |    |              |      |     |         |     |     |      |
|       | В            | a    | 1        | 1   | s    | t   | 0   | n    |     | S   | р  | a   |      |     |     |     |            | ]   | N .   | Y   |     | 1       | 2            | 0  | 2            | 0    | _   |         |     |     |      |
|       | Pho          | ne   |          |     | ,    |     |     |      | ,   |     |    |     |      | ,   |     |     | ,          |     |       |     |     |         |              |    |              |      | ,   |         |     |     |      |
|       | (            | 5    | 1        | 8   | )    | 8   | 8   | 5    | _   | 8   | 9  | 9   | 5    |     |     |     |            |     |       |     |     |         |              |    |              |      |     |         |     |     |      |
| • We  | b Pa         | ıge  | UR       | L:  |      |     |     |      |     |     |    |     |      |     |     |     | A          | nnu | ıal 1 | Rep | ort |         | S            | WN | <b>1</b> P ] | Plar | 1   | $\circ$ | Con | ıme | ents |
|       | h            | t    | t        | р   | :    | /   | /   | W    | w   | W   |    | ß   | a    | r   | a   | t   | 0          | g   | a     | s   | t   | 0       | r            | m  | W            | a    | t   | е       | r   |     | 0    |
|       | r            | g    | /        | m   | u    | n   | i   | С    | i   | р   | a  | 1   | i    | t   | i   | е   | s          | _   | a     | d   | d   | i       | t            | i  | 0            | n    | а   | 1       | _   | r   | е    |
|       | s            | 0    | u        | r   | С    | е   | s   |      | h   | t   | m  |     |      |     |     |     |            |     |       |     |     |         |              |    |              |      |     |         |     |     |      |
|       | Ple          | ase  | pr       | ovi | de   | spe | cif | ic a | ddı | ess | of | pa  | ge v | whe | ere | rep | ort        | car | ı be  | ac  | ces | sec     | l - r        | ot | hoı          | ne   | pag | ge.     |     |     |      |
| • eMa |              |      | _        |     |      | _   |     |      |     |     |    | - ' |      |     |     | -   |            |     |       |     |     |         |              |    |              |      |     |         | Con | nme | nts  |
|       | s            | m    | У        | е   | r    | s   | @   | С    | 1   | i   | f  | t   | 0    | n   | р   | a   | r          | k   |       | 0   | r   | g       |              |    |              |      |     |         |     |     |      |
|       | b            | r    | n        | 5   | @    | С   | 0   | r    | n   | е   | 1  | 1   |      | е   | d   | u   |            |     |       |     |     |         |              |    |              |      |     |         |     |     |      |

Name of MS4/Coalition Town of Greenfield

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This report is being submitted for the reporting period ending March 9, 2

| 3. W  |             |           |          |        | _   |      |      |       |     |      | _                |      |      |     |      |      |            | _    |       | Sto<br>cur |     |     |             | M  | ana          | age  | me  | nt              |      |    |               |
|-------|-------------|-----------|----------|--------|-----|------|------|-------|-----|------|------------------|------|------|-----|------|------|------------|------|-------|------------|-----|-----|-------------|----|--------------|------|-----|-----------------|------|----|---------------|
| E     | ntei        | ad        | dre      | ess/   | cor | ítac | t ir | ıfo : | anc | l se | lec <sup>-</sup> | t ra | dio  | bu  | ttor | ı to | in         | dica | ate   | wh         | ich | do  |             |    |              |      |     |                 | e an | d  |               |
| • MS  | 4/C         | oal       | itio     | n C    |     |      | •    |       |     |      |                  |      |      |     |      |      |            |      |       | Rep        |     |     | ∍ S`        | _  |              |      |     |                 | Con  | nm | ents          |
|       | Dep<br>G    | artı<br>r | nen<br>e | t<br>e | n   | f    | i    | е     | 1   | d    |                  | Т    | 0    | w   | n    |      | Н          | а    | 1     | 1          |     |     |             |    |              |      |     |                 |      |    |               |
|       | Ado         | lres      | <br>S    |        |     |      |      |       |     |      |                  |      |      |     |      |      |            |      |       |            |     |     |             |    |              |      | _   |                 | _    |    | $\square$     |
|       | 7           |           | W        | i      | 1   | t    | 0    | n     |     | R    | 0                | a    | d    |     |      |      |            |      |       |            |     |     |             |    |              |      |     |                 |      |    |               |
|       | City        | /         |          |        | _   |      |      |       | _   |      | _                |      |      |     |      |      | 1          | _    |       |            | _   | Zip |             |    |              |      |     |                 | _    |    |               |
|       | G           | r         | е        | е      | n   | f    | i    | е     | 1   | d    |                  | С    | t    | r   |      |      |            |      | N     | Y          |     | 1   | 2           | 8  | 3            | 3    | _   |                 |      |    |               |
|       | Pho         | ne        |          |        | 1.  |      |      |       | 1   |      |                  |      |      | 1   |      |      |            |      |       |            |     |     |             |    |              |      |     |                 |      |    |               |
|       | (           | 5         | 1        | 8      | )   | 8    | 9    | 3     | _   | 7    | 4                | 3    | 2    |     |      |      |            |      |       |            |     |     |             |    |              |      |     |                 |      |    |               |
| O Lib | rary<br>Ado | Ires      | S        |        |     |      |      |       |     |      |                  |      |      |     |      | (    | ) <b>A</b> | nnu  | ıal I | Rep        | ort | (   | ⊃ S'        | WN | <b>1</b> P : | Plaı | 1   | 0               | Cor  | nm | ents          |
|       |             |           |          |        |     |      |      |       |     |      |                  |      |      |     |      |      |            |      |       |            |     |     |             |    |              |      |     |                 |      |    |               |
|       | City        | 7         |          | -      |     |      |      |       |     |      |                  |      |      |     |      |      | 1          | · _  |       |            |     | Zip |             |    |              |      | ,   |                 |      |    |               |
|       |             |           |          |        |     |      |      |       |     |      |                  |      |      |     |      |      |            | 1    | 1 2   | Y          |     |     |             |    |              |      | -   |                 |      |    |               |
|       | Pho         | ne        |          |        | ,   | _    |      |       | ,   |      |                  |      |      | ,   | -    | •    | _          |      |       |            |     |     |             |    |              |      | ,   |                 |      |    |               |
|       | (           | 5         | 1        | 8      | )   |      |      |       | _   |      |                  |      |      |     |      |      |            |      |       |            |     |     |             |    |              |      |     |                 |      |    |               |
| • Oth | er<br>Ado   | lres      | S        |        |     |      |      |       |     |      |                  |      |      |     |      |      | A          | nnu  | ıal I | Rep        | ort | (   | ⊃ S'        | WN | <b>1</b> P : | Plaı | 1   | •               | Con  | nm | ents          |
|       | 5           | 0         |          | W      | е   | s    | t    |       | Н   | i    | g                | h    |      | S   | t    | r    | е          | е    | t     |            |     |     |             |    |              |      |     |                 |      |    |               |
|       | City        | 7         |          |        |     |      |      |       |     |      | _                |      |      |     |      |      |            | _    |       | _          |     | Zip |             |    |              |      |     |                 | _    |    | $\sqsubseteq$ |
|       | В           | a         | 1        | 1      | s   | t    | 0    | n     |     | S    | p                | a    |      |     |      |      |            | 1    | .1    | Y          |     | 1   | 2           | 0  | 2            | 0    | -   |                 |      |    |               |
|       | Pho         | ne        |          |        |     | _    |      |       |     |      |                  |      |      | ,   |      |      | J          | _    |       |            |     |     |             |    |              | -    | 1   |                 | -    |    |               |
|       | (           | 5         | 1        | 8      | )   | 8    | 8    | 5     | _   | 8    | 9                | 9    | 5    |     |      |      |            |      |       |            |     |     |             |    |              |      |     |                 |      |    |               |
| • We  | b Pa        | age       | UF       | RL:    |     |      |      |       |     |      |                  |      |      |     |      |      | A          | nnu  | ıal ] | Rep        | ort | (   | $\supset S$ | WN | <b>/IP</b> : | Plaı | a   | 0               | Con  | nm | ents          |
|       | h           | t         | t        | р      | :   | /    | /    | W     | w   | W    |                  | s    | a    | r   | a    | t    | 0          | g    | a     | s          | t   | 0   | r           | m  | W            | a    | t   | е               | r    |    | 0             |
|       | r           | g         | /        | m      | u   | n    | i    | С     | i   | р    | a                | 1    | i    | t   | i    | е    | s          | -    | a     | d          | d   | i   | t           | i  | 0            | n    | a   | 1               | _    | r  | е             |
|       | s           | 0         | u        | r      | С   | е    | s    |       | h   | t    | m                |      |      |     |      |      |            |      |       |            |     |     |             |    |              |      |     |                 |      |    |               |
|       | Ple         | ease      | pı       | ovi    | ide | spe  | cif  | ic a  | dd  | ress | of               | pa   | ge ' | whe | ere  | rep  | ort        | car  | ı be  | e ac       | ces | sec | 1 - r       | ot | hoı          | me   | paş | <u>-</u><br>3е. |      |    |               |
| • eMa | ail         |           |          |        |     |      |      |       |     |      |                  |      |      |     |      |      |            |      |       |            |     |     |             |    |              |      |     | Ø               | Con  | nm | ents          |
|       |             |           |          |        |     |      |      |       |     |      |                  |      |      |     |      |      |            |      |       |            |     |     |             |    |              |      |     |                 |      |    |               |
|       | h           | r         | n        | _      |     |      |      | r     | n   |      | 1                | 7    |      |     | ٦    | 11   | Ī          |      |       |            |     |     |             |    |              |      |     |                 |      |    |               |

Name of MS4/Coalition Town of Halfmoon

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#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2

| 3. V  | Vhe<br>Prog    |      |        |     | _        |     |          |      |     |       | _  |      |       |      |     |     |            | _   | -    |      |     |          |                              | M  | ana          | age  | me  | nt       |     |        |
|-------|----------------|------|--------|-----|----------|-----|----------|------|-----|-------|----|------|-------|------|-----|-----|------------|-----|------|------|-----|----------|------------------------------|----|--------------|------|-----|----------|-----|--------|
|       | enter<br>Shetl |      |        |     |          |     |          |      |     |       |    |      |       |      |     |     |            |     |      |      |     |          |                              |    |              |      |     |          |     | ıd     |
| • MS  | S4/C           | oal  | itioı  | n C |          |     | iiay     |      | Sui | 01111 |    | u ai | . 111 | at I | oca |     |            |     |      | Rep  |     |          | •                            | _  |              | Plar |     |          |     | nments |
|       | Dep            | 1    | a      | n   | n        | i   | n        | g    |     | D     | е  | р    | a     | r    | t   | m   | е          | n   | t    |      |     |          |                              |    |              |      |     |          |     |        |
|       | Add            |      | s<br>H | а   | 1        | f   | m        | 0    | 0   | n     |    | Т    | 0     | w    | n   |     | Н          | а   | 1    | 1    |     | Р        | 1                            | a  | Z            | a    |     |          |     |        |
|       | City<br>H      | a    | 1      | f   | m        | 0   | 0        | n    |     |       |    |      |       |      |     |     |            | [   | N .  | Y    |     | Zip<br>1 | 2                            | 0  | 6            | 5    | _   |          |     |        |
|       | Pho            | ne   |        |     | 1        |     |          |      | 1   |       |    |      |       | 1    | •   |     | -          |     |      |      |     |          | •                            |    |              | •    | ,   |          |     |        |
|       | (              | 5    | 1      | 8   | )        | 3   | 7        | 1    | _   | 7     | 4  | 1    | 0     |      |     |     |            |     |      |      |     |          |                              |    |              |      |     |          |     |        |
| ○ Lib | orary<br>Add   | lres | S      |     |          |     |          |      |     |       |    |      |       |      |     |     | ) <b>A</b> | nnu | al l | Rep  | ort | (        | $\supset S$                  | WN | <b>1P</b> 1  | Plar | 1   | 0        | Con | nments |
|       | City           |      |        |     |          |     |          |      |     |       |    |      |       |      |     |     |            |     |      |      |     | 7:       |                              |    |              |      |     | L        |     |        |
|       | City           | /    |        |     |          |     |          |      |     |       |    |      |       |      |     |     |            | 1   | 1 2  | Y    |     | Zip      |                              |    |              |      | _   |          |     |        |
|       | Pho            | ne   |        |     | ,        |     |          |      |     |       |    |      |       | ,    |     |     | -          | _   | '    |      |     |          |                              |    |              | •    | •   |          | -   |        |
|       | (              | 5    | 1      | 8   | )        |     |          |      | _   |       |    |      |       |      |     |     |            |     |      |      |     |          |                              |    |              |      |     |          |     |        |
| • Otl | her<br>Add     | lres | S      |     |          |     |          |      |     |       |    |      |       |      |     |     | A          | nnu | al l | Rep  | ort | (        | $\supset \mathbf{S}^{\circ}$ | WN | <b>1</b> P 1 | Plar | 1   |          | Con | nments |
|       | 5<br>City      | 0    |        | W   | е        | ន   | t        |      | Н   | i     | g  | h    |       | S    | t   | r   | е          | е   | t    |      |     | 7in      |                              |    |              |      |     |          |     |        |
|       |                | a    | 1      | 1   | s        | t   | 0        | n    |     | S     | р  | а    |       |      |     |     |            | 1   | 1 7  | Y    |     | Zip<br>1 | 2                            | 0  | 2            | 0    | _   |          |     |        |
|       | Pho            | ne   |        |     | 1        |     |          |      | 1   |       |    |      |       | 1    |     |     |            |     |      |      |     |          |                              |    |              |      |     |          |     |        |
|       | (              | 5    | 1      | 8   | )        | 8   | 8        | 5    | _   | 8     | 9  | 9    | 5     |      |     |     |            |     |      |      |     |          |                              |    |              |      |     |          |     |        |
| • We  | eb Pa          | ige  | UR     | L:  |          |     |          |      |     |       |    |      |       |      |     |     | A          | nnu | al l | Rep  | ort | (        | $\mathbf{S}$                 | WN | <b>1</b> P ] | Plar | 1   | 0        | Cor | nments |
|       | h              | t    | t      | р   | :        | /   | /        | W    | W   | W     |    | s    | a     | r    | a   | t   | 0          | g   | a    | s    | t   | 0        | r                            | m  | W            | a    | t   | е        | r   | . 0    |
|       | r              | g    | /      | m   | u        | n   | i        | С    | i   | р     | a  | 1    | i     | t    | i   | е   | s          | -   | a    | d    | d   | i        | t                            | i  | 0            | n    | a   | 1        | _   | r e    |
|       | s              | 0    | u      | r   | С        | е   | s<br>··· |      | h   | t     | m  |      |       | 1    |     |     | L,         |     | 1    |      |     |          |                              |    | 1            |      |     |          |     |        |
| • eM  |                | eas€ | e pr   | OVI | ae       | spe | ecit:    | ic a | adı | ess   | of | paş  | ge v  | whe  | ere | rep | ort        | car | 1 be | e ac | ces | sec      | 1 - I                        | ot | noı          | ne   | pag |          | Cor | nments |
|       | 1              | z    | е      | р   | k        | 0   | @        | t    | 0   | w     | n  | 0    | f     | h    | a   | 1   | f          | m   | 0    | 0    | n   |          | 0                            | r  | g            |      |     |          |     |        |
|       | h              | r    | n      |     | <u> </u> |     |          | r    | n   |       | 7  | 7    |       |      | ٦   | 11  |            |     |      |      |     |          |                              |    |              |      |     | $\vdash$ | +   |        |

 $_{Name\ of\ MS4/Coalition}$  Town of  $\overline{Malta}$ 

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|        | og         |     |       |           |      | _   |     |      |      |      |    |     |        |      |       |     |            |       |       |      |          |         |               |       |      |       |                                       |        |     |        |      |
|--------|------------|-----|-------|-----------|------|-----|-----|------|------|------|----|-----|--------|------|-------|-----|------------|-------|-------|------|----------|---------|---------------|-------|------|-------|---------------------------------------|--------|-----|--------|------|
|        | nter       |     |       |           |      |     |     |      |      |      |    |     |        |      |       |     |            |       |       |      |          |         |               |       |      |       |                                       |        |     | ıd     |      |
|        | hetł       |     |       |           |      |     | nay | be   | Su   | OIII | me | u a | t tn   | at 1 | oca   |     |            |       |       |      |          |         | _             | _     |      |       |                                       |        |     |        |      |
| • MS   | 4/C<br>Dep |     |       |           | 1110 | e   |     |      |      |      |    |     |        |      |       |     | DΑ         | nnu   | ıaı   | Rep  | ort      |         | ) S           | WN    | IP I | Plai  | 1                                     |        | Cor | nme    | ents |
|        | В          | u   | i     | 1         | d    | i   | n   | g    |      | a    | n  | d   |        | Р    | 1     | a   | n          | n     | i     | n    | g        |         | D             | е     | р    | t     |                                       |        |     |        |      |
|        | Add        | res | <br>S |           |      |     |     |      |      |      |    |     |        |      |       |     |            |       |       |      |          |         |               |       | _    |       |                                       |        |     |        |      |
|        | 2          | 5   | 4     | 0         |      | R   | 0   | u    | t    | е    |    | 9   |        |      |       |     |            |       |       |      |          |         |               |       |      |       |                                       |        |     |        |      |
| į      | City       | ,   |       |           | _    |     |     |      | _    |      | _  |     |        |      |       |     | 1          |       |       | _    |          | Zip     |               | _     |      | _     | 1                                     |        |     |        |      |
|        | M          | a   | 1     | t         | a    |     |     |      |      |      |    |     |        |      |       |     |            |       | N     | Y    |          | 1       | 2             | 0     | 2    | 0     | _                                     |        |     |        |      |
|        | Pho        | ne  |       |           | 1    |     |     |      | 1    |      |    |     |        | 1    |       |     | _          | _     |       |      |          |         |               |       |      |       | ,                                     |        |     | •      |      |
|        | (          | 5   | 1     | 8         | )    | 8   | 9   | 9    | -    | 2    | 6  | 8   | 5      |      |       |     |            |       |       |      |          |         |               |       |      |       |                                       |        |     |        |      |
| O Libi | arv        |     |       |           |      |     | •   |      | •    |      |    |     |        | •    |       |     | \ <b>A</b> | กกม   | .a1 1 | Rep  | ort      |         | ) <b>Q</b>    | WN    | /D   | Dlas  | 1                                     | $\cap$ | Cor | nme    | nto  |
| C LIU  | Add        | res | S     |           |      |     |     |      |      |      |    |     |        |      |       |     | <i>J</i> A | IIIIu | iai i | rep  | ort<br>— | _       | <i>-</i>      | VV 1V | 11   | l lai | 1                                     |        |     | 111110 | 1115 |
|        |            |     |       |           |      |     |     |      |      |      |    |     |        |      |       |     |            |       |       |      |          |         |               |       |      |       |                                       |        |     |        |      |
| ·<br>I | City       | ,   |       |           |      |     |     |      |      |      |    |     |        |      |       |     | 1          |       |       | _    |          | Zip     |               |       |      |       | · · · · · · · · · · · · · · · · · · · |        |     |        |      |
|        |            |     |       |           |      |     |     |      |      |      |    |     |        |      |       |     |            | 1     | .1    | Y    |          |         |               |       |      |       | -                                     |        |     |        |      |
|        | Pho        | ne  |       |           | 1    |     |     |      | 1    |      |    |     |        | 1    |       |     |            |       |       |      |          |         |               |       |      |       |                                       |        |     |        |      |
|        | (          |     |       |           | )    |     |     |      | -    |      |    |     |        |      |       |     |            |       |       |      |          |         |               |       |      |       |                                       |        |     |        |      |
|        |            |     |       |           |      |     |     |      | •    |      |    |     |        | •    |       |     |            |       |       | _    |          |         | . ~           |       |      |       |                                       | _      | ~   |        |      |
| Oth    | er<br>Add  | res | S     |           |      |     |     |      |      |      |    |     |        |      |       |     | ) A        | nnu   | ıal   | Rep  | ort      | (       | $\supset S$   | WN    | 1P . | Plai  | 1                                     | •      | Cor | nme    | ents |
|        |            | 0   |       | W         | е    | s   | t   |      | Н    | i    | g  | h   |        | S    | t     | r   | е          | е     | t     |      |          |         |               |       |      |       |                                       |        |     |        |      |
|        | City       |     |       |           |      |     |     |      |      |      |    |     |        |      |       |     |            |       |       |      |          | <br>Zip |               |       |      |       |                                       |        |     |        |      |
|        | Ĭ          |     | 1     | 1         | s    | t   | 0   | n    |      | S    | p  | a   |        |      |       |     |            | 1     | .1    | Y    |          | 1       | 2             | 0     | 2    | 0     | _                                     |        |     |        |      |
|        | Pho        | ne  |       |           |      |     |     |      |      |      |    | -   |        |      |       | -   | J          |       |       |      |          |         |               |       |      |       | l                                     |        |     |        |      |
|        | (          | 5   | 1     | 8         | )    | 8   | 8   | 5    | -    | 8    | 9  | 9   | 5      |      |       |     |            |       |       |      |          |         |               |       |      |       |                                       |        |     |        |      |
|        | • •        |     |       |           | , ,  |     |     |      | ,    |      |    |     |        | ,    |       |     |            |       |       | _    |          |         |               |       |      |       |                                       | _      | _   |        |      |
| • Wel  | Pa         | ıge | UR    | <u>L:</u> |      |     |     |      |      | 1    |    | 1   |        | 1    |       |     | A          | nnu   | ıal   | Rep  | ort      | (       | $\frac{S}{S}$ | WN    | 1P . | Plai  | 1                                     | •      | Cor | nme    | ents |
|        | h          | t   | t     | р         | :    | /   | /   | W    | W    | W    |    | s   | a      | r    | a     | t   | 0          | g     | a     | s    | t        | 0       | r             | m     | W    | a     | t                                     | е      | r   |        | 0    |
|        | r          | g   | /     | m         | u    | n   | i   | С    | i    | р    | a  | 1   | i      | t    | i     | е   | s          | -     | a     | d    | d        | i       | t             | i     | 0    | n     | a                                     | 1      | -   | r      | е    |
|        | s          | 0   | u     | r         | С    | е   | s   |      | h    | t    | m  |     |        |      |       |     |            |       |       |      |          |         |               |       |      |       |                                       |        |     |        |      |
|        | Ple        | ase | pr    | ovi       | ide  | spe | cif | ic a | ıddı | ess  | of | pa  | ⊥—ge י | whe  | ⊢—ere | rep | ort        | car   | 1 be  | e ac | ces      | sec     | l - 1         | iot   | hoi  | ne    | pag                                   | œ.     |     | -      |      |
| • eMa  |            |     | 1     |           |      | 1   |     |      |      |      |    |     |        |      |       | 1   |            |       |       |      |          |         |               |       |      |       |                                       |        | Cor | nme    | ents |
|        | f          | h   | u     | i         | z    | i   | n   | g    | а    | @    | m  | а   | 1      | t    | а     | _   | t          | 0     | w     | n    |          | 0       | r             | g     |      |       |                                       |        |     |        |      |
|        | b          | r   | n     | 5         | @    | С   | 0   | r    | n    | е    | 1  | 1   |        | е    | d     | u   |            |       |       |      |          |         |               |       |      |       |                                       |        |     |        |      |

Name of MS4/Coalition

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| Pı     | rogi        | rar  | n S | W]  | MP   | ) P  | lan  | ar   | ıd s | sub | mi   | t co | mı   | nei  | nts  | on   | tho        | se   | do        | cun  | nen  | ts?       | •            |     |      | Ü        |      |         |     |     |      |
|--------|-------------|------|-----|-----|------|------|------|------|------|-----|------|------|------|------|------|------|------------|------|-----------|------|------|-----------|--------------|-----|------|----------|------|---------|-----|-----|------|
| Eı     | nter        | ad   | dre | ss/ | con  | tac  | t in | fo   | and  | se  | lect | ra   | dio  | bu   | ttor | ı to | inc        | dica | ite '     | whi  | ich  | do        | cun          | nen | t is | ava      | aila | ble     | an  | d   |      |
| W      | hetl        | ner  | COI | mn  | nent | ts n | nay  | be   | sul  | omi | itte | d at | th   | at l | oca  | tio  | n. S       | Sub  | mi        | t ad | ldit | ion       | al p         | oag | es a | ıs n     | eec  | led.    |     |     |      |
| • MS   |             |      |     |     | ffic | e    |      |      |      |     |      |      |      |      |      |      | A          | nnu  | al I      | Rep  | ort  |           | S            | WN  | 1P ] | Plar     | 1    | $\circ$ | Con | nme | ents |
|        | Dep         | artr | nen | t   |      |      |      |      |      | _   | _    | _    |      |      |      |      |            |      |           |      |      |           |              |     |      |          |      |         |     |     |      |
|        | M           | a    | У   | 0   | r    | ı    | s    |      | 0    | f   | f    | i    | С    | е    |      |      |            |      |           |      |      |           |              |     |      |          |      |         |     |     |      |
|        | Add         |      | S   |     |      |      |      |      |      |     |      |      |      |      |      |      |            |      |           |      |      |           |              |     |      |          |      |         |     |     |      |
|        | 3           | 6    |     | N   | 0    | r    | t    | h    |      | M   | a    | i    | n    |      | S    | t    | r          | е    | е         | t    |      | 7.        |              |     |      |          |      |         |     |     |      |
|        | City<br>M   | e    | С   | h   | а    | n    | i    | С    | v    | i   | 1    | 1    | е    |      |      |      |            | П    | N .       | Y    |      | Zip<br>1  | 2            | 1   | 1    | 8        | _    |         |     |     |      |
|        | Pho         |      |     |     |      |      |      |      |      |     |      |      |      |      |      |      |            | L    |           |      |      |           |              |     |      |          |      |         |     |     |      |
|        | (           | 5    | 1   | 8   | )    | 6    | 6    | 4    | _    | 8   | 3    | 3    | 1    |      |      |      |            |      |           |      |      |           |              |     |      |          |      |         |     |     |      |
| O Libı | rary        |      |     |     | •    |      |      |      | •    |     |      |      |      | •    |      |      | ) <b>A</b> | nnu  | al I      | Rep  | ort  |           | ) <b>S</b> ' | WN  | 1P ] | Plar     | 1    | $\circ$ | Con | nme | ents |
|        | Add         | res  | S   |     |      |      |      |      |      |     |      |      |      |      |      |      |            |      |           |      |      |           |              |     |      |          |      |         |     |     |      |
|        | LLL<br>City | ,    |     |     |      |      |      |      |      |     |      |      |      |      |      |      |            |      |           |      |      | Zip       |              |     |      | <u> </u> |      |         |     |     |      |
|        |             |      |     |     |      |      |      |      |      |     |      |      |      |      |      |      |            |      |           |      |      | <b></b> p |              |     |      |          | _    |         |     |     |      |
|        | Pho         | ne   |     |     |      |      |      |      |      |     |      |      |      |      |      |      | J          | _    |           |      |      |           |              |     |      |          | 1    |         |     |     |      |
|        | (           |      |     |     | )    |      |      |      | _    |     |      |      |      |      |      |      |            |      |           |      |      |           |              |     |      |          |      |         |     |     |      |
| Oth    | er          |      |     |     |      |      |      |      |      |     |      |      |      |      |      | •    | A          | nnu  | al I      | Rep  | ort  |           | ) S'         | WN  | 1P 1 | Plar     | 1    | • (     | Con | nme | ents |
|        | Add         | res  | S   |     |      |      |      |      | I    |     |      |      |      |      |      |      |            |      |           |      |      |           |              |     |      |          |      |         |     |     |      |
|        | 5           | 0    |     | W   | е    | s    | t    |      | Н    | i   | g    | h    |      | S    | t    | r    | е          | е    | t         |      |      |           |              |     |      |          |      |         |     |     |      |
|        | City        | ·    |     |     | 1    |      |      |      |      |     |      |      |      |      |      |      | 1          |      |           |      |      | Zip       |              |     |      |          | 1    |         |     |     |      |
|        | В           | a    | 1   | 1   | s    | t    | 0    | n    |      | S   | р    | a    |      |      |      |      |            | I    | N .       | Y    |      | 1         | 2            | 0   | 2    | 0        | -    |         |     |     |      |
|        | Pho         |      |     |     | ١.   |      |      |      | 1    |     |      |      |      | 1    |      |      |            |      |           |      |      |           |              |     |      |          |      |         |     |     |      |
|        | (           | 5    | 1   | 8   | )    | 8    | 8    | 5    | -    | 8   | 9    | 9    | 5    |      |      |      |            |      |           |      |      |           |              |     |      |          |      |         |     |     |      |
| • Wel  | b Pa        | ıge  | UR  | L:  |      |      |      |      |      |     |      |      |      |      |      |      | A          | nnu  | al I      | Rep  | ort  |           | S'           | WN  | 1P ] | Plar     | 1    | $\circ$ | Con | nme | ents |
|        | w           | w    | w   |     | m    | е    | С    | h    | a    | n   | i    | С    | v    | i    | 1    | 1    | е          | s    | t         | 0    | r    | m         | w            | a   | t    | е        | r    |         | С   | 0   | m    |
|        |             |      |     |     |      |      |      |      |      |     |      |      |      |      |      |      |            |      |           |      |      |           |              |     |      |          |      |         |     |     |      |
|        |             |      |     |     |      |      |      |      |      |     |      |      |      |      |      |      |            |      |           |      |      |           |              |     |      |          |      |         |     |     |      |
|        | Ple         | ase  | pr  | ovi | de   | spe  | cifi | ic a | dd1  | ess | of   | pas  | ge v | whe  | ere  | rep  | ort        | car  | l<br>1 be | ac   | ces  | sed       | l - r        | ot  | hor  | ne '     | Lag  | œ.      |     |     |      |
| • eMa  |             |      | 1   |     |      | 1 -  |      |      |      |     |      | 1 4  | ی    |      |      | 1    |            |      |           |      |      |           |              |     |      | -        |      |         | Con | nme | ents |
|        | m           | s    | 4   | m   | е    | С    | h    | a    | n    | i   | С    | v    | i    | 1    | 1    | е    | @          | m    | е         | С    | h    | a         | n            | i   | С    | v        | i    | 1       | 1   | е   | n    |
|        | У           |      | g   | 0   | v    |      |      |      |      |     |      |      |      |      |      |      |            |      |           |      |      |           |              |     |      |          |      |         |     |     |      |

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| Pr                | og        | rai    | n S      | W.   | MP   | <b>'</b> ) P | lar  | ı ar | ıd s | sub  | mi   | t co | m    | mei   | nts | on  | tho        | se   | do    | cun  | ner  | its?                    | •           |          |      |      |     |         |         |     |            |
|-------------------|-----------|--------|----------|------|------|--------------|------|------|------|------|------|------|------|-------|-----|-----|------------|------|-------|------|------|-------------------------|-------------|----------|------|------|-----|---------|---------|-----|------------|
|                   |           |        |          |      |      |              |      |      |      |      |      |      |      |       |     |     |            |      |       |      |      |                         |             |          |      |      |     |         | e an    | d   |            |
|                   |           |        |          |      |      |              | nay  | be   | sul  | bmi  | itte | d at | t th | at 1  | oca | tio | 1.         | Sub  | mi    | t ac | ldit | ion                     | al p        | oag      | es a | as n | eed | ded     | •       |     |            |
| • MS <sup>2</sup> |           |        |          |      | ffic | e            |      |      |      |      |      |      |      |       |     |     | ) A        | nnu  | ıal I | Rep  | ort  |                         | S           | WN       | 1P ] | Plar | 1   |         | Con     | nme | nts        |
| [                 |           |        | men<br>! |      |      | Ŀ            | T    |      |      | Б    |      |      | _    |       |     |     |            |      | _     |      |      |                         |             |          |      |      |     |         |         |     |            |
|                   | В         | u      | i        | 1    | d    | i            | n    | g    |      | D    | е    | р    | а    | r     | t   | m   | е          | n    | t     |      |      |                         |             |          |      |      |     |         |         |     |            |
|                   | Add<br>5  | o<br>0 | 3        |      | G    |              | 7.7  |      |      | r    |      | R    |      |       | d   |     |            |      |       |      |      |                         |             |          |      |      |     |         |         |     |            |
|                   | City      |        |          |      | G    | е            | У    | s    | е    | r    |      | K    | 0    | a     | u   |     |            |      |       |      |      | <br>Zip                 |             |          |      |      |     |         |         |     |            |
|                   | В         | a      | 1        | 1    | s    | t            | 0    | n    |      | S    | р    | а    |      |       |     |     |            | Γ    | N     | Y    |      | $\frac{2 \text{ip}}{1}$ | 2           | 0        | 2    | 0    | _   |         |         |     |            |
| L<br>]            | <br>Pho   | ne     |          |      |      |              |      |      |      |      | _    |      |      | 1     | -   |     |            | L    |       |      |      |                         |             |          |      |      | J   |         |         |     |            |
|                   | (         | 5      | 1        | 8    | )    | 8            | 8    | 4    | _    | 2    | 7    | 6    | 4    |       |     |     |            |      |       |      |      |                         |             |          |      |      |     |         |         |     |            |
| O Libr            |           |        |          |      | ,    |              |      |      | J    |      |      | l    | -    | J     |     |     | \ A        |      | 1 1   | n    |      | _                       | . a.        | . T. 7 N | (D)  | D1   |     | $\circ$ | <u></u> |     |            |
|                   | Ado       | lres   | S        |      |      |              |      |      |      |      |      |      |      |       |     |     | ) A        | nnı  | iai   | Rep  | ort  |                         | S           | WIV      | IP I | Piar | 1   |         | Con     | nme | nts        |
|                   |           |        |          |      |      |              |      |      |      |      |      |      |      |       |     |     |            |      |       |      |      |                         |             |          |      |      |     |         |         |     |            |
| (                 | City      | 7      |          |      |      |              |      |      |      |      |      |      |      |       |     |     | 1          |      |       |      |      | Zip                     |             |          |      |      | 1   |         |         |     |            |
|                   |           |        |          |      |      |              |      |      |      |      |      |      |      |       |     |     |            |      |       |      |      |                         |             |          |      |      | -   |         |         |     |            |
| ]                 | Pho       | ne     |          |      | 1    |              |      |      | 1    |      |      |      |      | 1     | •   |     |            | _    |       |      |      |                         |             |          |      |      | ,   |         |         |     |            |
|                   | (         |        |          |      | )    |              |      |      | -    |      |      |      |      |       |     |     |            |      |       |      |      |                         |             |          |      |      |     |         |         |     |            |
|                   |           |        |          | -    |      |              |      | •    |      |      |      |      | -    |       |     |     |            |      |       |      |      |                         |             |          |      |      |     | _       |         |     |            |
| Othe              | er<br>Add | lres   | S        |      |      |              |      |      |      |      |      |      |      |       |     | (   | ) <b>A</b> | nnu  | ıal   | Rep  | ort  | (                       | $\supset S$ | WN       | 1P 1 | Plar | 1   | 0       | Con     | nme | nts        |
|                   | 5         | 0      |          | W    | е    | s            | t    |      | Н    | i    | g    | h    |      | S     | t   | r   | е          | е    | t     |      |      |                         |             |          |      |      |     |         |         |     |            |
| L.                | City      | 7      |          |      |      |              |      |      |      |      |      |      |      |       |     |     |            | _    |       |      |      | <br>Zip                 |             |          |      |      |     |         |         |     |            |
|                   | В         | a      | 1        | 1    | s    | t            | 0    | n    |      | S    | р    | a    |      |       |     |     |            |      | N     | Y    |      | 1                       | 2           | 0        | 2    | 0    | _   |         |         |     |            |
| ]                 | Pho       | ne     |          |      |      |              |      |      |      |      |      |      |      |       |     |     |            | _    |       |      |      |                         |             |          |      |      | J   |         |         |     |            |
|                   | (         | 5      | 1        | 8    | )    | 8            | 8    | 5    | -    | 8    | 9    | 9    | 5    |       |     |     |            |      |       |      |      |                         |             |          |      |      |     |         |         |     |            |
| _                 | • 1       |        |          | -    | ,    |              |      | -    | J    |      |      | -    | -    | J     |     | _   |            |      |       | _    |      |                         | . ~         |          |      |      |     |         | ~       |     |            |
| • Web             |           |        |          |      |      |              |      |      |      |      |      |      |      |       | -   |     |            |      |       | Rep  |      |                         | S           | WN       | 1P 1 | Plar | 1   | 0       | Con     | nme | :nts<br>—— |
|                   | http      | )://v  | ٧W٧      | V.Sa | arat | oga          | isto | rmv  | vate | er.o | rg/n | nun  | ıcıp | alıtı | es- | add | itioi      | nal- | res   | our  | ces. | htm                     | 1           |          |      |      |     |         |         |     |            |
|                   |           |        |          |      |      |              |      |      |      |      |      |      |      |       |     |     |            |      |       |      |      |                         |             |          |      |      |     |         |         |     |            |
|                   |           |        |          |      |      |              |      |      |      |      |      |      |      |       |     |     |            |      |       |      |      |                         |             |          |      |      |     |         |         |     |            |
|                   |           |        |          |      |      |              |      |      |      |      |      |      |      |       |     |     |            |      |       |      |      | -                       |             | -        |      |      |     |         |         |     |            |
|                   |           | ase    | e pr     | 'OVi | ide  | spe          | ecif | ic a | ıddı | ess  | of   | pa   | ge ' | whe   | ere | rep | ort        | cai  | ı be  | e ac | ces  | sec                     | l - r       | ot       | hor  | ne   | pag | ge.     |         |     |            |
| • eMa             | il<br>—   |        |          |      |      |              |      |      |      |      |      |      |      |       |     |     |            |      |       |      |      |                         |             |          |      |      |     | 0       | Con     | nme | nts        |
|                   | w         | 1      | е        | W    | i    | ន            | @    | t    | 0    | W    | n    | 0    | f    | m     | i   | 1   | t          | 0    | n     | n    | У    |                         | 0           | r        | g    |      |     | L       |         |     |            |
|                   | b         | r      | n        | 5    | @    | С            | 0    | r    | n    | е    | 1    | 1    |      | е     | d   | u   |            |      |       |      |      |                         |             |          |      |      |     |         |         |     |            |
| • eMa             | W         |        |          |      |      |              |      |      |      |      |      |      | f    |       |     |     | t          | 0    | n     | n    | У    | •                       | 0           | r        | g    |      |     |         | Con     | nme | nts        |

Name of MS4/Coalition TOWN OF MOREAU

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# MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| 3.         | Pro        | 1er<br>Ogr | e c         | an<br>S     | the<br>WN   | P)          | ıbli<br>Pl  | c a<br>an | cce<br>an | ess ( | cop<br>ubi | ies<br>nit | of  | thi<br>mn | is a<br>nen | nn<br>ts c | ual<br>on 1 | rep | or<br>se c | t, S | tor | my   | vat         | er l        | Ma         | na   | gen  | nen  | t     |          |       |
|------------|------------|------------|-------------|-------------|-------------|-------------|-------------|-----------|-----------|-------|------------|------------|-----|-----------|-------------|------------|-------------|-----|------------|------|-----|------|-------------|-------------|------------|------|------|------|-------|----------|-------|
|            | Ent<br>wh  | er a       | add<br>er c | lres<br>con | ss/c<br>nme | ont<br>ents | act<br>s ma | inf       | o a       | nd    | sel        | ect        | rad | io        | but         | ton        | to          | ind | icat       | e u  | hic | ch d | loci        | umo<br>1 pa | ent<br>age | is a | ava: | ilat | ole a | and      |       |
| • N        | 184/       | Co         | alit<br>rtm | ion         | Of          | fice        | ;           |           |           |       |            |            |     |           |             |            |             |     | nua        |      |     |      |             | SW          |            |      |      |      |       | omr      | nents |
|            |            | ddr        | 300         | W ]         | n           |             | H           | a         | 1         | 1     |            |            |     |           |             |            |             |     |            |      |     |      |             |             |            |      |      |      |       |          |       |
|            | 3          | 3 5        |             | 1           | ]           | R           | e j         | y I       | n         | 0     | 1 (        | d          | s   |           | R           | 0          | a (         | d   |            |      |     |      |             |             |            |      |      |      |       | <u> </u> |       |
|            |            | ity        |             | Т           |             | _           |             | _         | -         |       | _          |            |     |           | _           | _          | _           |     |            |      | 1   | Z    | ip          |             |            |      | _    |      |       |          |       |
|            | D1         | one        |             | 2 6         | e   8       | a 1         | u           |           |           |       |            |            |     |           |             |            |             |     | N          | Y    |     |      | 1 2         | 2 8         | 3 2        | 2 8  | 3 -  | -    |       |          |       |
|            | (          | E          |             | L 8         | 8           | )           | 7 9         | 9 2       | 2 .       | _ [   | 1          | 7 (        | 5 : | 2         |             |            |             |     |            |      |     |      |             |             |            |      |      |      |       |          |       |
| O Li       | brai<br>Ac | y<br>Idre  | ess         |             |             |             |             |           |           |       |            |            |     |           |             |            | 0           | Anr | nual       | Re   | por | t    | 0           | SW          | MF         | Pla  | an   | C    | Co    | mn       | ents  |
|            |            |            |             |             |             |             |             |           |           |       |            |            |     |           |             |            |             | T   |            | T    | T   | T    |             | T           | T          |      | T    |      |       | T        | Т     |
|            | Ci         | ty         | _           |             | _           |             | _           |           |           |       |            |            |     |           | _           |            |             |     |            |      |     | Zi   | p           |             |            |      |      |      |       |          |       |
|            |            |            |             |             |             |             |             |           |           |       |            |            |     |           |             |            |             |     | N          | Y    |     |      |             | T           |            |      | _    |      |       |          |       |
|            | Ph (       | one<br>5   |             | . 8         | 3)          |             |             |           | ]-        | •     |            |            |     |           |             |            |             |     | 0.001      |      |     |      |             |             |            |      |      |      |       |          |       |
| • Ot       | her<br>Ad  | dre        | ss          |             |             |             |             |           |           |       |            |            |     |           |             |            | • /         | Ann | ual        | Rep  | ort |      | 0 5         | SWI         | MP         | Pla  | n    | •    | Co    | nm       | ents  |
|            | 5<br>Cit   | 0          |             | W           | е           | s           | t           |           | Н         | i     | g          | h          |     | S         | t           | r          | е           | е   | t          |      |     |      |             |             |            |      |      |      |       |          |       |
|            | В          | a          | 1           | 1           | s           | t           | 0           | n         |           | S     | _          | _          | T   | T         |             | T          | 7           |     |            |      |     | Zip  |             |             |            |      | 7    |      |       |          |       |
|            | Pho        |            | _           | -           | 5           |             | 0           | 11        |           | D     | p          | a          |     |           |             |            |             |     | N          | Y    |     | 1    | 2           | 0           | 2          | 0    | -    |      |       |          |       |
|            | (          | 5          | 1           | 8           | )           | 8           | 8           | 5         | _         | 8     | 9          | 9          | 5   |           |             |            |             |     |            |      |     |      |             |             |            |      |      |      |       |          |       |
| <b>W</b> e |            | age        | UI          | RL:         |             |             | -           |           |           |       |            |            |     |           |             | ,          | • A         | nnı | ıal        | Rep  | ort | (    | $\supset S$ | WN          | ИΡ         | Pla  | n    | 0    | Con   | nme      | ents  |
|            | h          | t          | t           | р           | :           | /           | /           | W         | W         | W     |            | s          | a   | r         | a           | t          | 0           | g   | a          | s    | t   | 0    | r           | m           | w          | a    | t    | е    | r     |          | 0     |
|            | r          | g          | /           | m           | u           | n           | i           | С         | i         | р     | a          | 1          | i   | t         | i           | е          | s           | -   | a          | d    | d   | i    | t           | i           | 0          | n    | a    | 1    | -     | r        | е     |
|            | S          | 0          |             |             | C           | е           |             |           | h         | t     | m          |            |     |           |             |            |             |     |            |      |     |      |             |             |            |      |      |      |       |          |       |
| •eM        | Ple<br>ail | ease       | e pr        | OV          | ide         | spe         | ecif        | ic a      | ıdd       | ress  | of         | pa         | ge  | wh        | ere         | rep        | ort         | cai | n be       | ac   | ces | sec  | 1 - 1       | ot          | hoi        | ne   |      |      | Con   |          |       |
|            | m          | 0          | r           | е           | a           | u           | h           | i         | g         | h     | W          | У          | @   | t         | 0           | W          | n           | 0   | f          | m    | 0   | r    | е           | a           | u          |      | 0    | r    |       | шие      | ants  |
|            | b          | r          | n           | 5           | @           | С           | 0           | r         | n         | е     | 1          | 1          |     | е         | d           | u          |             |     |            |      |     |      | _           | _           | <u>u</u>   | •    |      | _    | g     |          |       |

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# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| Name of                 | MS4   | /Co  | aliti | on  | Villa | ge of | Rou  | ind L | ake  |    |     |      |     |     |     |     |      |      |      |     |     | N   | Y     | R    | 2    | 0    | A   | 0   | 9    | 9   |
|-------------------------|-------|------|-------|-----|-------|-------|------|-------|------|----|-----|------|-----|-----|-----|-----|------|------|------|-----|-----|-----|-------|------|------|------|-----|-----|------|-----|
| 3. WI                   |       | cai  | n th  | e p | oub   | lic   | acc  | cess  | s co |    |     |      |     |     |     |     |      |      |      |     |     |     | M     | lan  | age  | eme  | ent |     |      |     |
|                         | er a  |      |       |     |       |       |      |       |      |    |     |      |     |     |     |     |      |      |      |     |     |     |       |      |      |      |     |     | nd   |     |
| • MS4                   |       |      |       |     |       |       |      |       |      |    |     |      |     |     |     |     |      |      | Rep  |     |     | D S | 1     |      |      |      |     |     | mme  | nts |
| D                       | epart | mer  | nt    |     |       |       |      | 1     | _    |    | 1   |      | 1   |     |     |     |      |      |      |     |     |     |       |      |      |      |     |     |      |     |
|                         | 2 0   | 1 5  | n     | d   |       | L     | a    | k     | е    |    | V   | i    | 1   | 1   | a   | g   | е    |      | Н    | a   | 1   | 1   |       |      |      |      |     |     |      |     |
| A                       | ddre  | SS   |       |     |       |       |      |       |      |    |     |      |     |     |     |     |      |      | 1    | -   | -   |     |       |      |      |      |     |     | -    |     |
| 100                     | 4 9   |      | В     | u   | r     | 1     | i    | n     | g    | t  | 0   | n    |     | A   | V   | е   | n    | u    | е    |     |     |     |       |      |      |      |     |     |      |     |
| 100                     | ity   |      |       |     |       | l co  | 1    |       |      |    |     |      | 1   |     | 1   | 1   | ī    |      |      |     | Zip |     |       |      |      | 1    |     |     |      |     |
| F                       | 3 0   | u    | n     | d   | -     | L     | a    | k     | е    |    |     |      |     |     |     |     |      | N    | Y    |     | 1   | 2   | 1     | 5    | 1    | =    |     |     |      |     |
| P                       | none  |      |       | 1   |       |       |      | 1     |      |    |     |      | 7   |     |     |     |      |      |      |     |     |     |       |      |      |      |     |     |      |     |
| 1                       | 5     | 1    | 8     | )   | 8     | 9     | 9    | -     | 2    | 8  | 0   | 0    |     |     |     |     |      |      |      |     |     |     |       |      |      |      |     |     |      |     |
| ○ Libra                 | rv    |      |       |     |       |       |      |       |      |    |     |      |     |     | -   | \ A |      | 101  | Dan  |     | ,   | S   | I T N | (D   | DI.  |      | 0   | C   |      |     |
| ○ Libra<br>A            | ddres | SS   | 1     |     |       |       |      |       |      |    |     | _    |     |     |     | A   | JIII | iai  | Rep  | ort | ,   | 25  | WI    | VIP  | Pia  | n    | 0   | Col | nme  | nts |
|                         |       |      |       |     |       |       |      |       |      |    |     |      |     |     |     |     |      |      |      |     |     |     |       |      |      |      |     |     |      |     |
| C                       | ity   |      |       |     | -     | -     |      |       |      | _  |     |      |     |     |     | -   | -    |      |      |     | Zip |     |       |      |      |      |     |     |      |     |
|                         |       |      |       |     |       |       |      |       |      |    |     |      |     |     |     |     |      |      |      |     | 0   |     |       |      |      | _    |     |     |      |     |
| Pl                      | ione  |      |       |     |       |       |      |       |      |    |     |      |     |     | 1   | 1   | _    |      |      |     |     |     |       | _    |      | 1    |     |     |      |     |
|                         |       |      |       | )   |       |       |      | -     |      |    |     |      |     |     |     |     |      |      |      |     |     |     |       |      |      |      |     |     |      |     |
|                         |       |      |       |     |       |       | 1    |       |      |    |     |      | 1   |     |     |     |      |      |      |     |     |     |       |      |      |      |     |     |      |     |
| <ul><li>Other</li></ul> |       |      |       |     |       |       |      |       |      |    |     |      |     |     | •   | A   | nnı  | ial  | Rep  | ort | (   | S   | WN    | ИΡ   | Plai | 1    | •   | Cor | nme  | nts |
|                         | ddres | SS   |       |     |       | 100   |      |       |      |    | 40  |      | -   |     |     |     |      |      |      |     |     |     |       |      |      |      |     |     |      |     |
|                         |       |      | M     | е   | S     | t     |      | Н     | i    | g  | h   |      | S   | t   | r   | е   | е    | t    |      |     |     |     |       |      |      |      |     |     |      |     |
|                         | ity   |      |       | -   |       |       |      |       |      |    |     |      |     |     |     | l   | Ť    |      |      |     | Zip |     |       |      |      | Ī    |     |     |      |     |
| E                       | 3 a   | 1    | 1     | S   | t     | 0     | n    |       | S    | p  | a   |      |     |     |     |     |      | N    | Y    |     | 1   | 2   | 0     | 2    | 0    | -    |     |     |      |     |
| Pl                      | none  | 1    |       |     |       |       |      | 1     |      |    |     |      | 1   |     |     |     |      |      |      |     |     |     |       |      |      |      |     |     |      |     |
| (                       | 5     | 1    | 8     | )   | 8     | 8     | 5    | 1     | 8    | 9  | 9   | 5    |     |     |     |     |      |      |      |     |     |     |       |      |      |      |     |     |      |     |
|                         |       |      |       |     |       |       |      |       |      |    |     |      |     |     |     |     |      |      |      |     |     |     |       |      |      |      |     |     |      |     |
| • Web                   | Page  | UF   | RL:   |     |       |       |      | ,     | ,    |    |     |      |     |     |     | ) A | nnu  | ial  | Rep  | ort |     | S   | WN    | ЛР : | Plar | 1    | 0   | Cor | nmei | nts |
| W                       | W     | W    |       | S   | a     | r     | a    | t     | 0    | g  | a   | S    | t   | 0   | r   | m   | W    | a    | t    | е   | r   |     | 0     | r    | g    | 1    | m   | u   | n    | i   |
|                         | i     | р    | a     | 1   | i     | t     | i    | е     | s    | -  | 2   | d    | d   | i   | t   | i   |      | n    | 1    | 1   |     | 20  | _     | -    | -    |      | 100 | ~   |      | •   |
|                         | +     | Р    | a     |     | 1     | L     | 1    | -     | 5    |    | a   | u    | u   | 7   | L   | 1,  | 0    | n    | a    | +   | -   | r   | е     | S    | 0    | u    | r   | C   | е    | S   |
|                         | . h   | t    | m     |     |       |       |      |       |      |    |     |      | - 1 |     |     |     |      |      |      |     |     |     |       |      |      |      |     |     |      |     |
| P                       | leas  | e pr | ovi   | de  | spe   | cif   | ic a | ddı   | ress | of | pag | ge v | whe | ere | rep | ort | cai  | ı be | e ac | ces | sec | - n | ot    | hor  | ne   | pag  | ge. |     |      |     |
| • eMail                 |       |      |       |     |       |       |      |       |      |    |     |      |     |     |     |     |      |      |      |     |     |     |       |      |      | 3.11 |     | Cor | nmei | its |
| V                       | i     | 1    | 1     | a   | g     | е     | r    | 1     | 9    | r  | 0   | u    | n   | d   | 1   | a   | k    | е    | v    | i   | 1   | 1   | a     | g    | е    |      | 0   | r   | g    |     |
|                         |       |      |       |     |       |       |      |       |      |    |     |      |     |     |     |     |      | -    | 100  | _   | -   |     | -     |      |      |      |     |     |      |     |

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#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

Name of MS4/Coalition Saratoga County, Department of Public Works

| 3. W                  | /hei<br>rog  |            |          |      | _          |      |      |      |      |      | _   |      |      |          |      |      |            | _    |       |      |     |     |                              | M  | ana          | age  | me     | nt         |     |     |      |
|-----------------------|--------------|------------|----------|------|------------|------|------|------|------|------|-----|------|------|----------|------|------|------------|------|-------|------|-----|-----|------------------------------|----|--------------|------|--------|------------|-----|-----|------|
| Eı                    | nter<br>hetl | ad         | ldre     | ess/ | cor        | ítac | t in | ıfo  | anc  | l se | lec | t ra | dio  | bu       | ttoı | ı to | ine        | dica | ate   | wh   | ich | do  | cun                          |    |              |      |        |            |     | d   |      |
| • MS                  | 4/C          | oal        | itio     | n C  |            |      | •    |      |      |      |     |      |      |          |      |      |            |      |       | Rep  |     |     | $\supset \mathbf{S}$         | _  |              |      |        |            |     | nme | ents |
|                       | Dep<br>D     | aru<br>e   | nen<br>P | a    | r          | t    | m    | е    | n    | t    |     | 0    | f    |          | Р    | u    | b          | 1    | i     | С    |     | W   | 0                            | r  | k            | s    |        |            |     |     |      |
|                       | Add          |            |          |      |            |      |      |      |      |      |     |      |      |          |      |      |            |      |       |      |     |     |                              |    |              |      |        |            |     |     |      |
|                       | 3<br>City    | 6          | 5        | 4    |            | G    | a    | 1    | W    | a    | У   |      | R    | 0        | a    | d    |            |      |       |      |     | Zip |                              |    |              |      |        |            |     |     |      |
|                       | В            | a          | 1        | 1    | s          | t    | 0    | n    |      | S    | р   | а    |      |          |      |      |            |      | N     | Y    |     | 2.p | 2                            | 0  | 2            | 0    | _      |            |     |     |      |
|                       | Pho          | ne         |          |      |            |      |      |      |      |      |     |      |      | 1        |      |      | J          | L    |       |      |     |     |                              |    |              |      | l      |            |     |     |      |
|                       | (            | 5          | 1        | 8    | )          | 8    | 8    | 5    | -    | 2    | 2   | 3    | 5    |          |      |      |            |      |       |      |     |     |                              |    |              |      |        |            |     |     |      |
|                       | rary<br>Add  | Ires       | s        |      |            |      |      |      |      |      |     |      |      |          |      | (    | ) <b>A</b> | nnu  | al I  | Rep  | ort | (   | $\supset S$                  | WN | <b>1P</b> 1  | Plar | 1      | 0          | Con | nme | nts  |
|                       |              |            |          |      |            |      |      |      |      |      |     |      |      |          |      |      |            |      |       |      |     |     |                              |    |              |      |        |            |     |     |      |
|                       | City         | 7          |          |      |            |      |      |      |      |      |     |      |      | <u> </u> |      |      | ]          |      | _     |      |     | Zip |                              |    |              |      | ]      |            |     |     |      |
|                       | <br>Pho      | <b>n</b> o |          |      |            |      |      |      |      |      |     |      |      |          |      |      |            |      | 1 .   | Y    |     |     |                              |    |              |      | -      |            |     |     |      |
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| <ul><li>Oth</li></ul> | er<br>Add    | lres       | c        |      |            |      |      |      |      |      |     |      |      |          |      |      | A          | nnu  | ıal I | Rep  | ort | (   | $\supset \mathbf{S}^{\circ}$ | WN | <b>1</b> P 1 | Plar | ı      | •          | Con | nme | nts  |
|                       |              | 0          |          | W    | е          | s    | t    |      | Н    | i    | g   | h    |      | S        | t    | r    | е          | е    | t     |      |     |     |                              |    |              |      |        |            |     |     |      |
|                       | City         | 7          |          |      |            |      |      |      |      |      |     |      |      |          |      |      | l<br>1     |      | _     | _    |     | Zip |                              |    |              |      | l<br>I |            |     |     |      |
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|                       | Pho          |            | 1        |      | 1          |      |      | _    | ]    |      |     |      | _    | ]        |      |      |            |      |       |      |     |     |                              |    |              |      |        |            |     |     |      |
|                       | (            | 5          | 1        | 8    | ) <b>)</b> | 8    | 8    | 5    | _    | 8    | 9   | 9    | 5    |          |      |      |            |      |       |      |     |     |                              |    |              |      |        |            |     |     |      |
| • Wel                 | b Pa         | ige        | UF       | RL:  |            |      |      |      |      |      |     |      |      |          |      |      | A          | nnu  | al I  | Rep  | ort |     | $\supset S$                  | WN | <b>1</b> P ] | Plar | 1      | $\bigcirc$ | Con | nme | ents |
|                       | h            | t          | t        | р    | :          | /    | /    | w    | w    | w    |     | s    | a    | r        | a    | t    | 0          | g    | a     | s    | t   | 0   | r                            | m  | w            | a    | t      | е          | r   |     | 0    |
|                       | r            | g          | /        | m    | u          | n    | i    | С    | i    | р    | a   | 1    | i    | t        | i    | е    | s          | -    | a     | d    | d   | i   | t                            | i  | 0            | n    | a      | 1          | -   | r   | е    |
|                       | s            | 0          | u        | r    | С          | е    | s    |      | h    | t    | m   |      |      |          |      |      |            |      |       |      |     |     |                              |    |              |      |        |            |     |     |      |
| • eMa                 | Ple<br>ail   | ase        | pr       | ovi  | ide        | spe  | cif  | ic a | iddi | ess  | of  | pa   | ge v | whe      | ere  | rep  | ort        | car  | i be  | e ac | ces | sec | l - r                        | ot | hoı          | ne   |        |            | Cor | nme | ents |
|                       | d            | p          | w        | @    | s          | а    | r    | а    | t    | 0    | g   | а    | С    | 0        | u    | n    | t          | У    | n     | У    |     | g   | 0                            | v  |              |      | '      |            |     |     |      |
|                       | b            |            | n        | 5    | @          |      | 0    |      |      | е    | 1   | 1    |      | е        |      | u    |            |      |       |      |     |     |                              |    |              |      |        |            |     |     |      |

Name of MS4/Coalition

City of Saratoga Springs

NYR

5441172015

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 2 \end{bmatrix}$ 

|        |            |              |      |     | _        |     |          |          |     | -   |          |     |      |     |          | ual<br>on |      | _   | -    |              |     |     | ter         | Ma  | ana  | ıgeı | mei    | ıt  |     |     |      |
|--------|------------|--------------|------|-----|----------|-----|----------|----------|-----|-----|----------|-----|------|-----|----------|-----------|------|-----|------|--------------|-----|-----|-------------|-----|------|------|--------|-----|-----|-----|------|
|        |            |              |      |     |          |     |          |          |     |     |          |     |      |     |          |           |      |     |      |              |     |     | cum<br>al p |     |      |      |        |     |     | d   |      |
| MS4    | 1/C        | oali         | tior | ı O | ffic     | е   |          |          |     |     |          |     |      |     |          | •         | ) Aı | nnu | al F | <b>tep</b> o | ort |     | S           | WM. | PΕ   | Plan | l      | • ( | Con | ıme | nts  |
| ]      | Оер        |              |      |     | 7        |     |          |          |     |     |          |     |      |     | i        | _ 1       |      | -   | . 1  |              | -   |     |             |     | -    |      | -      | - [ |     |     |      |
|        | C          | i            | t    | У   |          | E   | n        | g        | i   | n   | е        | е   | r    | S   |          | 0         | f    | f   | i    | С            | е   |     |             |     |      |      |        |     |     |     |      |
| ĺ      | Add<br>4   | 7            | 4    |     | В        | r   | 0        | a        | d   | w   | a        | у   |      | s   | u        | i         | t    | е   |      | 1            | 3   | 1   |             |     | -    |      |        |     |     |     |      |
| Į      | -<br>City  | <del>,</del> |      |     | ات       |     | <u> </u> | <u>u</u> | •   | **  | <u>u</u> | Y   | !    |     | <u>u</u> | _         |      | _   |      | -            |     | Zip |             |     |      |      |        |     |     |     |      |
|        | S          | a            | r    | а   | t        | 0   | g        | а        |     | S   | р        | r   | i    | n   | g        | ß         |      | 1   | .1   | Y            |     | 1   | 2           | 8   | 6    | 6    | -      |     |     |     |      |
| ]      | Pho        | ne           |      |     |          |     |          |          |     |     |          | '   |      |     |          |           |      | _   |      | '            |     |     |             |     |      |      | •      | ĺ   | ·   | ĺ   |      |
|        | (          | 5            | 1    | 8   | )        | 5   | 8        | 7        | -   | 7   | 0        | 9   | 8    |     |          |           |      |     |      |              |     |     |             |     |      |      |        |     |     |     |      |
| ⊃ Libr | ary<br>Add | res          | S ,  |     |          |     |          |          |     |     |          |     |      |     |          | C         | Aı   | nnu | al F | \ep(         | ort | C   | SV          | WΜ  | IP I | Plar | ı      | 0 ( | Con | nme | nts  |
|        |            |              |      |     |          |     |          |          |     |     |          |     |      |     |          |           |      |     |      |              |     |     |             |     |      |      |        |     |     |     |      |
| 1      | City       | ,            | - 1  |     |          |     |          |          |     |     |          |     |      |     |          |           |      |     |      |              | i   | Zip |             |     |      |      | Γ      |     |     |     |      |
|        |            |              |      |     |          |     |          |          |     |     |          |     |      |     |          |           |      |     |      |              |     |     |             |     |      |      | -      |     |     |     |      |
|        | Pho:       | ne           |      |     | <b>\</b> |     |          |          |     |     | -        |     |      |     |          |           |      |     |      |              |     |     |             |     |      |      |        |     |     |     |      |
|        | \ L        | ŀ            |      |     | 1        |     |          |          | _   |     |          |     |      |     |          |           |      |     |      |              |     |     |             |     |      |      |        |     | -   |     |      |
| • Oth  | er<br>Add  | lres         | 8    |     |          |     |          |          |     |     |          |     |      |     |          | •         | ) Ai | nnu | al I | Repo         | ort |     | S           | WM  | IP I | Plar | l<br>, | • ( | Con | nme | nts  |
|        | 5          | 0            |      | W   | е        | හ   | t        |          | Н   | i   | g        | h   |      | S   | t        | r         | е    | е   | t    |              |     |     |             |     |      |      |        |     |     |     |      |
|        | City       |              |      |     |          |     |          |          |     |     |          |     |      |     |          | _         |      | Г   |      |              |     | Zip |             |     |      |      | [      | •   |     |     |      |
|        | В          | a            | 1    | 1   | s        | t   | 0        | n        |     | S   | р        | а   |      |     |          |           |      | ſ   | 1    | Y            |     | 1   | 2           | 0   | 2    | 0    | -      |     |     |     |      |
|        | Pho        | ne<br>5      | 1    | 8   | \        | 8   | 8        | 5        | _   | 8   | 9        | 9   | 5    |     |          |           |      |     |      |              |     | ,   |             |     |      |      |        |     |     |     |      |
|        | U          | J            |      | 0   | 1        |     |          | ٦        | _   | -   |          | .,  |      |     |          |           |      |     |      |              |     |     |             |     |      |      |        |     |     |     |      |
| • Wel  | o Pa       | age          | UR   | L:  |          |     |          |          |     |     |          |     |      |     |          |           | A    | nnu | al I | ₹ep          | ort | C   | ) S         | WN  | PΙ   | Plar | 1      | • ( | Con | nme | nts  |
|        | h          | t            | t    | р   | :        | /   | 1        | w        | W   | W   |          | s   | a    | r   | a        | t         | 0    | g   | a    | _            | s   | р   | r           | i   | n    | g    | ន      |     | 0   | r   | g    |
|        | /          | 1.           | 5    | 6   | 1        | s   | t        | 0        | r   | m   | W        | a   | t    | е   | r        | _         | m    | a   | n    | a            | g   | e   | m           | е   | n    | IJ   | -      | q   | r   | 0   | g    |
|        | r          | a            | m    |     |          |     |          |          |     |     |          |     |      |     |          |           |      |     |      |              |     |     |             |     |      |      |        |     |     |     |      |
|        | Pl€        | ase          | pr   | ovi | de       | spe | cif      | ic a     | ddı | ess | of       | pa  | ge v | whe | ere      | rep       | ort  | car | ı be | ac           | ces | sec | - r         | ot  | hor  | ne   | pag    | e.  |     |     |      |
| • eMa  | ail        |              | _    |     |          | _   |          |          |     |     |          | - ' | -    |     |          | _         |      |     |      |              |     |     |             |     |      |      |        | • ( | Con | nme | ents |
|        | a          | 1            |      | f   | 1        | i   | С        | k        | @   | s   | a        | r   | a    | t   | 0        | g         | a    | _   | s    | p            | r   | i   | n           | g   | s    | •    | 0      | r   | g   |     |      |
|        | b          | r            | n    | 5   | @        | С   | 0        | r        | n   | е   | 1        | 1   |      | е   | đ        | u         |      |     |      |              |     |     |             |     |      |      |        |     |     |     |      |

Name of MS4/Coalition South Glens Falls

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#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| 3. V  | Vhe<br>rog       |      |    |     | _     |     |     |      |     |     | _  |    |      |     |     |     |            | _   |      |     |     |          |              | M   | ana          | age  | me  | nt  |     |        |
|-------|------------------|------|----|-----|-------|-----|-----|------|-----|-----|----|----|------|-----|-----|-----|------------|-----|------|-----|-----|----------|--------------|-----|--------------|------|-----|-----|-----|--------|
|       | nter<br>hetl     |      |    |     |       |     |     |      |     |     |    |    |      |     |     |     |            |     |      |     |     |          |              |     |              |      |     |     |     | d      |
| • MS  |                  |      |    |     | offic | e   |     |      |     |     |    |    |      |     |     |     | A          | nnu | al F | Rep | ort |          | S            | WN  | <b>1</b> P   | Plaı | 1   | •   | Con | nments |
|       | Dep              |      |    |     | Ι.    |     |     |      |     |     |    |    |      |     |     |     |            |     |      |     |     |          |              |     |              |      |     |     |     |        |
|       | P                | u    | b  | 1   | i     | С   |     | W    | 0   | r   | k  | S  |      |     |     |     |            |     |      |     |     |          |              |     |              |      |     |     |     |        |
|       | Add              |      |    | 1   | /     | 2   |     | S    |     | ~   |    | +  |      | ~   | _   |     | 7\         | 7.7 |      | n   |     |          |              |     |              |      |     |     |     |        |
|       | City             | 1    | 6  |     |       |     |     | ۵    | a   | r   | a  | t  | 0    | g   | a   |     | A          | V   | е    | n   | u   | e<br>Zip |              |     |              |      |     |     |     |        |
|       | S                | 0    | u  | t   | h     |     | G   | 1    | е   | n   | s  |    | F    | a   | 1   | 1   |            | ]   | N I  | Y   |     | 1        | 2            | 8   | 0            | 3    | _   |     |     |        |
|       | Pho              | ne   |    |     |       |     |     |      |     |     |    |    |      |     |     |     |            | L   |      |     |     |          |              |     |              |      | J   |     |     |        |
|       | (                | 5    | 1  | 8   | )     | 7   | 9   | 3    | _   | 1   | 4  | 5  | 5    |     |     |     |            |     |      |     |     |          |              |     |              |      |     |     |     |        |
| ○ Lib | rary             | ·    |    |     | ,     |     |     |      | J   |     | -  |    |      | ı   |     |     | ) <b>A</b> | nnu | al F | Rep | ort |          | ) S'         | WN  | <b>1</b> P : | Plaı | 1   | 0   | Con | nments |
|       | Add              | ires | S  |     |       |     |     |      |     |     |    |    |      |     |     |     |            |     |      | -   |     |          |              |     |              |      |     |     |     |        |
|       | City             | ,    |    |     |       |     |     |      |     |     |    |    |      |     |     |     |            |     |      |     |     | 7:5      |              |     |              |      |     |     |     |        |
|       | City             | /    |    |     |       |     |     |      |     |     |    |    |      |     |     |     |            |     |      |     |     | Zip      |              |     |              |      | _   |     |     |        |
|       | Pho              | ne   |    |     |       |     |     |      |     |     |    |    |      |     |     |     |            | _   |      |     |     |          |              |     |              |      | J   |     |     |        |
|       | (                |      |    |     | )     |     |     |      | _   |     |    |    |      |     |     |     |            |     |      |     |     |          |              |     |              |      |     |     |     |        |
|       | •                |      |    | •   |       | •   |     | •    |     |     |    |    |      | •   |     | _   |            |     |      | _   |     |          |              |     | <b></b>      | D.1  |     | _   | ~   |        |
| • Oth | er<br><u>Add</u> | lres | S  |     |       |     |     |      |     |     |    |    |      |     |     |     | ) A        | nnu | al F | Кер | ort |          | > S'         | WIV | 1P.          | Plai | 1   |     | _on | nments |
|       | 5                | 0    |    | W   | е     | ន   | t   |      | Н   | i   | g  | h  |      | S   | t   | r   | е          | е   | t    |     |     |          |              |     |              |      |     |     |     |        |
|       | City             | /    |    |     |       |     |     |      |     |     |    |    |      |     |     |     |            | _   |      | _   |     | Zip      |              |     |              |      | 1   |     |     |        |
|       | В                | a    | 1  | 1   | s     | t   | 0   | n    |     | S   | р  | a  |      |     |     |     |            | ]   | N I  | Y   |     | 1        | 2            | 0   | 2            | 0    | _   |     |     |        |
|       | Pho              | ne   |    |     | 1.    |     |     |      | 1   |     |    |    |      | 1   |     |     |            |     |      |     |     |          |              |     |              |      |     |     |     |        |
|       | (                | 5    | 1  | 8   | )     | 8   | 8   | 5    | _   | 8   | 9  | 9  | 5    |     |     |     |            |     |      |     |     |          |              |     |              |      |     |     |     |        |
| • We  | b Pa             | age  | UR | L:  |       |     |     |      |     |     |    |    |      |     |     |     | ) A        | nnu | al F | Rep | ort |          | > <b>S</b> ' | WN  | <b>1</b> P : | Plaı | 1   | 0   | Con | nments |
|       | h                | t    | t  | р   | :     | /   | /   | w    | w   | w   |    | S  | a    | r   | a   | t   | 0          | g   | a    | s   | t   | 0        | r            | m   | w            | a    | t   | е   | r   | . 0    |
|       | r                | g    | /  | m   | u     | n   | i   | С    | i   | р   | a  | 1  | i    | t   | i   | е   | s          | _   | a    | d   | d   | i        | t            | i   | 0            | n    | a   | 1   | _   | r      |
|       | е                | s    | 0  | u   | r     | С   | е   | s    |     |     |    |    |      |     |     |     |            |     |      |     |     |          |              |     |              |      |     |     |     |        |
|       | Ple              | ease | pr | ovi | de    | spe | cif | ic a | ddı | ess | of | pa | ge v | whe | ere | rep | ort        | car | i be | ac  | ces | sed      | l - n        | ot  | hoı          | ne   | pag | je. |     |        |
| • eM  |                  |      | •  |     |       |     |     |      |     |     |    |    |      |     |     | -   |            |     |      |     |     |          |              |     |              |      | _   |     | Con | nments |
|       | s                | g    | f  | d   | р     | W   | @   | s    | g   | f   | n  | У  |      | С   | 0   | m   |            |     |      |     |     |          |              |     |              |      |     |     |     |        |
|       |                  |      |    | _   |       |     |     |      |     |     | Ϊ, | -  |      |     | _   |     |            |     |      |     |     |          |              |     |              |      |     |     |     |        |

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#### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2

| Name           | of M       | S4/  | Co   | aliti | on '  | Tov   | vn   | of S | Stil | lwa  | ter |    |      |    |     |     |            |     |     |      |     |      | N           | Y    | R   | 2    | 0  | A   | 5   | 4     | 9     |
|----------------|------------|------|------|-------|-------|-------|------|------|------|------|-----|----|------|----|-----|-----|------------|-----|-----|------|-----|------|-------------|------|-----|------|----|-----|-----|-------|-------|
| 3. W           |            |      |      |       | -     |       |      |      |      |      | -   |    |      |    |     |     |            | -   |     | Sto  |     |      |             | · M  | lan | age  | em | ent |     |       |       |
|                |            |      |      |       |       |       |      |      |      |      |     |    |      |    |     |     |            |     |     | wh   |     |      |             |      |     |      |    |     |     | nd    |       |
| • MS           | 4/C<br>Dep |      |      |       | Offic | ce    |      |      |      |      |     |    |      |    |     | 1   | P A        | nnı | ıal | Rep  | ort | Ų    | • S         | WI   | MP  | Pla  | n  | •   | Co  | mm    | ents  |
|                | P          | 1    | a    | n     | n     | i     | n    | g    |      | D    | е   | p  | a    | r  | t   | m   | е          | n   | t   |      |     |      |             |      |     |      |    |     |     |       |       |
|                | Add        | Ires | S    |       |       |       |      |      |      |      |     |    |      | -  |     |     |            |     | -   |      |     |      |             |      |     |      |    |     |     |       |       |
|                | 8          | 8    | 1    |       | Н     | u     | d    | S    | 0    | n    |     | Α  | V    | е  | n   | u   | е          |     |     |      |     |      |             |      |     |      |    |     |     |       |       |
|                | City       | ,    |      |       | T     |       |      |      |      |      |     |    |      |    |     |     | 1          | T   |     |      |     | Zip  |             |      | L   | 1    | 1  |     |     | 1     | 1     |
|                | S          | t    | i    | 1     | 1     | W     | a    | t    | е    | r    |     |    |      |    |     |     |            |     | N   | Y    |     | 1    | 2           | 1    | 7   | 0    | -  |     | Ш   |       |       |
|                | Pho        | - 37 |      |       | 1     |       |      | 1    | 1    |      |     |    |      | 1  |     |     |            |     |     |      |     |      |             |      |     |      |    |     |     |       |       |
|                | (          | 5    | 1    | 8     | )     | 6     | 6    | 4    | -    | 6    | 1   | 4  | 8    |    |     |     |            |     |     |      |     |      |             |      |     |      |    |     |     |       |       |
| O Lib          | rarv       |      |      |       |       |       |      |      |      |      |     |    |      |    |     | (   | AC         | nnı | ıal | Rep  | ort | (    | $\supset S$ | W    | ΜР  | Pla  | n  | 0   | Co  | mm    | ents  |
|                | Add        | lres | S    |       |       | 1     |      |      |      |      |     |    |      |    |     |     |            |     |     |      |     |      | 7           | 1    | T   | 1    | T  | T   | T . | T     | 1     |
|                |            |      |      |       |       |       |      |      |      |      |     |    |      |    |     |     |            |     |     |      |     | _    |             |      |     |      |    |     |     |       |       |
|                | City       |      | [    |       |       |       |      |      |      |      | 1   |    |      |    |     |     | 1          |     | 21  |      |     | Zip  |             |      |     |      | 1  |     |     | 1     |       |
|                |            |      |      |       |       |       |      |      |      |      |     |    |      |    |     |     |            | ]   | 71  | Y    |     |      |             |      |     |      | -  |     |     |       |       |
|                | Pho        | -    |      | I     | 1.    |       |      |      | 1    |      |     | Ī  |      | 1  |     |     |            |     |     |      |     |      |             |      |     |      |    |     |     |       |       |
|                | (          | 5    | 1    | 8     | )     |       |      |      | -    |      |     |    |      |    |     |     |            |     |     |      |     |      |             |      |     |      |    |     |     |       |       |
| • Oth          | er         |      |      |       |       |       |      |      |      |      |     |    |      |    |     | •   | A          | nnı | ıal | Rep  | ort | (    | $\circ$     | WN   | MP  | Pla  | n  |     | Co  | mm    | ents  |
|                | Add        |      | S    |       |       |       |      |      |      | T.   | F   |    |      |    | 1   | -   |            |     |     | 1    |     |      |             |      |     |      |    |     |     |       |       |
|                | 5          | 0    |      | W     | е     | S     | t    |      | H    | i    | g   | h  |      | S  | t   | r   | е          | е   | t   |      |     | L    | L           |      |     |      |    |     |     |       |       |
|                | City       |      | 2.1  |       |       | 5     |      |      | 1    |      |     |    |      |    |     | -   | 1          |     | . 1 |      |     | Zip  |             |      |     |      |    |     |     |       |       |
|                |            | a    | 1    | 1     | S     | t     | 0    | n    |      | S    | р   | a  |      |    |     |     |            | 1   | 7   | Y    |     | 1    | 2           | 0    | 2   | 0    | -  |     |     |       |       |
|                | Pho        |      |      |       | 1 .   | Tues. |      |      | 1    | -    |     |    |      | 1  |     |     |            |     |     |      |     |      |             |      |     |      |    |     |     |       |       |
|                |            | 5    | 1    | 8     | )     | 8     | 8    | 5    | -    | 8    | 9   | 9  | 5    |    |     |     |            |     |     |      |     |      |             |      |     |      |    |     |     |       |       |
| <b>A</b> 11/-1 |            |      |      |       |       |       |      |      |      |      |     |    |      |    |     |     | <b>.</b> A | nni | ial | Rep  | ort | 7    | 70          | VX/X | /D  | Dla  | 12 | 0   | Con | nin   | ents  |
| • Wel          |            | ige  |      | CL:   |       |       | La   |      | Г    | -    |     |    |      |    |     |     | H          | -   | iai |      |     | 1    | J 3         | VV I | VII | I Ia |    | T   |     | 11111 | citts |
|                | h          | t    | t    | p     | :     | /     | /    | W    | W    | W    |     | S  | a    | r  | a   | t   | 0          | g   | a   | S    | t   | 0    | r           | m    | W   | a    | t  | е   | r   | 2.0   | 0     |
|                | r          | g    | 1    | m     | u     | n     | i    | С    | i    | р    | a   | 1  | i    | t  | i   | е   | s          | -   | a   | d    | d   | i    | t           | i    | 0   | n    | a  | 1   | -   | r     | е     |
|                | s          | 0    | u    | r     | C     | е     | s    |      | h    | t    | m   |    |      |    |     |     |            |     |     |      |     |      |             |      |     |      |    |     |     |       |       |
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Name of MS4/Coalition Village of Stillwater

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#### **MS4 Annual Report Form**

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| O Lib  | rary | /<br>dres | C   |     |       |     |     |      |     |       |      |     |       |      |     |     | ) <b>A</b> | nnu   | al I  | Rep         | ort | (       | $\supset S$ | WN        | <b>1</b> P : | Pla  | n      | $\bigcirc$ | Con  | nme     | ents |
|        | Aut  | ii cs     | 3   |     |       |     |     |      |     |       |      |     |       |      |     |     |            |       |       |             |     |         |             |           |              |      |        |            |      |         |      |
|        | City | <br>V     |     |     |       |     |     |      |     |       |      |     |       |      |     |     |            |       |       |             |     | <br>Zip |             |           |              |      |        |            |      |         |      |
|        |      |           |     |     |       |     |     |      |     |       |      |     |       |      |     |     |            | 1     | 1 .   | Y           |     |         |             |           |              |      | _      |            |      |         |      |
|        | Pho  | ne        |     |     |       |     |     |      |     |       |      |     |       |      |     |     | J          | L     |       |             |     |         |             |           |              |      |        |            |      |         |      |
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|        | `    |           |     |     | ,     |     | _   |      | J   |       |      |     |       | J    |     |     |            |       |       |             |     |         |             |           |              |      |        |            |      |         |      |
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|        | City | <u></u>   |     |     |       |     |     |      |     |       |      |     |       |      |     |     |            | _     | _     |             |     | Zip     |             |           |              |      |        |            |      |         |      |
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| • We   |      | Γ.        |     |     |       | Ι,  | ,   |      |     |       |      |     |       |      |     | 1   | θA<br>     |       |       | Rep         |     |         | ) <b>S</b>  | WIN       | TP.          | Piai |        |            | Con  | 111116  | mis  |
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|        | r    | g         | /   | m   | u     | n   | i   | С    | i   | р     | a    | 1   | i     | t    | i   | е   | ន          | -     | a     | d           | d   | i       | t           | i         | 0            | n    | a      | 1          | -    | r       | е    |
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|        | Ple  | ease      | pr  | ovi | ide   | spe | cif | ic a | ddı | ess   | of   | pa  | ge '  | who  | ere | rep | ort        | car   | ı be  | e ac        | ces | sec     | l - 1       | ot        | hoı          | ne   | pag    | ge.        |      |         |      |
| • eM   | ail  |           |     |     |       |     |     |      |     |       |      |     |       |      |     |     |            |       |       |             |     |         |             |           |              |      |        |            | Con  | nme     | ents |
|        |      |           |     |     |       |     |     |      |     |       |      |     |       |      |     |     |            |       |       |             |     |         |             |           |              |      |        |            |      |         |      |
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Name of MS4/Coalition Town of Wilton

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#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2

3. Where can the public access copies of this annual report, Stormwater Management

|            |                              |                   |                        |                         |                  | , –               |           |        |            |        |             | • • •   |        |      |      |        |            |               | do     |      |          |          |             |           |               |             |            |              |     |     |           |
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| W          | hetl                         | her               | co                     | mn                      | nen              | ts n              | nay       | be     | sul        | bmi    | itte        | d a     | t th   | at 1 | oca  | tio    | n.         | Sub           | mi     | t ac | ldit     | ion      | al j        | oag       | es a          | as r        | nee        | ded          |     |     |           |
| $\circ$ MS |                              |                   |                        |                         | ffic             | e                 |           |        |            |        |             |         |        |      |      |        | A          | nnu           | al l   | Rep  | ort      |          | S           | WN        | <b>1</b> P ]  | Pla         | n          | •            | Con | nme | ents      |
|            | Dep                          | artr              |                        |                         |                  |                   |           |        |            |        |             |         |        |      |      |        |            |               |        |      |          |          |             |           |               |             | _          |              |     |     |           |
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|            | City                         |                   |                        | _                       | _                |                   | L         |        |            |        |             |         |        |      |      |        |            |               |        |      |          | Zip      |             |           |               |             |            |              |     |     |           |
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| O Lib      | rary<br>Add                  | ,<br>Ires:        | s                      |                         |                  |                   |           |        |            |        |             |         |        |      |      |        | ) <b>A</b> | nnu           | al l   | Rep  | ort      | (        | $\supset S$ | WN        | <b>1P</b> ]   | Pla         | n          | $\circ$      | Con | nme | ents      |
|            | T TGC                        | 05                |                        |                         |                  |                   |           |        |            |        |             |         |        |      |      |        |            |               |        |      |          |          |             |           |               |             |            |              |     |     |           |
|            | City                         | 7                 |                        |                         |                  |                   |           |        |            |        |             |         |        |      |      |        |            |               |        |      |          | Zip      |             |           |               |             |            |              |     |     |           |
|            |                              |                   |                        |                         |                  |                   |           |        |            |        |             |         |        |      |      |        |            |               |        |      |          |          |             |           |               |             | _          |              |     |     |           |
|            | Pho                          | ne                |                        |                         | 1                |                   |           |        | 1          |        |             |         |        | 1    |      | •      | •          |               |        |      |          |          |             |           |               |             |            |              |     |     |           |
|            | (                            |                   |                        |                         | )                |                   |           |        | _          |        |             |         |        |      |      |        |            |               |        |      |          |          |             |           |               |             |            |              |     |     |           |
|            |                              |                   |                        |                         |                  |                   | _         |        | J          |        |             |         |        | ]    |      |        |            |               |        |      |          |          |             |           |               |             |            |              |     |     |           |
| • Oth      | er                           |                   |                        |                         |                  |                   | -         |        | J          |        |             |         |        | J    |      |        | <b>)</b> A | nnıı          | ดไ 1   | ₹en  | ort      | (        | 2.0         | WN        | <b>/IP</b> 1  | Plai        | n          | •            | Con | nme | ents      |
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| • Oth      |                              | lres              | S                      | W                       | е                | s                 | t         |        | Н          | i      | g           | h       |        | S    | t    | r      | A<br>e     | nnu<br>e      | al l   | Rep  | ort      | (        | S           | WN        | <b>ЛР</b> ]   | Pla         | n          | • (          | Con | nme | ents      |
| • Oth      | Add<br>5<br>City             | 0                 |                        |                         | е                | S                 | t         |        | Н          |        | g           | h       |        | S    | t    |        |            | е             | t      |      |          | Zip      |             |           |               | Pla         | n          |              | Con | nme | ents      |
|            | Add<br>5<br>City<br>B        | 0<br>/<br>a       | s<br>1                 | W<br>1                  | е                | s                 | t         | n      | Н          | i      | g           | h       |        | S    | t    |        |            |               | t      |      |          |          |             | <b>WN</b> | 1P 1          | Pla         | n<br>      |              | Con | nme | ents      |
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This report is being submitted for the reporting period ending March 9, 2 0 2 1

|  | _          | SPL   | DES ID     |     |     |       |    |     |    |
|--|------------|-------|------------|-----|-----|-------|----|-----|----|
| Name of MS4/Coalition Saratoga County ISWM Program   |            | N     | YR         | 2   | 0   | С     | 0  | 0   | 6  |
| 4.a. If this report was made available on the internet, what da  | ate was it | t po  | sted?      | ,   |     |       |    |     |    |
| Leave blank if this report was not posted on the internet.   | 0          | 5     | <b>/</b> 3 | 1   | /   | 2     | 0  | 2   | 1  |
| 4.b. For how many days was/will this report be posted?   |            |       |            |     |     |       | 9  | 9   | 9  |
| If submitting a report for single MS4, answer 5.a If submitt   | ing a joir | nt re | eport,     | ans | wei | r 5.1 | b  |     |    |
| <b>5.a. Was an Annual Report public meeting held in this report</b> If Yes, what was the date of the meeting?  | ing perio  | od?   | /          |     |     | Ye    | es |     | No |
| If No, is one planned?   |            |       |            |     | С   | Ye    | es | •   | No |
| 5.b. Was an Annual Report public meeting held for all MS4s   | contribu   | ıtin  | g to t     | his | rep | ort   | du | rin | ıg |
| this reporting period?   |            |       |            |     | С   | Ye    | es |     | No |
| If No, is one planned for each?  |            |       |            |     | С   | Ye    | es |     | No |
| 6. Were comments received during this reporting period?  If Yes, attach comments, responses and changes made to SWMP in response to comments to this report. |            |       |            |     | С   | Ye    | es |     | No |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$ 

|  | 5         | SPD  | <u>ES IL</u> | )   |       |       |    |          |    |
|--|-----------|------|--------------|-----|-------|-------|----|----------|----|
| Name of MS4/Coalition Village of Ballston Spa  |           | N    | YR           | 2   | 0     | А     | 3  | 7        | 6  |
| 4.a. If this report was made available on the internet, what date  | e was it  | po   | sted'        | •   |       |       |    |          |    |
| Leave blank if this report was not posted on the internet.   |           |      | /            |     | /     | 2     | 0  | 2        | 0  |
| 4.b. For how many days was/will this report be posted?   |           |      |              |     |       |       |    |          |    |
| If submitting a report for single MS4, answer 5.a If submitting  | ng a join | t re | port,        | ans | we    | r 5.l | b  |          |    |
| <b>5.a. Was an Annual Report public meeting held in this reporting</b> If Yes, what was the date of the meeting? | ng perio  | d?   | /            |     | _<br> | Ye    | S  | <b>✓</b> | No |
| If No, is one planned?   |           |      |              |     |       | ]Ye   | s  | <b>V</b> | No |
| 5.b. Was an Annual Report public meeting held for all MS4s co  | ontribu   | tin  | g to t       | his | rep   | ort   | du | ırin     | g  |
| this reporting period?   |           |      |              |     |       | ]Ye   | S  | V        | No |
| If No, is one planned for each?  |           |      |              |     |       | ]Ye   | S  | <b>√</b> | No |
| 6. Were comments received during this reporting period?  If You attack comments responses and changes made to    |           |      |              |     |       | ∃Ye   | s  |          | No |
| If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.              |           |      |              |     |       |       |    |          |    |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|   | SI   | PD          | ES I | D_          |      |     |               |      |      |    |
|---|------|-------------|------|-------------|------|-----|---------------|------|------|----|
| Name of MS4/Coalition Town of Ballston  | N    | 1           | Y    | 2           | 2    | 0   | А             | 1    | 5    | 7  |
| 4.a. If this report was made available on the internet, what date was   | it p | <b>po</b> : | sted | !?          |      |     |               |      |      |    |
| Leave blank if this report was not posted on the internet.  |      |             | /    |             |      | /   |               |      |      |    |
| 4.b. For how many days was/will this report be posted?  |      |             |      |             |      |     |               | 3    | 6    | 5  |
| If submitting a report for single MS4, answer 5.a If submitting a jo  | int  | re          | port | t, <i>a</i> | ans  | wei | r <b>5.</b> l | b    |      |    |
| 5.a. Was an Annual Report public meeting held in this reporting per If Yes, what was the date of the meeting?         | ioc  | 1?          | /[   |             |      | /   | ]Ye           | es   |      | No |
| If No, is one planned?  |      |             |      |             |      |     | ]Ye           | es   |      | No |
| 5.b. Was an Annual Report public meeting held for all MS4s contrib  | outi | ing         | g to | th          | is 1 | rep | ort           | t dı | ırin | ıg |
| this reporting period?  |      |             |      |             |      |     | ]Ye           | es   | •    | No |
| If No, is one planned for each?   |      |             |      |             |      |     | ]Ye           | es   | •    | No |
| <b>6.</b> Were comments received during this reporting period? If Yes, attach comments, responses and changes made to |      |             |      |             |      |     | ]Ye           | es   | •    | No |
| SWMP in response to comments to this report   |      |             |      |             |      |     |               |      |      |    |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$  1

|   |         | SPD   | ES ID      | ,   | , ,     |       |    |     |    |
|---|---------|-------|------------|-----|---------|-------|----|-----|----|
| Name of MS4/Coalition Town of Charlton  |         | N     | YR         | 2   | 0       | А     | 0  | 3   | 2  |
| 4.a. If this report was made available on the internet, what date   | was it  | t pos | sted?      | •   |         |       |    |     |    |
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| 4.b. For how many days was/will this report be posted?  |         |       |            |     |         |       | 9  | 9   | 9  |
| If submitting a report for single MS4, answer 5.a If submitting   | a join  | nt re | port,      | ans | wei     | r 5.1 | b  |     |    |
| <b>5.a. Was an Annual Report public meeting held in this reporting</b> If Yes, what was the date of the meeting?  | g perio | od?   | /          |     | )<br>]/ | Ye    | es | •   | No |
| If No, is one planned?  |         |       |            |     | 0       | Ye    | es | •   | No |
| 5.b. Was an Annual Report public meeting held for all MS4s con  | ıtribu  | ting  | g to t     | his | rep     | ort   | du | rin | ıg |
| this reporting period?  |         |       |            |     | 0       | Ye    | es |     | No |
| If No, is one planned for each?   |         |       |            |     | 0       | Ye    | es |     | No |
| 6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report. |         |       |            |     | 0       | Ye    | es |     | No |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|  | SPDI           | ES ID   |       |        |      |      |    |
|--|----------------|---------|-------|--------|------|------|----|
| Name of MS4/Coalition TOWN OF CLIFTON PARK   | N .            | YR      | 2     | 0 A    | 0    | 3    | 5  |
| 4.a. If this report was made available on the internet, what da  | te was it pos  | sted?   |       |        |      |      |    |
| Leave blank if this report was not posted on the internet.   | 0 5            | / 0     | 1     | / 2    | 0    | 2    | 1  |
| 4.b. For how many days was/will this report be posted?   |                |         |       |        | 3    | 6    | 5  |
| If submitting a report for single MS4, answer 5.a If submitti  | ing a joint re | port,   | ansv  | ver 5. | .b   |      |    |
| <b>5.a. Was an Annual Report public meeting held in this report</b> If Yes, what was the date of the meeting?  | ing period?    | /       |       | ○ Ye   | es   |      | No |
| If No, is one planned?   |                |         |       | O Ye   | es   |      | No |
| 5.b. Was an Annual Report public meeting held for all MS4s   | contributing   | g to th | nis r | epor   | t du | ırin | ıg |
| this reporting period?   |                |         |       | O Ye   | es   |      | No |
| If No, is one planned for each?  |                |         |       | O Ye   | es   |      | No |
| 6. Were comments received during this reporting period?  If Yes, attach comments, responses and changes made to SWMP in response to comments to this report. |                |         |       | ○ Y€   | es   |      | No |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|  |            | SPL   | )ES  | שו    |      |       |             |           |         |
|--|------------|-------|------|-------|------|-------|-------------|-----------|---------|
| Name of MS4/Coalition Town of Greenfield   |            | N     | Y    | R     | 2    | 0 7   | 1           | 2         | 3       |
| 4.a. If this report was made available on the internet, what da  | ite was it | t po  | ste  | d?    |      |       |             |           |         |
| Leave blank if this report was not posted on the internet.   | 0          | 4     | 1    | 0     | 8    | 1 [   | 2 0         | 2         | 1       |
| 4.b. For how many days was/will this report be posted?   |            |       |      |       |      |       |             | 4 4       | 1       |
| If submitting a report for single MS4, answer 5.a If submitt   | ing a joir | nt re | epoi | rt, a | ansv | wer : | 5.b         |           |         |
| <b>5.a. Was an Annual Report public meeting held in this report</b> If Yes, what was the date of the meeting?  | ing perio  | od?   | /[   | 0     | 8    | X \   | es<br>2 0   | 0 N       | lo<br>1 |
| If No, is one planned?   |            |       |      |       |      | O \   | <i>l</i> es | $\circ$ N | lo      |
| 5.b. Was an Annual Report public meeting held for all MS4s   | contribu   | tin   | g to | ) th  | is 1 | repo  | rt d        | uring     | 5       |
| this reporting period?   |            |       |      |       |      | 0 \   | es          |           | lo      |
| If No, is one planned for each?  |            |       |      |       |      | O \   | l'es        | • N       | lo      |
| <b>6.</b> Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report. |            |       |      |       |      | O \   | l'es        | • N       | lo      |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ 

|   |            | SPL   | DES ID     |     |     |      |      |         |    |
|---|------------|-------|------------|-----|-----|------|------|---------|----|
| Name of MS4/Coalition Town of Halfmoon  |            | N     | YR         | 2   | 0   | А    | 3    | 7       | 5  |
| 4.a. If this report was made available on the internet, what da   | ite was it | t po  | sted?      | ,   |     |      |      |         |    |
| Leave blank if this report was not posted on the internet.  | 0          | 6     | <b>/</b> 0 | 1   | /   | 2    | 0    | 2       | 1  |
| 4.b. For how many days was/will this report be posted?  |            |       |            |     |     |      | 9    | 9       | 9  |
| If submitting a report for single MS4, answer 5.a If submitt  | ing a joir | nt re | eport,     | ans | we  | r 5. | b    |         |    |
| 5.a. Was an Annual Report public meeting held in this report  | ing perio  | od?   | •          |     | 0   | Υε   | es   | $\circ$ | No |
| If Yes, what was the date of the meeting?   | 0          | 4     | / 0        | 7   | /   | 2    | 0    | 2       | 1  |
| If No, is one planned?  |            |       |            |     | С   | Υe   | es   | 0       | No |
| 5.b. Was an Annual Report public meeting held for all MS4s  | contribu   | ıtin  | g to t     | his | rep | ort  | t du | ırin    | ıg |
| this reporting period?  |            |       |            |     | С   | Υe   | es   |         | No |
| If No, is one planned for each?   |            |       |            |     | С   | Υe   | es   |         | No |
| 6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report. |            |       |            |     | С   | Υe   | es   | •       | No |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|  | _          | SPL   | DES ID |       |          |       |       | _ |
|--|------------|-------|--------|-------|----------|-------|-------|---|
| Name of MS4/Coalition Town of Malta  |            | N     | YR     | 2     | 0 4      | 0     | 8 6   | 5 |
| 4.a. If this report was made available on the internet, what da  | nte was it | t po  | sted?  | ,     |          |       |       | _ |
| Leave blank if this report was not posted on the internet.   | 0          | 4     | / 0    | 7     | 1 2      | 2 0   | 2 0   | ) |
| 4.b. For how many days was/will this report be posted?   |            |       |        |       |          | 9     | 9 9   | } |
| If submitting a report for single MS4, answer 5.a If submitt   | ing a joir | nt re | eport, | ans   | wer 5    | 5.b   |       |   |
| <b>5.a. Was an Annual Report public meeting held in this report</b> If Yes, what was the date of the meeting?  | ing perio  | od?   | /      |       | \        | es    | • N   | 0 |
| If No, is one planned?   |            |       |        |       |          | es    | ● N   | o |
| 5.b. Was an Annual Report public meeting held for all MS4s   | contribu   | tin   | g to t | his 1 | repo     | rt di | uring |   |
| this reporting period?   |            |       |        |       | <u> </u> | es    | □N    | O |
| If No, is one planned for each?  |            |       |        |       |          | es    | □N    | 0 |
| 6. Were comments received during this reporting period?  If You attach comments, responses and changes made to |            |       |        |       |          | es    | •N    | 0 |
| If Yes, attach comments, responses and changes made to SWMP in response to comments to this report             |            |       |        |       |          |       |       |   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$  1

|  | 5         | SPD  | ES ID  | )   |           |       |      |    |
|--|-----------|------|--------|-----|-----------|-------|------|----|
| Name of MS4/Coalition City of Mechanicville  |           | N    | YR     | 2   | 0 A       | 5     | 5    | 1  |
| 4.a. If this report was made available on the internet, what dat   | te was it | po   | sted?  | •   |           |       |      |    |
| Leave blank if this report was not posted on the internet.   | 0         | 6    | / 0    | 1   | ]         | 2 0   | 2    | 1  |
| 4.b. For how many days was/will this report be posted?   |           |      |        |     |           | 3     | 6    | 5  |
| If submitting a report for single MS4, answer 5.a If submitting  | ng a join | t re | port,  | ans | wer 5     | 5.b   |      |    |
| <b>5.a. Was an Annual Report public meeting held in this reporting</b> If Yes, what was the date of the meeting?   | ng perio  | od?  | /      |     | O Y       | es    |      | No |
| If No, is one planned?   |           |      |        |     | $\circ$ Y | es    | •    | No |
| 5.b. Was an Annual Report public meeting held for all MS4s c   | ontribu   | tinş | g to t | his | repo      | rt d  | urir | ıg |
| this reporting period?   |           |      |        |     | $\circ$ 7 | es    | 0    | No |
| If No, is one planned for each?  |           |      |        |     | $\circ$ Y | es    | 0    | No |
| 6. Were comments received during this reporting period?  If Yes, attach comments, responses and changes made to SWMP in response to comments to this report. |           |      |        |     | $\circ$ Y | es es | •    | No |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$ 

|   |          | SPD   | ES ID  | )   |          |       |     |      |
|---|----------|-------|--------|-----|----------|-------|-----|------|
| Name of MS4/Coalition TOWN OF MILTON  |          | N     | YR     | 2   | 0        | A     | 1 ( | 0 8  |
| 4.a. If this report was made available on the internet, what date   | was it   | t po  | sted?  | •   |          |       |     |      |
| Leave blank if this report was not posted on the internet.  | 0        | 6     | / 0    | 1   | ]/[      | 2     | 0 2 | 2 1  |
| 4.b. For how many days was/will this report be posted?  |          |       |        |     |          |       | 3 ( | 6 5  |
| If submitting a report for single MS4, answer 5.a If submitting   | g a joir | nt re | port,  | ans | wer      | · 5.ŀ | b   |      |
| 5.a. Was an Annual Report public meeting held in this reporting If Yes, what was the date of the meeting?   | g perio  | od?   | /      |     | )<br>]/[ | Ye    | S   | ● No |
| If No, is one planned?  |          |       |        |     | 0        | Ye    | s   | • No |
| 5.b. Was an Annual Report public meeting held for all MS4s co   | ntribu   | tin   | g to t | his | rep      | ort   | duı | ring |
| this reporting period?  |          |       |        |     | 0        | Ye    | S   | • No |
| If No, is one planned for each?   |          |       |        |     | 0        | Ye    | s   | • No |
| 6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report. |          |       |        |     | 0        | Ye    | s   | • No |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|      |  |                                    |                          | SP         | DES ID   |      |            |       |      |    |
|------|--|------------------------------------|--------------------------|------------|----------|------|------------|-------|------|----|
| Nan  | ne of MS4/Coalition TOWN OF MO   | REAU                               |                          | N          | YR       | 2    | 0          | A 1   | 5    | 8  |
| 4.a  | . If this report was made availa<br>Leave blank if this report was no                                | able on the interest posted on the | net, what date internet. | was it po  | osted?   |      | /[         |       |      |    |
| 4.b  | . For how many days was/will t   | this report be po                  | osted?                   |            |          |      |            | 9     | 9    | 9  |
|      | If submitting a report for single  | MS4, answer 5.a                    | If submitting            | a joint re | eport, a | ansv | ver        | 5.b   |      |    |
| 5.a. | If Yes, what was the date of the If No, is one planned?  | meeting held in                    | n this reporting         | period?    | 1        |      | )<br> <br> | Yes   |      |    |
| 5.b. | Was an Annual Report public  | meeting held fo                    | or all MS4s con          | tributin   | g to th  | is r | еро        | rt du | ırin | g  |
|      | this reporting period?   |                                    |                          |            |          |      | ं ऽ        |       | • 1  |    |
|      | If No, is one planned for each   | ?                                  |                          |            |          |      | $\circ$ 7  | l'es  | • N  | No |
| 1    | Were comments received during<br>f Yes, attach comments, response<br>SWMP in response to comments to | es and changes n                   | period?<br>nade to       |            |          |      | $\circ$ Y  | l'es  | • N  | 10 |

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$ 

|   | SPDES ID  |       |        |     |      |      |     |    |  |  |  |
|---|-----------|-------|--------|-----|------|------|-----|----|--|--|--|
| Name of MS4/Coalition Village of Round Lake   |           | N     | YR     | 2   | 0 2  | 0 A  | 9   | 9  |  |  |  |
| 4.a. If this report was made available on the internet, what dat  | te was it | t po  | sted   | ?   |      |      |     |    |  |  |  |
| Leave blank if this report was not posted on the internet.  | 0         | 5     | / 0    |     | 1    |      |     |    |  |  |  |
| 4.b. For how many days was/will this report be posted?  |           |       |        |     |      | 3    | 6   | 5  |  |  |  |
| If submitting a report for single MS4, answer 5.a If submitting   | ng a joir | nt re | eport. | ans | swer | 5.b  |     |    |  |  |  |
| 5.a. Was an Annual Report public meeting held in this reporting If Yes, what was the date of the meeting?       | ng perio  | od?   | 10     |     | 0.   | Yes  | •   | No |  |  |  |
| in res, what was the date of the meeting.   | U         |       | 1      | 1   | 1    |      | 1_  |    |  |  |  |
| If No, is one planned?  |           |       |        |     | 0    | Yes  |     | No |  |  |  |
| 5.b. Was an Annual Report public meeting held for all MS4s c  | ontribu   | tin   | g to 1 | his | repo | rt d | uri | ng |  |  |  |
| this reporting period?  |           |       |        |     | 0    | Yes  | 0   | No |  |  |  |
| If No, is one planned for each?   |           |       |        |     | 0    | Yes  | •   | No |  |  |  |
| 6. Were comments received during this reporting period?  If Yes, attach comments, responses and changes made to |           |       |        |     | 0    | Yes  | 0   | No |  |  |  |
| SWMP in response to comments to this report   |           |       |        |     |      |      |     |    |  |  |  |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ 

|                       |  | _        | SPL   | <u>DES IL</u> | )   |      |       |      |     |  |  |  |  |
|-----------------------|--|----------|-------|---------------|-----|------|-------|------|-----|--|--|--|--|
| Name of MS4/Coalition | Saratoga County, Department of Public Works  |          | N     | YR            | 2   | 0    | A 2   | 2 0  | 9   |  |  |  |  |
| -                     | was made available on the internet, what date  | was it   | t po  | sted          | ?   |      |       |      |     |  |  |  |  |
| Leave blank if        | this report was not posted on the internet.  |          |       | /             |     | /    |       |      |     |  |  |  |  |
| 4.b. For how man      | 1.b. For how many days was/will this report be posted?   |          |       |               |     |      |       |      |     |  |  |  |  |
| If submitting a       | report for single MS4, answer 5.a If submitting  | g a joir | nt re | eport,        | ans | wer  | 5.b.  |      |     |  |  |  |  |
|                       | 5.a. Was an Annual Report public meeting held in this reporting period?  If Yes, what was the date of the meeting? |          |       |               |     |      |       |      |     |  |  |  |  |
| If No, is one         | e planned?   |          |       |               |     |      | Yes   | •    | ]No |  |  |  |  |
| 5.b. Was an Annu      | al Report public meeting held for all MS4s co  | ntribu   | tin   | g to t        | his | repo | ort d | luri | ng  |  |  |  |  |
| this reporting        | g period?  |          |       |               |     |      | Yes   |      | ]No |  |  |  |  |
| If No, is one         | e planned for each?  |          |       |               |     |      | Yes   |      | ]No |  |  |  |  |
|                       | ts received during this reporting period? omments, responses and changes made to                                   |          |       |               |     |      | Yes   | •    | ]No |  |  |  |  |
|                       | onse to comments to this report  |          |       |               |     |      |       |      |     |  |  |  |  |

#### **MS4** Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| *                     |  |               | SPL   | )ES      | ID_   |      |       | ,    |      |
|-----------------------|--|---------------|-------|----------|-------|------|-------|------|------|
| Name of MS4/Coalition | City of Saratoga Springs   |               | N     | Y        | R     | 2    | A 0   | 2    | 1 6  |
|                       | was made available on the internet, wha  | t date was i  | it po | ste      | d?    |      |       |      |      |
| Leave blank if        | this report was not posted on the internet.  | 0             | 4     | /        | 2     | 0    | / 2   | 0    | 2 1  |
| 4.b. For how many     | y days was/will this report be posted?   |               |       |          |       |      |       | 9    | 9 9  |
| If submitting a       | report for single MS4, answer 5.a If sub-  | mitting a joi | nt r  | epoi     | rt, a | nsv  | ver 5 | .b   |      |
|                       | al Report public meeting held in this reput was the date of the meeting?   | porting per   | iod   | ?<br>]/[ | i     |      | O Y   | es   | • No |
| If No, is one         | e planned?   |               |       |          |       |      | ○ Y   | es   | • No |
| 5.b. Was an Annu      | al Report public meeting held for all M  | S4s contrib   | utin  | ıg to    | o th  | is r | epor  | t dı |      |
| this reporting        | g period?  |               |       |          |       |      | OY    | es   | • No |
| If No, is one         | e planned for each?  |               |       |          |       |      | OY    | es   | No   |
| If Yes, attach co     | ts received during this reporting period omments, responses and changes made to onse to comments to this report. | ?             |       |          |       |      | O Y   | es   | • No |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ 

|  | _           | SPL   | DES IL | )   |     |       |    |      |    |
|--|-------------|-------|--------|-----|-----|-------|----|------|----|
| Name of MS4/Coalition South Glens Falls  |             | N     | YR     | 2   | 0   | А     | 0  | 9    | 1  |
| 4.a. If this report was made available on the internet, what de                                    | ate was it  | t po  | sted   |     |     |       |    |      |    |
| Leave blank if this report was not posted on the internet.   |             |       | /      |     | /   |       |    |      |    |
| 4.b. For how many days was/will this report be posted?   |             |       | 3      | 6   | 5   |       |    |      |    |
| If submitting a report for single MS4, answer 5.a If submit  | ting a joir | nt re | eport, | ans | we  | r 5.1 | b  |      |    |
| 5.a. Was an Annual Report public meeting held in this repor  | C           | Ye    | es     |     | No  |       |    |      |    |
| If Yes, what was the date of the meeting?  |             |       | / _    |     | /   |       |    |      |    |
| If No, is one planned?   |             |       |        |     | С   | Ye    | es | •    | No |
| 5.b. Was an Annual Report public meeting held for all MS4s   | s contribu  | ıtin  | g to t | his | rep | ort   | du | ırin | ıg |
| this reporting period?   |             |       |        |     | С   | Ye    | es |      | No |
| If No, is one planned for each?  |             |       |        |     | С   | Ye    | es |      | No |
| 6. Were comments received during this reporting period?  |             |       |        |     | С   | Ye    | es |      | No |
| If Yes, attach comments, responses and changes made to SWMP in response to comments to this report |             |       |        |     |     |       |    |      |    |

| MS4 | Ann | ual | Re | port | Forn | 1 |
|-----|-----|-----|----|------|------|---|
|     |     |     |    |      |      |   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ 

|   |          | SPD   | ES IE      | )   |     |       |      |    |
|---|----------|-------|------------|-----|-----|-------|------|----|
| Name of MS4/Coalition Town of Stillwater  |          | N     | YR         | 2   | 0   | A !   | 5 4  | 9  |
| 4.a. If this report was made available on the internet, what date   | e was it | pos   | sted'      | •   |     |       |      |    |
| Leave blank if this report was not posted on the internet.  | 0        | 6     | <b>/</b> 0 | 1   | 1   | 2     | 2    | 1  |
| 4.b. For how many days was/will this report be posted?  |          |       |            |     |     |       | 3 6  | 5  |
| If submitting a report for single MS4, answer 5.a If submittin  | g a join | it re | port,      | ans | wer | 5.b.  |      |    |
| 5.a. Was an Annual Report public meeting held in this reporting If Yes, what was the date of the meeting?   | g perio  | od?   | 1          |     | 0   | Yes   | 0    | No |
| If No, is one planned?  |          |       |            |     | 0   | Yes   | C    | No |
| 5.b. Was an Annual Report public meeting held for all MS4s co   | ntribu   | ting  | to t       | his | rep | ort ( | luri | ng |
| this reporting period?  |          |       |            |     | 0   | Yes   | 9    | No |
| If No, is one planned for each?   |          |       |            |     | 0   | Yes   |      | No |
| 6. Were comments received during this reporting period?  If Yes, attach comments, responses and changes made to SWMP in response to comments to this report |          |       |            |     | 0   | Yes   | 9    | No |

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 2 \end{bmatrix}$ 

|  |           | SPD   | ES ID  | )   |           |      |      |    |
|--|-----------|-------|--------|-----|-----------|------|------|----|
| Name of MS4/Coalition Village of Stillwater  |           | N     | YR     | 2   | 0 2       | 5    | 4    | 7  |
| 4.a. If this report was made available on the internet, what dat   | e was it  | po    | sted:  | )   |           |      |      |    |
| Leave blank if this report was not posted on the internet.   | 0         | 6     | / 0    | 1   | 1 2       | 0    | 2    | 1  |
| 4.b. For how many days was/will this report be posted?   |           |       |        |     |           | 3    | 6    | 5  |
| If submitting a report for single MS4, answer 5.a If submitting  | ng a join | nt re | port,  | ans | wer 5     | 5.b  |      |    |
| 5.a. Was an Annual Report public meeting held in this reporting If Yes, what was the date of the meeting?  | ng perio  | od?   | /      |     | 0)        | es   | 0    | No |
| If No, is one planned?   |           |       |        |     | Ø Y       | 'es  | 0    | No |
| 5.b. Was an Annual Report public meeting held for all MS4s co  | ontribu   | ting  | g to t | his | repo      | rt d | uriı | ıg |
| this reporting period?   |           |       |        |     | $\circ$ ) | 'es  | 0    | No |
| If No, is one planned for each?  |           |       |        |     | $\circ$   | 'es  | 0    | No |
| 6. Were comments received during this reporting period?  If Yes, attach comments, responses and changes made to SWMP in response to comments to this report. |           |       |        |     | 07        | 'es  | 0    | No |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ 

|   | _          | SPI  | <u>DES II</u> | )    |     |     |      |      |    |  |  |  |  |  |
|---|------------|------|---------------|------|-----|-----|------|------|----|--|--|--|--|--|
| Name of MS4/Coalition Town of Waterford   |            | N    | YF            | 2    | 0   | А   | 0    | 3    | 7  |  |  |  |  |  |
| 4.a. If this report was made available on the internet, what da   | ate was it | t po | sted          | ?    |     |     |      |      |    |  |  |  |  |  |
| Leave blank if this report was not posted on the internet.  | 0          | 5    | / [1          | . 8  | ]/  | 2   | 0    | 2    | 1  |  |  |  |  |  |
| 4.b. For how many days was/will this report be posted?  |            |      | 9             | 9    | 9   |     |      |      |    |  |  |  |  |  |
| If submitting a report for single MS4, answer 5.a If submitting a joint report, answer 5.b  |            |      |               |      |     |     |      |      |    |  |  |  |  |  |
| <b>5.a. Was an Annual Report public meeting held in this report</b> If Yes, what was the date of the meeting?   |            | Ye   | es            |      | No  |     |      |      |    |  |  |  |  |  |
| If No, is one planned?  |            |      |               |      | С   | Ye  | es   | • ]  | No |  |  |  |  |  |
| 5.b. Was an Annual Report public meeting held for all MS4s  | contribu   | ıtin | g to          | this | rep | ort | t du | ırin | g  |  |  |  |  |  |
| this reporting period?  |            |      | _             |      | C   | Ye  | es   | 0]   | No |  |  |  |  |  |
| If No, is one planned for each?   |            |      |               |      | С   | Ye  | es   | 0]   | No |  |  |  |  |  |
| 6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report. |            |      |               |      | С   | Ye  | es   | • ]  | No |  |  |  |  |  |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ 

|   |      | SPL       | ES I | D     |     |       |     | ,    |     |
|---|------|-----------|------|-------|-----|-------|-----|------|-----|
| Name of MS4/Coalition Village of Waterford  |      | N         | Y .  | R 2   | 2   | 0 A   | 4   | 6    | 9   |
| 4.a. If this report was made available on the internet, what date wa  | s it | po        | stec | 1?    |     |       |     |      |     |
| Leave blank if this report was not posted on the internet.  | 6    | /         | /    | 0 9   | 9   | / 2   | 0   | 2    | 1   |
| 4.b. For how many days was/will this report be posted?  |      |           | 9    | 9     | 9   |       |     |      |     |
| If submitting a report for single MS4, answer 5.a If submitting a j   | join | ıt re     | por  | t, ar | ısv | ver 5 | .b  |      |     |
| 5.a. Was an Annual Report public meeting held in this reporting policy. If Yes, what was the date of the meeting?   |      | □Y<br>/ [ | es   | •     | No  |       |     |      |     |
| If No, is one planned?  |      |           |      |       |     | □Y    | es  | •    | No  |
| 5.b. Was an Annual Report public meeting held for all MS4s contri   | ibu  | tin       | g to | thi   | s r | epoi  | t d | urir | ıg  |
| this reporting period?  |      |           |      |       |     | ΠY    | es  | •    | No  |
| If No, is one planned for each?   |      |           |      |       |     | ΠY    | es  | •    | ]No |
| 6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report. |      |           |      |       |     | ΠY    | es  | •    | No  |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|   |            | SPD  | <u>ES IL</u> | )   |     |     |    |      |    |  |  |  |  |  |
|---|------------|------|--------------|-----|-----|-----|----|------|----|--|--|--|--|--|
| Name of MS4/Coalition Town of Wilton  |            | N    | YR           | 2   | 0   | А   | 1  | 1    | 4  |  |  |  |  |  |
| 4.a. If this report was made available on the internet, what da   | ate was it | po   | sted:        | ,   |     |     |    |      |    |  |  |  |  |  |
| Leave blank if this report was not posted on the internet.  | 0          | 5    | / 1          | 4   | /   | 2   | 0  | 2    | 1  |  |  |  |  |  |
| 4.b. For how many days was/will this report be posted?  |            |      | 9            | 9   | 9   |     |    |      |    |  |  |  |  |  |
| If submitting a report for single MS4, answer 5.a If submitting a joint report, answer 5.b  |            |      |              |     |     |     |    |      |    |  |  |  |  |  |
| <b>5.a. Was an Annual Report public meeting held in this report</b> If Yes, what was the date of the meeting?   | )<br>]/    | Ye   | es           |     | No  |     |    |      |    |  |  |  |  |  |
| If No, is one planned?  |            |      |              |     | 0   | Ye  | es | 0    | No |  |  |  |  |  |
| 5.b. Was an Annual Report public meeting held for all MS4s  | contribu   | ting | g to t       | his | rep | ort | du | ırin | g  |  |  |  |  |  |
| this reporting period?  |            |      | 3            |     | _   | Ye  |    |      | No |  |  |  |  |  |
| If No, is one planned for each?   |            |      |              |     | 0   | Ye  | es |      | No |  |  |  |  |  |
| 6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report. |            |      |              |     | 0   | Ye  | es |      | No |  |  |  |  |  |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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

|  | _ | SPL | )ES | ID |   |   |   |   |   |   |
|--|---|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition Saratoga County ISWM Program |   | N   | Y   | R  | 2 | 0 | С | 0 | 0 | 6 |

#### 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.

Due to the pandemic-reponse, and the late notification (48 days after March 10, 2021) by the Department to use the updated Adobe E-sign MCC Form, the ISWM Program has had to deviate from our Combined AR SOP. Interim Measurable Goal:

Facilitation of on-time, individual Saratoga County Local MS4s' 2021 Annual Reports, including this addendum thereto.

# B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Annual Reporting:

DUE TO CORONAVIRUS/COVID-19 PANDEMIC RESPONSE IT IS UNCLEAR, AT THIS TIME, IF THE Annual Report GOAL WILL BE MET by all MS4s; TBD

Volunteerism and Stewardship:

0% Participation by all registered volunteer groups - this goal has not been met due to the pandemic.

C. How many times was this observation measured or evaluated in this reporting period?

|   |      | 2    |      |       |      |          |   |
|---|------|------|------|-------|------|----------|---|
| : | samp | les/ | par: | tici, | pant | s/events | 3 |

D. Has your MS4 made progress toward this measurable goal during this reporting period?

| - | $\mathbf{V}_{\mathbf{a}\mathbf{c}}$ | → 3 T               |  |
|---|-------------------------------------|---------------------|--|
|   |                                     | $- \cap \mathbf{N}$ |  |

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

| <b>V</b> | $\bigcirc$ NI | _  |
|----------|---------------|----|
| Yes      | $\circ$ N     | O- |

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 Saratoga County Biological Monitoring & Assessment - Kayaderosseras Ck (BioMAK) and the Dwass Kill (BioMAD) in coordination with the NYS DEC WAVE Program;

Resume administration of all Adopt-A-Highway Programs, SOP of ISWM Program publication of a Combined Saratoga County MS4 Annual Report, post-pandemic.

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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

|   | SPL | <u>)ES</u> | עו |   |   |   |   |   |   |
|---|-----|------------|----|---|---|---|---|---|---|
| Name of MS4/Coalition Village of Ballston Spa | N   | Y          | R  | 2 | 0 | А | 3 | 7 | 6 |
|   |     |            |    |   |   |   |   |   |   |

#### 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;

Continue cooperation and coordination with the Town of Milton Hazardous Household clean-up and recycling event (was not held in this reporting period due to COVID);

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 (5/2/20) and Fall (11/7/19) Clean Ups;

Continued to see good participation at Village events.

| <b>C</b> . 1 | How | many | times | was | this | obser | vation | measured | lor | eval | luated | l in | this | report | ting | period | 1? |
|--------------|-----|------|-------|-----|------|-------|--------|----------|-----|------|--------|------|------|--------|------|--------|----|
|--------------|-----|------|-------|-----|------|-------|--------|----------|-----|------|--------|------|------|--------|------|--------|----|

|  |                     | 3               |      |
|--|---------------------|-----------------|------|
|  | (ex.: samples/pai   | sticipants/even | its) |
| D. Has your MS4 made progress toward this measurable goal during thi   | is reporting period | 1?              |      |
|  |                     | □No             |      |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWMPI | P?                  |                 |      |
|  | ∀es                 | □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.

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

| Name of MS4/Coalition Town of Ballston  |                                   |
|---|-----------------------------------|
| 7. Evaluating Progress Toward Measurable Goals MCM 2  |                                   |
| Use this page to report on your progress and project plans toward achieving meadentified in your Stormwater Management Program Plan (SWMPP), including III.C.1. Submit additional pages as needed.            | <del>-</del>                      |
| A. Briefly summarize the Measurable Goal identified in the SWMPP in this  | s reporting period.               |
| Continue to work with the ISWM program to discuss strategy for implementing changes to the MS4 permit within their respective programs. Draft language wi reviewed to address the new potential requirements. |                                   |
| B. Briefly summarize the observations that indicated the overall effectivene Goal.  | ess of this Measurable            |
| The ISWM program participants continue to coordinate monthly to discuss the implementing the potential changes to the MS4 permit within their respective p  |                                   |
| C. How many times was this observation measured or evaluated in this rep  |                                   |
| D. Has your MS4 made progress toward this measurable goal during this r   | (ex.: samples/participants/events |
|   | ● 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 the next reporting cycle (including an implementation schedule).  | <del>_</del>                      |
| Continue to work with the ISWM program to discuss strategy for implementing changes to the MS4 permit within their respective programs. Draft language wi reviewed to address the new potential requirements. | · •                               |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| if sublifiting this form as part of a joint report on behalf of a coantion le   |                                   |
|---|-----------------------------------|
| SI  | PDES ID                           |
| Name of MS4/Coalition Town of Charlton  | N   Y   R   2   0   A   0   3   2 |
|   |                                   |
| 7. Evaluating Progress Toward Measurable Goals MCM 2  |                                   |
| Use this page to report on your progress and project plans toward achieving a identified in your Stormwater Management Program Plan (SWMPP), including 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 fre giveaway. Continue waste collection and recycling events as possible, continue from the county MS4 program                      | 1 0                               |
| B. Briefly summarize the observations that indicated the overall effective Goal.  | veness of this Measurable         |
| Attendance at tree planting giveaway and roadside pickup events increases a   | annually.                         |
| C. How many times was this observation measured or evaluated in this  | reporting period?                 |
|   | 2                                 |
| D. Has your MS4 made progress toward this measurable goal during th   | is reporting period?  • Yes ○ No  |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWMP   |                                   |
| 13 your 14154 on senedule to meet the deadline set for the ill the 5 w 1411   | • Yes O No                        |
| F. Briefly summarize the stormwater activities planned to meet the goal the next reporting cycle (including an implementation schedule).  |                                   |
| Some continued interruption anticipated due to Covid-19 restrictions. Gene participation in County program and town wide cleanup events. Events are April on a weekend and were canceled again this year. | • •                               |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| II Submittin                 | ig this form as part of a joint rep  | ort on benan of a  | SPDES ID BIS                | ink.              |
|------------------------------|--|--------------------|-----------------------------|-------------------|
| Name of MSA/Coalition        | TOWN OF CLIFTON PARK   |                    | N Y R 2 0 A                 | 0 3 5             |
| Name of MS4/Coantion         |  |                    |                             |                   |
| 7. Evaluating Prog           | gress Toward Measurable G  | Soals MCM 2        |                             |                   |
| identified in your St        | ort on your progress and projection or mwater Management Progretional pages as needed.         | •                  |                             |                   |
| A. Briefly summar            | rize the Measurable Goal ide   | entified in the S  | WMPP in this reporting      | period.           |
| Continue to sponsor COVID19. | r and support local stewardshi   | ip activities. No  | stewardship walks because   | of                |
|                              | pate with the ISWM Program   | publication of a   | Combined Saratoga Count     | y MS4             |
| B. Briefly summar<br>Goal.   | rize the observations that inc   | dicated the over   | all effectiveness of this M | easurable         |
| The Town of Clifton          | n Park MS4 Annual Report w   | vas delivered con  | mplete and on-time.         |                   |
|                              |  |                    |                             |                   |
|                              |  |                    |                             |                   |
| C. How many time             | es was this observation meas   | sured or evaluat   | ted in this reporting perio |                   |
|                              |  |                    |                             |                   |
| D. Has your MS4 1            | made progress toward this n  | neasurable goal    | during this reporting per   | riod?<br>fes O No |
| F Is your MS4 on             | schedule to meet the deadli  | ne set forth in t  |                             | cs 0 No           |
| E. 18 your 14154 on          | schedule to meet the deading   | ne set forth in t  | ne Swiii i :<br>● Y         | es O No           |
| =                            | ize the stormwater activities ng cycle (including an imple                                     | _                  |                             | during            |
| Continue to particip         | ed measures detailed in the To<br>pate in the ISWM Program pu<br>Then instructions become avai | ıblication of a Co | ombined Saratoga County N   | AS4               |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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

| _                     |                    | SPL | DES | ID |   |   |   |   |   |   |
|-----------------------|--------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition | Town of Greenfield | N   | Y   | R  | 2 | 0 | А | 1 | 2 | 3 |

#### 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 (up to 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 2021 (pending social distancing). In 2020 the town held multiple road side and stream corridor cleanups (>7). Home household waste collection was offered once in 2020 (due to Covid), 89.83 tons of household waste material, 18.53 tons of recycled material and 31 pallets of electronic recyclables where collected and disposed of by the town. In 2021 the Town will continue participation in County program.

| $\boldsymbol{C}$ | How many  | times | was this  | observation | measured or | r evaluated in | this re  | norting i | neriod? |
|------------------|-----------|-------|-----------|-------------|-------------|----------------|----------|-----------|---------|
| $\sim$ .         | 110W many | umes  | was tills | obsci vanon | measured or | cvanuateu m    | unio i v | por ung   | periou. |

|       |      |      |      |       | 2    |          |
|-------|------|------|------|-------|------|----------|
| (ex.: | samp | les/ | parı | tici. | pant | s/events |

D. Has your MS4 made progress toward this measurable goal during this reporting period?

| Yes | $\circ$ No | ١ |
|-----|------------|---|
| 100 | $\sim$ 110 | , |

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

| $\bullet$ Yes $\bigcirc$ 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.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| If submitting this form as part of a joint report on behalf of a  | coalition leave SPDES ID blank.       |
|---|---------------------------------------|
|   | SPDES ID                              |
| Name of MS4/Coalition Town of Halfmoon  | N Y R 2 0 A 3 7 5                     |
| 7. Evaluating Progress Toward Measurable Goals MCM 2  |                                       |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed.                           |                                       |
| A. Briefly summarize the Measurable Goal identified in the S  | WMPP in this reporting period.        |
| Continue Clean-up events including Annual Spring Cleanup Event Cleanup Event. The SWMPP and annual reports (all) to be availated Department, during regular business hours to the general public of | ble for review at the Planning        |
| B. Briefly summarize the observations that indicated the over Goal.   | call effectiveness of this Measurable |
| Clean up event is held annually each spring. The SWMPP and an review at the Planning Department. No requests to review docum  | *                                     |
| C. How many times was this observation measured or evaluate   |                                       |
|   |                                       |
| D. Has your MS4 made progress toward this measurable goal   | (ex.: samples/participants/even       |
| D. Has your Mor made progress toward this measurable goal   | • Yes O No                            |
| E. Is your MS4 on schedule to meet the deadline set forth in t  | he SWMPP?<br>● Yes ○ No               |
| F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche   | et the goals of this MCM during       |
| Continue all specified measures detailed in the Town of Halfmoo Continue to participate in the ISWM Program publication of a CoAnnual Report.   |                                       |

| This report is | being submitted | for the reporting | period ending | March 9, | 2 | 0 | 2 | 1 |
|----------------|-----------------|-------------------|---------------|----------|---|---|---|---|
|                |                 |                   |               |          |   |   |   |   |

|  | SPDES ID                                    |
|--|---|
| Name of MS4/Coalition Town of Malta  | N Y R 2 0 A 0 8 6                           |
| 7. Evaluating Progress Toward Measurable Goals MCM 2   |   |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.  |   |
| A. Briefly summarize the Measurable Goal identified in the S   | WMPP in this reporting period.              |
| The Town of Malta will endeavor to continue outreach for volunt  | teers for drain marking.                    |
| B. Briefly summarize the observations that indicated the over Goal.  | rall effectiveness of this Measurable       |
| Due COVID19 restrictions, the Planning Department being under the public, the drain marking program did not have public participation.   | · · · · · · · · · · · · · · · · · · ·       |
| C. How many times was this observation measured or evaluate  | ted in this reporting period?               |
|  | (ex.: samples/participants/events           |
| D. Has your MS4 made progress toward this measurable goal  | l during this reporting period?  ☐ Yes • No |
| E. Is your MS4 on schedule to meet the deadline set forth in t   |   |
| F. Briefly summarize the stormwater activities planned to me<br>the next reporting cycle (including an implementation sche   | 9   |
| The Town of Malta will continue outreach for volunteers for drain effort in reaching out to the local high school Participation in Gornotices for volunteer opportunities on the Town website and the Snewsletter. | vernment program and posting                |

SPDES ID

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition                   | City of Mechanicville   |                |             | N Y R 2      | 0 A 5    | 5 5 1                   |
|---|---|----------------|-------------|--------------|----------|-------------------------|
| ·                                       |   |                |             |              | -        |                         |
| 7. Evaluating Prop                      | gress Toward Measurable Goa   | ls MCM 2       |             |              |          |                         |
| identified in your St                   | ort on your progress and project formwater Management Program tional pages as needed. | •              | _           |              | _        | Part                    |
| A. Briefly summar                       | rize the Measurable Goal ident  | ified in the S | WMPP in     | this repor   | ting per | iod.                    |
|   | ed in the Saratoga County CCE In and Involvement program.                             | SWM Progra     | m's Storm   | water Mana   | igement  |                         |
| B. Briefly summar Goal.                 | rize the observations that indica   | ated the over  | all effecti | veness of t  | his Meas | surable                 |
| All selected BMPs                       | detailed in the ISWM Program F  | Plan continue  | to be imple | emented.     |          |                         |
| C. How many time                        | es was this observation measur  | ed or evaluat  | ted in this | reporting    | period?  |                         |
|   |   |                |             |              |          | 1                       |
| D Has your MS4 i                        | made progress toward this mea   | ısurahle onal  | l during th |              |          | rticipants/events<br>17 |
| D. Has your wist                        | made progress toward this mea   | isurubic goui  | during th   | ns reporti   | <b>-</b> |                         |
| E. Is your MS4 on                       | schedule to meet the deadline   | set forth in t | he SWMP     | PP?          | • Yes    | ○ No                    |
| •                                       | rize the stormwater activities plang cycle (including an impleme                      |                | 0           | ls of this M | ICM du   | ring                    |
| The City will continuand Participation. | nue to implement the Saratoga C   | ounty ISWM     | Program f   | or Public I  | nvolvem  | ent                     |
|   |   |                |             |              |          |                         |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| if submitting this form as part of a joint report on behalf of a ec   |   |
|---|---|
| Name of MS4/Coalition City of Mechanicville   | SPDES ID    N   Y   R   2   0   A   5   5   1   |
| value of Mis I/ Countrion   |   |
| 7. Evaluating Progress Toward Measurable Goals MCM 2  |   |
| Use this page to report on your progress and project plans toward acidentified in your Stormwater Management Program Plan (SWMPP III.C.1. Submit additional pages as needed.  |   |
| A. Briefly summarize the Measurable Goal identified in the SW   | MPP in this reporting period.   |
| The City hosts solid waste drop-off days in an effort to reduce illeg collection of household appliances and mattresses. Hazardous wast   |   |
| B. Briefly summarize the observations that indicated the overal   | l affactivances of this Magsurabla  |
| · · · · · · · · · · · · · · · · · · ·   | refrectiveness of this fricasulable   |
| · · · · · · · · · · · · · · · · · · ·   | O, the City was only able to reekend, they hosted two   |
| Typically, this occurs in the spring and fall however, due to COVII accommodate fall pick-up. To account for the loss of their spring w weekends in the fall. County Waste is retained to collect anything to   | O, the City was only able to reekend, they hosted two hat the City cannot accommodate.  |
| Goal.  Typically, this occurs in the spring and fall however, due to COVII accommodate fall pick-up. To account for the loss of their spring w weekends in the fall. County Waste is retained to collect anything to.  C. How many times was this observation measured or evaluated   | D, the City was only able to reekend, they hosted two hat the City cannot accommodate.  d in this reporting period?  (ex.: samples/participants   |
| Goal.  Typically, this occurs in the spring and fall however, due to COVII accommodate fall pick-up. To account for the loss of their spring w weekends in the fall. County Waste is retained to collect anything to.  C. How many times was this observation measured or evaluated   | D, the City was only able to reekend, they hosted two hat the City cannot accommodate.  d in this reporting period?  (ex.: samples/participants   |
| Typically, this occurs in the spring and fall however, due to COVII accommodate fall pick-up. To account for the loss of their spring w weekends in the fall. County Waste is retained to collect anything to.  C. How many times was this observation measured or evaluated.  D. Has your MS4 made progress toward this measurable goal description. | O, the City was only able to reekend, they hosted two hat the City cannot accommodate.  In this reporting period?  (ex.: samples/participants)  (uring this reporting period?  Yes O No eswapperson.                  |
| Goal.  Typically, this occurs in the spring and fall however, due to COVII accommodate fall pick-up. To account for the loss of their spring w  | O, the City was only able to reekend, they hosted two hat the City cannot accommodate.  In this reporting period?  (ex.: samples/participants)  (uring this reporting period?  Yes O No  The goals of this MCM during |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|              |                                 |                                    |                 |                                    | SPD             | ES ID             |                    |
|--------------|---------------------------------|------------------------------------|-----------------|------------------------------------|-----------------|-------------------|--------------------|
| Name         | of MS4/Coalition                | City of Mechanicvil                | le              |                                    |                 |                   | 5 5 1              |
| Use t        | his page to rep                 | •                                  | ogress and proj | ect plans toward                   | _               | _                 |                    |
|              | •                               | tormwater Mar<br>itional pages as  | 0               | ram Plan (SWM                      | IPP), including | g requirements i  | n Part             |
| <b>A. B</b>  | riefly summa                    | rize the Meası                     | ırable Goal id  | entified in the                    | SWMPP in th     | is reporting p    | eriod.             |
| feedl        | •                               | ormwater man                       | •               | odate and encour<br>am, so the new | • •             | •                 |                    |
| B. B<br>Goal | •                               | rize the observ                    | vations that in | dicated the ove                    | erall effective | ness of this Me   | asurable           |
|              |                                 | s visitors to sub<br>ne City's SWM | •               | illicit discharge<br>and GHPPP.    | s, RSVP to evo  | ents such as cle  | anup               |
|              | ·                               |                                    |                 | sured or evalua                    |                 | (ex.: samples/    | participants/event |
|              | v                               | 1 8                                |                 | 8                                  | 8               | • Ye              | _                  |
| E. Is        | your MS4 or                     | schedule to n                      | neet the deadli | ine set forth in                   | the SWMPP?      | Yes               | s O No             |
|              | •                               |                                    |                 | es planned to mementation sch      |                 | of this MCM d     | uring              |
| 1            | City will utiliz<br>he website. | e its new Facel                    | oook page to n  | otify residents o                  | f the opportun  | ities for partici | oation             |
|              |                                 |                                    |                 |                                    |                 |                   |                    |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|                              |   |                      | SPDES ID               |                               |
|------------------------------|---|----------------------|------------------------|-------------------------------|
| Name of MS4/Coalition        | TOWN OF MILTON  |                      | N Y R 2                | 2 0 A 1 0 8                   |
| 7. Evaluating Pro            | ogress Toward Measurable  | e Goals MCM 2        |                        |                               |
| identified in your St        | oort on your progress and protormwater Management Protonal pages as needed. |                      | _                      | •                             |
| A. Briefly summa             | rize the Measurable Goal  | identified in the S  | WMPP in this repo      | rting period.                 |
| Participation in the Report. | ISWM Program publicatio   | on of a combined Sa  | aratoga County MS4     | Annual                        |
| B. Briefly summa<br>Goal.    | rize the observations that  | indicated the over   | rall effectiveness of  | this Measurable               |
| The Town of Milto            | on MS4 Annual Report was  | completed within t   | the required time fram | mes.                          |
|                              |   |                      |                        |                               |
| C. How many time             | es was this observation me  | easured or evalua    | ted in this reporting  | g period?                     |
|                              |   |                      |                        | 2                             |
| D. Has your MS4              | made progress toward thi  | is measurable goal   |                        | <pre>ing period?  • Yes</pre> |
| E. Is your MS4 on            | schedule to meet the dead   | dline set forth in t | he SWMPP?              | • V                           |
| •                            | rize the stormwater activiing cycle (including an im                        | -                    | - C                    | ● Yes ○ No<br>MCM during      |
| Participation in the         | ISWM Program publicatio   | on of a combined Sa  | aratoga County MS4     | Annual Report                 |
|                              |   |                      |                        |                               |
|                              |   |                      |                        |                               |
|                              |   |                      |                        |                               |

| This report is being submitted for the reporting period ending March 9, | 2 | 0 | 2 | 1 |
|---|---|---|---|---|
| 9 7   |   |   |   | _ |

If 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  N Y R 2 0 A 1 5 8                                   |
|--|---|
| 7. Evaluating Progress Toward Measurable Goals MCM 2   |   |
| Use this page to report on your progress and project plans toward actidentified in your Stormwater Management Program Plan (SWMPP) III.C.1. Submit additional pages as needed. | hieving measurable goals<br>), including requirements in Part |
| A. Briefly summarize the Measurable Goal identified in the SW  | MPP in this reporting period.                                 |
| Continue all specified measures detailed in the Town of Moreau SW Continue to participate in the ISWM Program publication of a Comb Annual Report                              | /MP Dlan  |
| B. Briefly summarize the observations that indicated the overall Goal.   | effectiveness of this Measurable                              |
| The Town continued to be a member of the Saratoga County ISWM a source of meeting MCM 2 goals. The Town did not individually prparticipation otherwise.                        | Program and relied upon this as comote public involvement and |
| C. How many times was this observation measured or evaluated i   | in this reporting period?                                     |
|  | 2   |
| D. Has your MS4 made progress toward this measurable goal du   | (ex.: samples/participants/ev                                 |
| E. Is your MS4 on schedule to meet the deadline set forth in the S   | ● Yes ○ No  |
| F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedule  | • Yes O No  |
| The Draft coursel  |   |

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.

|  | MS4 | Annual | Report | <b>Form</b> |
|--|-----|--------|--------|-------------|
|--|-----|--------|--------|-------------|

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

| Jes this page to report on your progress and project plans toward achieving measurable dentified in your Stormwater Management Program Plan (SWMPP), including require II.C.1. Submit additional pages as needed.  A. Briefly summarize the Measurable Goal identified in the SWMPP in this reportant Continue cooperation with the Saratoga County/CCE Saratoga Intermunicipal Stormwater Management/ISWM Program; submittal of local Annual Report on/before 05/01/2021 Program for publication; continue offering opportunity for public participation throug Spring Clean Up event; continue to provide opportunity for public inquiry &/or commonthly Village Board Meetings (i.e. Board of Trustees, Planning Board)  B. Briefly summarize the observations that indicated the overall effectiveness of Goal.  This year's AR was completed and signed on June 30,2021 and submitted to the SaratiswM Program; Village Clean Up was held throughout the last week of April 2021; twelcome to attend Village Board meetings (i.e. Board of Trustees, Planning Board) w Comment period is open to anyone in attendance with comments &/or questions for the Board or the current business before that Board.  C. How many times was this observation measured or evaluated in this reporting (ex.:  |                  |               | nk.           |          |       |
|---|------------------|---------------|---------------|----------|-------|
| 7. Evaluating Progress Toward Measurable Goals MCM 2  Use this page to report on your progress and project plans toward achieving measurable dentified in your Stormwater Management Program Plan (SWMPP), including require III.C.1. Submit additional pages as needed.  A. Briefly summarize the Measurable Goal identified in the SWMPP in this reportant Continue cooperation with the Saratoga County/CCE Saratoga Intermunicipal Stormwanagement/ISWM Program; submittal of local Annual Report on/before 05/01/2021 Program for publication; continue offering opportunity for public participation throug Spring Clean Up event; continue to provide opportunity for public inquiry &/or commonthly Village Board Meetings (i.e. Board of Trustees, Planning Board)  B. Briefly summarize the observations that indicated the overall effectiveness of Goal.  This year's AR was completed and signed on June 30,2021 and submitted to the Sarat ISWM Program; Village Clean Up was held throughout the last week of April 2021; twelcome to attend Village Board meetings (i.e. Board of Trustees, Planning Board) we Comment period is open to anyone in attendance with comments &/or questions for the Board or the current business before that Board.  C. How many times was this observation measured or evaluated in this reporting | 2 (              |               |               |          |       |
| Use this page to report on your progress and project plans toward achieving measurable identified in your Stormwater Management Program Plan (SWMPP), including require III.C.1. Submit additional pages as needed.  A. Briefly summarize the Measurable Goal identified in the SWMPP in this report Continue cooperation with the Saratoga County/CCE Saratoga Intermunicipal Stormwate Management/ISWM Program; submittal of local Annual Report on/before 05/01/2021 Program for publication; continue offering opportunity for public participation throug Spring Clean Up event; continue to provide opportunity for public inquiry &/or commonthly Village Board Meetings (i.e. Board of Trustees, Planning Board)  B. Briefly summarize the observations that indicated the overall effectiveness of the Goal.  This year's AR was completed and signed on June 30,2021 and submitted to the Sarat ISWM Program; Village Clean Up was held throughout the last week of April 2021; the welcome to attend Village Board meetings (i.e. Board of Trustees, Planning Board) welcoment period is open to anyone in attendance with comments &/or questions for the Board or the current business before that Board.  C. How many times was this observation measured or evaluated in this reporting (ex.:  |                  | A             | 0             | 9        | 9     |
| identified in your Stormwater Management Program Plan (SWMPP), including require III.C.1. Submit additional pages as needed.  A. Briefly summarize the Measurable Goal identified in the SWMPP in this report Continue cooperation with the Saratoga County/CCE Saratoga Intermunicipal Stormw Management/ISWM Program; submittal of local Annual Report on/before 05/01/2021 Program for publication; continue offering opportunity for public participation throug Spring Clean Up event; continue to provide opportunity for public inquiry &/or commonthly Village Board Meetings (i.e. Board of Trustees, Planning Board)  B. Briefly summarize the observations that indicated the overall effectiveness of a Goal.  This year's AR was completed and signed on June 30,2021 and submitted to the Sarat ISWM Program; Village Clean Up was held throughout the last week of April 2021; twelcome to attend Village Board meetings (i.e. Board of Trustees, Planning Board) w Comment period is open to anyone in attendance with comments &/or questions for the Board or the current business before that Board.  C. How many times was this observation measured or evaluated in this reporting (ex.:   |                  |               |               |          |       |
| Continue cooperation with the Saratoga County/CCE Saratoga Intermunicipal Stormw Management/ISWM Program; submittal of local Annual Report on/before 05/01/2021 Program for publication; continue offering opportunity for public participation throug Spring Clean Up event; continue to provide opportunity for public inquiry &/or commonthly Village Board Meetings (i.e. Board of Trustees, Planning Board)  B. Briefly summarize the observations that indicated the overall effectiveness of the Goal.  This year's AR was completed and signed on June 30,2021 and submitted to the Saratis ISWM Program; Village Clean Up was held throughout the last week of April 2021; the welcome to attend Village Board meetings (i.e. Board of Trustees, Planning Board) welcoment period is open to anyone in attendance with comments &/or questions for the Board or the current business before that Board.  C. How many times was this observation measured or evaluated in this reporting (ex.:  | able g<br>uirem  | goals<br>ents | in P          | ar       |       |
| Management/ISWM Program; submittal of local Annual Report on/before 05/01/2021 Program for publication; continue offering opportunity for public participation throug Spring Clean Up event; continue to provide opportunity for public inquiry &/or commonthly Village Board Meetings (i.e. Board of Trustees, Planning Board)  B. Briefly summarize the observations that indicated the overall effectiveness of a Goal.  This year's AR was completed and signed on June 30,2021 and submitted to the Sarat ISWM Program; Village Clean Up was held throughout the last week of April 2021; twelcome to attend Village Board meetings (i.e. Board of Trustees, Planning Board) w Comment period is open to anyone in attendance with comments &/or questions for the Board or the current business before that Board.  C. How many times was this observation measured or evaluated in this reporting  | eporti           | ing p         | oerio         | od.      |       |
| This year's AR was completed and signed on June 30,2021 and submitted to the Sarati ISWM Program; Village Clean Up was held throughout the last week of April 2021; twelcome to attend Village Board meetings (i.e. Board of Trustees, Planning Board) w Comment period is open to anyone in attendance with comments &/or questions for the Board or the current business before that Board.  C. How many times was this observation measured or evaluated in this reporting   | 021 to<br>ough V | ISV<br>Villa  | ge-v          | vić      | le    |
| ISWM Program; Village Clean Up was held throughout the last week of April 2021; t welcome to attend Village Board meetings (i.e. Board of Trustees, Planning Board) w Comment period is open to anyone in attendance with comments &/or questions for the Board or the current business before that Board.  C. How many times was this observation measured or evaluated in this reporting  | of thi           | is Mo         | easu          | ıra      | ble   |
| (ex.:   | 1; the l) whe    | pub<br>rein   | lic is<br>Pub | s<br>lic |       |
|   | ting p           | erio          | d?            |          |       |
|   |                  |               |               | 1        | 5     |
| D. Has your MSA made progress toward this measurable goal during this reports   |                  |               | 120           |          | pants |
| D. Has your Mist made progress toward this measurable goar during this report   | 'ex.: sa         |               | riod'<br>es   |          | No    |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?   |                  |               | es            | 0        | No    |
| F. Briefly summarize the stormwater activities planned to meet the goals of this the next reporting cycle (including an implementation schedule).   | orting           | • Y           | dur           | in       | 3     |
| Continue all protocols cited above. No new initiatives planned for next reporting year  | orting           |               |               |          |       |

SPDES ID

Y R 2 0

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#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

| 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 re  | porting period.                              |  |  |  |
| Continue Saratoga County DPW Adopt-A-Highway program.  |  |  |  |  |
| B. Briefly summarize the observations that indicated the overall effectiveness of Goal.  | of this Measurable                           |  |  |  |
| 46 of 46 member-groups of the Saratoga County DPW Adopt-a-Highway program Spring and Fall (2020/2021) Clean Ups. As 100% of all groups officially registered program affected clean ups the goal of the program was met.               |  |  |  |  |
| C. How many times was this observation measured or evaluated in this reporti   | ng period?                                   |  |  |  |
| (e) D. Has your MS4 made progress toward this measurable goal during this repo   | x.: samples/participants/ev<br>rting 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 thi the next reporting cycle (including an implementation schedule).   | s MCM during                                 |  |  |  |
| Continue Saratoga County DPW Adopt-A-Highway program.  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

#### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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 N Y R | . 2 | 0 | A | 2 | 1 | 6 |
|--|-----|---|---|---|---|---|

#### 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 residents every other year.
- 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.

- A Household Hazardous Waste Collection Day was conducted on October 26, 2019.
- (10,480) utility bills mailed quarterly hi-liting 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.
- (75) street trees purchased by City. Trees planted by City or Sustainable Saratoga volunteers.

| C. How many times was this observation measured or evaluated in this re | porting period?   |              |
|---|-------------------|--------------|
|   |                   | 1            |
|   | (ex.: samples/pai | rticipants/e |
| ). Has your MS4 made progress toward this measurable goal during this   | reporting period  | 1?           |
|   | Yes               | ○ No         |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? | •                 |              |
| •   | Yes               | O 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 Fall 2021.
- Quarterly utility bills will continue to promote water conservation by consumers.
- Stormwater management program documents will continue to be publicly available.
- 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.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| n suomitti                 | ing this form as part of a John report of   | i deliali di a coal | SPDES ID                                | 3 ID blank.               |
|----------------------------|---|---------------------|---|---------------------------|
| James of MCA/C = -11.1     | South Glens Falls   |                     | N Y R 2                                 | 2 0 A 0 9 1               |
| Name of MS4/Coalition      | 1[  |                     |   | - 0 12 0 5 2              |
| 7. Evaluating Pro          | gress Toward Measurable Goals   | MCM 2               |   |                           |
| identified in your St      | port on your progress and project pletormwater Management Program Pitional pages as needed. |                     | •                                       | •                         |
| A. Briefly summai          | rize the Measurable Goal identifi   | ied in the SWM      | IPP in this repo                        | orting period.            |
|                            | or and support local stewardship act pate with the ISWM Program publi                       |                     | nbined Saratoga                         | County MS4                |
| B. Briefly summan<br>Goal. | rize the observations that indicat  | ed the overall o    | effectiveness of                        | this Measurable           |
| The South Glens Fa         | alls Annual report was delivered co   | omplete and on-     | time to the ISW                         | M Program                 |
| C. How many time           | es was this observation measured  | l or evaluated i    | n this reporting                        | g period?                 |
|                            |   |                     |   | 1 2                       |
| D. II MC4 .                |   |                     |   | samples/participants/     |
| D. Has your MS4            | made progress toward this measu   | urabie goai du      | ring this report                        | ing perioa?<br>● Yes ○ No |
| E. Is vour MS4 on          | schedule to meet the deadline se  | et forth in the S   | SWMPP?                                  | - 100 - 110               |
| 2. Is your wis ron         | i senedule to meet the deadine se   |                     | , | ● Yes ○ No                |
| =                          | rize the stormwater activities plaining cycle (including an implemen                        |                     |   | MCM during                |
|                            | ied measures detailed in the South pate in the ISWM Program publica                         |                     |   | ounty MS4                 |

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0

| if submitting this form as part of a joint report on behalf of a  | SPDES ID  |
|---|---|
| Name of MS4/Coalition Town of Stillwater  | N Y R 2 0 A 5 4 9   |
| 7. Evaluating Progress Toward Measurable Goals MCM 2  |   |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.                                    | 그리는 그 얼마를 가면 하는 아이들이 되었다. 그렇게 되었다는 이 그렇게 되었다.                           |
| A. Briefly summarize the Measurable Goal identified in the S  | SWMPP in this reporting period.   |
| Continue to sponsor and support local stewardship activities.  Continue to participate with the ISWM Program publication of a Annual Report.  | Combined Saratoga County MS4  |
| B. Briefly summarize the observations that indicated the over   | rall effectiveness of this Measurable                                   |
| The Town of Stillwater MS4 Annual Report was delivered comp<br>Program Coordinator.   | olete and on-time to the ISWM   |
| C. How many times was this observation measured or evalua   | ited in this reporting period?  |
| D. Has your MS4 made progress toward this measurable goa  | (ex.; samples/participants/ I during this reporting period?  • Yes • No |
| E. Is your MS4 on schedule to meet the deadline set forth in t  |   |
| F. Briefly summarize the stormwater activities planned to me<br>the next reporting cycle (including an implementation sch   | eet the goals of this MCM during  |
| Continue implementation of the Town of Stillwater SWMP Plan<br>Continue to participate in the ISWM Program including monthly<br>Continue creation of Standard Operation Procedures for Coalitio<br>approach | workshops.  |

Publication of a Combined Saratoga County MS4 Annual Report.

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2  $\,^{\circ}$  0  $\,^{\circ}$  2  $\,^{\circ}$ 

| If submitting this form as part of a join  | nt report on behalf of a coalition leave SPDES ID blank.   |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  | SPDES ID   |  |  |  |  |  |
| Name of MS4/Coalition Village of Stillwater  | N Y R 2 0 A 5 4 7  |  |  |  |  |  |
| 7. Evaluating Progress Toward Measurable Goals MCM 2                               |  |  |  |  |  |  |
|  | project plans toward achieving measurable goals<br>Program Plan (SWMPP), including requirements in Part  |  |  |  |  |  |
| A. Briefly summarize the Measurable Go   | al identified in the SWMPP in this reporting period.   |  |  |  |  |  |
| website. The Village through coalition with  | for public view on the Saratoga County ISWM Program the Saratoga County ISWM program will continue to ities. The Village will continue to participate with the |  |  |  |  |  |
| B. Briefly summarize the observations the  | at indicated the overall effectiveness of this Measurable  |  |  |  |  |  |
| The Village of Stillwater MS4 Annual Repo  | ort was delivered complete and on-time.  |  |  |  |  |  |
| C. How many times was this observation   | measured or evaluated in this reporting period?  |  |  |  |  |  |
|  | (ex.: samples/participants/ev  |  |  |  |  |  |
| 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 de  |  |  |  |  |  |  |
| F. Briefly summarize the stormwater acti<br>the next reporting cycle (including an | ivities planned to meet the goals of this MCM during   |  |  |  |  |  |

MCM 2 Page 6 of 6

Continue creation of Standard Operation Procedures for Coalition members to create a consistent

Continue implementation of the Village of Stillwater SWMP Plan.

Publication of a Combined Saratoga County MS4 Annual Report.

approach

Continue to participate in the ISWM Program including monthly workshops.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| No. 10 CMGA/Co. 124 Town of Waterford   | SPDES ID N Y R 2 0 A 0 3 7            |
|---|---------------------------------------|
| Name of MS4/Coalition 10wn of waterford   |                                       |
| 7. Evaluating Progress Toward Measurable Goals MCM 2  |                                       |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed. |                                       |
| A. Briefly summarize the Measurable Goal identified in the S  | WMPP in this reporting period.        |
| The Town usually hosts Canal Clean-up Days and Senior Give-B participate in removing litter from the banks of the canal and other   | · · · · · · · · · · · · · · · · · · · |
| B. Briefly summarize the observations that indicated the over Goal.   | all effectiveness of this Measurable  |
| Due to COVID, these did not take place during the reporting year  | :                                     |
| C. How many times was this observation measured or evaluat  | ted in this reporting period?         |
| D. Has your MS4 made progress toward this measurable goal   | (ex.: samples/participants/events)    |
| D. Has your M54 made progress toward this measurable goar   | Yes • No                              |
| E. Is your MS4 on schedule to meet the deadline set forth in the  |                                       |
| F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche   | et the goals of this MCM during       |
| The Town will continue to publicize and host these cleanup days   | when applicable.                      |
|   |                                       |
|   |                                       |
|   |                                       |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| 7. Evaluating Progress Toward Measurable Goals MCM 2  Use this page to report on your progress and project plans toward achieving measurable goals   |
|--|
| Use this page to report on your progress and project plans toward achieving massyrable goals   |
| 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 collect residential yard waste (green waste) annually.   |
| B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.  |
| The Town collected 3,150 yards of green waste during the reporting year.   |
| C. How many times was this observation measured or evaluated in this reporting period?   |
| (ex.: samples/participants/e D. Has your MS4 made progress toward this measurable goal during this reporting period?   |
|  |
| 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 collect residential yard waste annually.   |
|  |
|  |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

|  |   |                          | SPDES ID                          |
|--|---|--------------------------|-----------------------------------|
| Name of MS4/Coalition Town                           | n of Waterford  |                          | N Y R 2 0 A 0 3 7                 |
| 7. Evaluating Progres                                | s Toward Measurable Goa   | ls MCM 2                 |                                   |
|  | on your progress and project water Management Program al pages as needed. |                          |                                   |
| A. Briefly summarize                                 | the Measurable Goal identi  | ified in the SWMPP i     | n this reporting period.          |
| The Town hosted their a                              | annual Household Hazardou   | s Waste Collection Da    | y on October 24, 2020.            |
|  |   |                          |                                   |
|  |   |                          |                                   |
| R Briefly summarize                                  | the observations that indic-  | ated the overall effect  | tiveness of this Measurable       |
| Goal.  | and object various that indica  | ated the overall effect  | iveness of this incusurable       |
| The Town collected pro<br>antifreeze, pesticides, fl | pane, fire extinguishers, aero<br>ammables, and more.                     | osols, paint, fluorescer | nt tubes, batteries,              |
|  |   |                          |                                   |
|  |   |                          |                                   |
| C. How many times wa                                 | as this observation measure   | ed or evaluated in thi   | s reporting period?               |
|  |   |                          | (ex.: samples/participants/events |
| D. Has your MS4 mad                                  | e progress toward this mea  | surable goal during      |                                   |
| E Lancas MCA and a land                              | - J J. 4 44J J J J.   | and Coult in the Caylor  | ● Yes ○ No                        |
| E. 1s your M184 on scn                               | edule to meet the deadline  | set forth in the SWM     | PP?  ● Yes ○ No                   |
| •  | the stormwater activities pleycle (including an impleme                   | U                        | als of this MCM during            |
| The Town will continue                               | e to host the annual Househo  | ld Hazardous Waste C     | ollection Day.                    |
|  |   |                          |                                   |
|  |   |                          |                                   |
|  |   |                          |                                   |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2$ 

|  | SPDES ID                            |
|--|-------------------------------------|
| Name of MS4/Coalition Town of Waterford  | N Y R 2 0 A 0 3 7                   |
|  |                                     |
| 7. Evaluating Progress Toward Measurable Goals MCM 2   |                                     |
| Use this page to report on your progress and project plans toward a  | chieving measurable goals           |
| identified in your Stormwater Management Program Plan (SWMPI III.C.1. Submit additional pages as needed.                     |                                     |
| A. Briefly summarize the Measurable Goal identified in the SV  | VMPP in this reporting period.      |
| The Town continues to host Electronic Recycling Days.  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |
| B. Briefly summarize the observations that indicated the overa Goal.   | ll effectiveness of this Measurable |
| The Town held one Electronic Recycling Day on September 19, 20   | 020.                                |
|  |                                     |
|  |                                     |
|  |                                     |
| C. How many times was this observation measured or evaluate  | ed in this reporting period?        |
| ·  | 1 1                                 |
|  | (ex.: samples/participants/events,  |
| D. Has your MS4 made progress toward this measurable goal of   |                                     |
| E. Is your MS4 on schedule to meet the deadline set forth in th  | ● Yes ○ No                          |
| E. 18 your W154 on schedule to meet the deadline set forth in th   | • Yes O No                          |
| F. Briefly summarize the stormwater activities planned to mee<br>the next reporting cycle (including an implementation sched | 0                                   |
| The Town will continue to host annual Electronic Recycling Days reporting cycle.   | s, with 2 planned for the next      |
|  |                                     |
|  |                                     |
|  |                                     |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| SPDES ID    N Y R 2 0 A 0 3 7   |
|---|
| $  N   I   N   \Delta   U   A   U $ |
|   |
|   |
| l achieving measurable goals PP), including requirements in Part  |
| SWMPP in this reporting period.   |
| urage public participation and stormwater website includes  |
| rall effectiveness of this Measurable   |
| s, RSVP to events such as cleanup   |
| ated in this reporting period?  |
| (ex.: samples/participant   |
| al during this reporting period?<br>● Yes ○ No  |
| the SWMPP?  |
| ● Yes ○ No eet the goals of this MCM during edule).   |
| direct traffic from their main  |
|   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|  | SPDES ID                                      |
|--|---|
| Name of MS4/Coalition Village of Waterford   | N Y R 2 0 A 4 6 9                             |
| <ul><li>7. Evaluating Progress Toward Measurable Goals MCM 2</li><li>Use this page to report on your progress and project plans toward a</li></ul> | achieving measurable goals                    |
| identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.  |   |
| A. Briefly summarize the Measurable Goal identified in the S   | WMPP in this reporting period.                |
| Continue to sponsor and support local stewardship activities.  Continue to participate with the ISWM Program publication of a cannual report       | combines Saratoga County MS\$                 |
| B. Briefly summarize the observations that indicated the overa Goal.   | all effectiveness of this Measurable          |
|  |   |
|  |   |
| C. How many times was this observation measured or evaluat   |   |
|  | (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   |   |
| F. Briefly summarize the stormwater activities planned to me   | ● Yes □ No<br>et the goals of this MCM during |
| the next reporting cycle (including an implementation sche   | dule).  |
| Continue all specified measures detailed in the Village of Waterforcontinue to participate in the ISWM Program publication of a Co Annual Report.  |   |
|  |   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| N Y R 2 0 A 1 1 4   |  |  |  |
|---|--|--|--|
| ng measurable goals   |  |  |  |
| no measurable ooals   |  |  |  |
|   |  |  |  |
| 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 support local stewardship activities.  Continue to participate with the ISWM Program.  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 made available to public. |  |  |  |
|   |  |  |  |
| ctiveness of this Measurable  |  |  |  |
| ade available to public.  |  |  |  |
| nis reporting period?   |  |  |  |
| (ex.: samples/participants/ever<br>this reporting period?   |  |  |  |
| ● Yes ○ No  |  |  |  |
| MPP?<br>● Yes ○ No  |  |  |  |
| goals of this MCM during  |  |  |  |
| on SWMP Plan, when  |  |  |  |
|   |  |  |  |

SPDES ID

YR

2

0 A

3

6

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|     | Minimum Control Measure 3. I  | <u>lli</u>                  | <u>ci</u> | t l  | <u>Dis</u> | ch  | ar   | ge   | D          | <u>ete</u> | ecti | ioı | 1 a          | nd  | Eli | im  | ina  | tic | n |     |  |  |  |  |  |
|-----|---|-----------------------------|-----------|------|------------|-----|------|------|------------|------------|------|-----|--------------|-----|-----|-----|------|-----|---|-----|--|--|--|--|--|
| Th  | e information in this section is being reported (o  | che                         | ck        | . OI | ne):       |     |      |      |            |            |      |     |              |     |     |     |      |     |   |     |  |  |  |  |  |
| •   | On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to the  | nis                         | re        | po   | ort?       |     |      |      |            |            |      |     |              |     |     |     |      |     |   |     |  |  |  |  |  |
| 1.  | Enter the number and approx. percent of   | of o                        | u         | tfa  | ılls       | ma  | apj  | ped  | l <b>:</b> |            |      |     | -            | 7 0 | ) # |     | 1    | 0   | ( | 0 % |  |  |  |  |  |
| 2.  | How many of these outfalls have been so reporting period (outfall reconnaissance  |                             |           |      |            |     | •    | we   | atł        | ıer        | di   | scł | arş          | ges | duı | rin | g tl | nis |   | 0   |  |  |  |  |  |
| 3.2 | a. What types of generating sites/sewershed reporting period?   | ds                          | W         | er   | e ta       | rg  | ete  | ed f | or         | ins        | pe   | cti | o <b>n</b> ( | dur | ing | th  | is   |     |   |     |  |  |  |  |  |
|     | O Auto Recyclers  | O Landscaping (Irrigation)  |           |      |            |     |      |      |            |            |      |     |              |     |     |     |      |     |   |     |  |  |  |  |  |
|     | O Building Maintenance  | ○ Marinas                   |           |      |            |     |      |      |            |            |      |     |              |     |     |     |      |     |   |     |  |  |  |  |  |
|     | ○ Churches  | O Metal Plateing Operations |           |      |            |     |      |      |            |            |      |     |              |     |     |     |      |     |   |     |  |  |  |  |  |
|     | O Commercial Carwashes  | Outdoor Fluid Storage       |           |      |            |     |      |      |            |            |      |     |              |     |     |     |      |     |   |     |  |  |  |  |  |
|     | O Commercial Laundry/Dry Cleaners   | 0                           | P         | arl  | king       | L   | ot ] | Mai  | nte        | nan        | ce   |     |              |     |     |     |      |     |   |     |  |  |  |  |  |
|     | O Construction Vehicle Washouts   | 0                           | P         | rin  | nting      | 5   |      |      |            |            |      |     |              |     |     |     |      |     |   |     |  |  |  |  |  |
|     | O Cross-Connections   | Residential Carwashing      |           |      |            |     |      |      |            |            |      |     |              |     |     |     |      |     |   |     |  |  |  |  |  |
|     | O Distribution Centers  | ○ Restaurants               |           |      |            |     |      |      |            |            |      |     |              |     |     |     |      |     |   |     |  |  |  |  |  |
|     | O Food Processing Facilities  | ○ Schools and Universities  |           |      |            |     |      |      |            |            |      |     |              |     |     |     |      |     |   |     |  |  |  |  |  |
|     | O Garbage Truck Washouts  | Septic Maintenance          |           |      |            |     |      |      |            |            |      |     |              |     |     |     |      |     |   |     |  |  |  |  |  |
|     | ○ Hospitals   | 0                           | S         | wi   | mm         | ing | , P  | ools | S          |            |      |     |              |     |     |     |      |     |   |     |  |  |  |  |  |
|     | O Improper RV Waste Disposal  | 0                           | V         | 'eh  | icle       | F   | uel  | ing  |            |            |      |     |              |     |     |     |      |     |   |     |  |  |  |  |  |
|     | <ul><li>○ Improper RV Waste Disposal</li><li>○ Vehicle Fueling</li><li>○ Industrial Process Water</li><li>○ Vehicle Maint./Re</li></ul> |                             |           |      |            |     |      |      |            | air        | Sho  | ops |              |     |     |     |      |     |   |     |  |  |  |  |  |
|     | Other:  |                             | N         | lor  | ne         |     |      |      |            |            |      |     |              |     |     |     |      |     |   |     |  |  |  |  |  |
|     |   |                             |           |      |            |     |      |      |            |            |      |     |              |     |     |     |      |     |   |     |  |  |  |  |  |
|     | O Sewersheds:   |                             |           |      |            |     |      |      |            |            |      |     |              |     |     |     |      |     |   |     |  |  |  |  |  |

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition Town of Ballston  | N Y R 2 0 A 1 5 7  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Minimum Control Measure 3.  | Minimum Control Measure 3. Illicit Discharge Detection and Elimination |  |  |  |  |  |  |  |  |  |  |  |  |  |
| The information in this section is being reported  ● On behalf of an individual MS4  □ On behalf of a coalition  How many MS4s contributed to |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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)?  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.a. What types of generating sites/sewersh reporting period?   | heds were targeted for inspection during this                          |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Auto Recyclers  | ○ Landscaping (Irrigation)   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Building Maintenance  | ○ Marinas  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Churches  | Metal Plateing Operations  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Commercial Carwashes  | Outdoor Fluid Storage  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Commercial Laundry/Dry Cleaners   | O Parking Lot Maintenance  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Construction Vehicle Washouts   | ○ Printing   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Cross-Connections   | Residential Carwashing   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Distribution Centers  | ○ Restaurants  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Food Processing Facilities  | ○ Schools and Universities   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Garbage Truck Washouts  | Septic Maintenance   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Hospitals   | ○ Swimming Pools   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Improper RV Waste Disposal  | O Vehicle Fueling  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Industrial Process Water  | O Vehicle Maint./Repair Shops  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other:  | ○ None   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Sewersheds:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition Town of Charlton   | N Y R 2 0 A 0 3 2  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Minimum Control Measure 3.   | Illicit Discharge Detection and Elimination                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| The information in this section is being reported  | (check one):   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to</li> </ul> | this report? 1   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Enter the number and approx. percent  | of outfalls mapped: 27# 100%                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. How many of these outfalls have been seriod (outfall reconnaissand  | screened for dry weather discharges during this ce inventory)? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.a. What types of generating sites/sewersh reporting period?  | eds were targeted for inspection during this                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Auto Recyclers   | <ul><li>Landscaping (Irrigation)</li></ul>                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <ul><li>Building Maintenance</li></ul>   | O Marinas  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Churches   | O Metal Plateing Operations                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Commercial Carwashes   | Outdoor Fluid Storage  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Commercial Laundry/Dry Cleaners  | O Parking Lot Maintenance                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Construction Vehicle Washouts  | ○ Printing   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Cross-Connections  | <ul><li>Residential Carwashing</li></ul>                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Distribution Centers   | <ul><li>Restaurants</li></ul>                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Food Processing Facilities   | O Schools and Universities                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Garbage Truck Washouts   | • Septic Maintenance   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Hospitals  | O Swimming Pools   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Improper RV Waste Disposal   | <ul><li>Vehicle Fueling</li></ul>                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Industrial Process Water   | O Vehicle Maint./Repair Shops                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other:   | ○ None   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Sewersheds:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition TOWN OF CLIFTON PARK  | SPDES ID    N   Y   R   2   0   A   0   3   5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Minimum Control Measure 3. I  | llicit Discharge Detection and Elimination    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| The information in this section is being reported (   | check one):                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition         How many MS4s contributed to this report?         1     </li> </ul> |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Enter the number and approx. percent of outfalls mapped: 3 7 0 # 1 0 0 %   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| reporting period (outfall reconnaissance  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.a. What types of generating sites/sewershe reporting period?  | ds were targeted for inspection during this   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Auto Recyclers  | O Landscaping (Irrigation)                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Building Maintenance  | ○ Marinas                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Churches  | O Metal Plateing Operations                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Commercial Carwashes  | Outdoor Fluid Storage                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Commercial Laundry/Dry Cleaners   | <ul><li>Parking Lot Maintenance</li></ul>     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Construction Vehicle Washouts   | ○ Printing                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Cross-Connections   | O Residential Carwashing                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Distribution Centers  | <ul><li>Restaurants</li></ul>                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Food Processing Facilities  | O Schools and Universities                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Garbage Truck Washouts  | Septic Maintenance                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Hospitals   | <ul><li>Swimming Pools</li></ul>              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Improper RV Waste Disposal  | • Vehicle Fueling                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Industrial Process Water  | O Vehicle Maint./Repair Shops                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other:  | ○ None  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Sewersheds:   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition Town of Greenfield  | N Y R 2 0 A 1 2 3                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Minimum Control Measure 3. Illicit Discharge Detection and Elimination  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| The information in this section is being reported (  On behalf of an individual MS4  On behalf of a coalition  How many MS4s contributed to the | check one):                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Enter the number and approx. percent of outfalls mapped:   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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/sewershe reporting period?  | ds were targeted for inspection during this |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Auto Recyclers  | O Landscaping (Irrigation)                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Building Maintenance  | ○ Marinas                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Churches  | O Metal Plateing Operations                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Commercial Carwashes  | Outdoor Fluid Storage                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Commercial Laundry/Dry Cleaners   | O Parking Lot Maintenance                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Construction Vehicle Washouts   | ○ Printing                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Cross-Connections   | O Residential Carwashing                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Distribution Centers  | ○ Restaurants                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Food Processing Facilities  | O Schools and Universities                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Garbage Truck Washouts  | Septic Maintenance                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Hospitals   | ○ Swimming Pools                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Improper RV Waste Disposal  | O Vehicle Fueling                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Industrial Process Water  | O Vehicle Maint./Repair Shops               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • Other:  | ○ None                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Land Clearing   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| • Sewersheds:   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Roadside Drai   | n a g e D i t c h e s                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition Town of Halfmoon   | N Y R 2 0 A 3 7 5                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Minimum Control Measure 3. 1   | Illicit Discharge Detection and Elimination |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| The information in this section is being reported (  | check one):                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| How many MS4s contributed to the   | nis report?                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Enter the number and approx. percent of outfalls mapped: 6 3 # 7 0 %  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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/sewershe reporting period?   | ds were targeted for inspection during this |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Auto Recyclers   | O Landscaping (Irrigation)                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Building Maintenance   | ○ Marinas                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Churches   | O Metal Plateing Operations                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Commercial Carwashes   | Outdoor Fluid Storage                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Commercial Laundry/Dry Cleaners  | O Parking Lot Maintenance                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Construction Vehicle Washouts  | ○ Printing                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Cross-Connections  | O Residential Carwashing                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Distribution Centers   | ○ Restaurants                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Food Processing Facilities   | O Schools and Universities                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Garbage Truck Washouts   | O Septic Maintenance                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Hospitals  | O Swimming Pools                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Improper RV Waste Disposal   | O Vehicle Fueling                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Industrial Process Water   | O Vehicle Maint./Repair Shops               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other:   | • None                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Sewersheds:  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| Name of MS4/Coalition Town of Malta   |                             |         |      | NY     | R     | 2    | 0 <i>P</i> | 0    | 8 6   |     |  |     |  |  |
|---|-----------------------------|---------|------|--------|-------|------|------------|------|-------|-----|--|-----|--|--|
| Minimum Control Measure 3.  | σe D                        | )ete    | cti  | on ai  | nd    | Elin | nin        | atio | n     |     |  |     |  |  |
| 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: 40# 100   |                             |         |      |        |       |      |            |      |       |     |  | 0 % |  |  |
| 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?                      |                             |         |      |        |       |      |            |      |       |     |  | 1 4 |  |  |
| 3.a. What types of generating sites/sewersh reporting period?   | eds wei                     | re tar  | gete | d for  | · ins | pec  | tion (     | dur  | ing t | his |  |     |  |  |
| O Auto Recyclers  | O Landscaping (Irrigation)  |         |      |        |       |      |            |      |       |     |  |     |  |  |
| O Building Maintenance  | ○ Marinas                   |         |      |        |       |      |            |      |       |     |  |     |  |  |
| ○ Churches  | O Metal Plateing Operations |         |      |        |       |      |            |      |       |     |  |     |  |  |
| O Commercial Carwashes  | Outdoor Fluid Storage       |         |      |        |       |      |            |      |       |     |  |     |  |  |
| O Commercial Laundry/Dry Cleaners   | O Parking Lot Maintenance   |         |      |        |       |      |            |      |       |     |  |     |  |  |
| O Construction Vehicle Washouts   | O Printing                  |         |      |        |       |      |            |      |       |     |  |     |  |  |
| ○ Cross-Connections   | O Residential Carwashing    |         |      |        |       |      |            |      |       |     |  |     |  |  |
| O Distribution Centers  | ○ Restaurants               |         |      |        |       |      |            |      |       |     |  |     |  |  |
| ○ Food Processing Facilities  | O Schools and Universities  |         |      |        |       |      |            |      |       |     |  |     |  |  |
| ○ Garbage Truck Washouts  | ○ Septic Maintenance        |         |      |        |       |      |            |      |       |     |  |     |  |  |
| ○ Hospitals   | $\circ$ Sw                  | immin   | g P  | ools   |       |      |            |      |       |     |  |     |  |  |
| ○ Improper RV Waste Disposal  | ○ Vel                       | hicle F | uel  | ing    |       |      |            |      |       |     |  |     |  |  |
| O Industrial Process Water  | ○ Vel                       | hicle N | 1ain | t./Rep | air S | Sho  | ps         |      |       |     |  |     |  |  |
| Other:  | • No                        | ne      |      |        |       |      |            |      |       |     |  |     |  |  |
|   |                             |         |      |        |       |      |            |      |       |     |  |     |  |  |
| O Sewersheds:   |                             |         |      |        |       |      |            |      |       |     |  |     |  |  |
|   |                             |         |      |        |       |      |            |      |       |     |  |     |  |  |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition City of Mechanicville  | N Y R 2 0 A 5 5 1                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Minimum Control Measure 3.   | Illicit Discharge Detection and Elimination  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| The information in this section is being reported (  | (check one):                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to the</li> </ul>               | his report?                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Enter the number and approx. percent of outfalls mapped: 3 7 # 1 0 0 %  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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/sewershe reporting period?   | eds were targeted for inspection during this |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Auto Recyclers   | O Landscaping (Irrigation)                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Building Maintenance   | O Marinas                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Churches   | O Metal Plateing Operations                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Commercial Carwashes   | Outdoor Fluid Storage                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Commercial Laundry/Dry Cleaners  | O Parking Lot Maintenance                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Construction Vehicle Washouts  | O Printing                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Cross-Connections  | O Residential Carwashing                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Distribution Centers   | ○ Restaurants                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Food Processing Facilities   | O Schools and Universities                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Garbage Truck Washouts   | O Septic Maintenance                         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Hospitals  | O Swimming Pools                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Improper RV Waste Disposal   | O Vehicle Fueling                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Industrial Process Water   | O Vehicle Maint./Repair Shops                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other:   | • None                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Sewersheds:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition TOWN OF MILTON  | N Y R 2 0 A 1 0 8  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Minimum Control Measure 3.  | Illicit Discharge Detection and Elimination                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| The information in this section is being reported  ● On behalf of an individual MS4  ○ On behalf of a coalition  How many MS4s contributed to |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Enter the number and approx. percent   | of outfalls mapped: $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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/sewersh reporting period?   | eds were targeted for inspection during this                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Auto Recyclers  | ○ Landscaping (Irrigation)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ● Building Maintenance  | ○ Marinas  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Churches  | O Metal Plateing Operations  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Commercial Carwashes  | Outdoor Fluid Storage  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Commercial Laundry/Dry Cleaners   | <ul><li>Parking Lot Maintenance</li></ul>                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Construction Vehicle Washouts   | ○ Printing   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Cross-Connections   | O Residential Carwashing   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Distribution Centers  | ○ Restaurants  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Food Processing Facilities  | O Schools and Universities   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Garbage Truck Washouts  | O Septic Maintenance   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ Hospitals   | O Swimming Pools   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Improper RV Waste Disposal  | O Vehicle Fueling  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Industrial Process Water  | O Vehicle Maint./Repair Shops  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other:  | ○ None   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Sewersheds:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

This report is being submitted for the reporting period ending March 9, 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID Name of MS4/Coalition TOWN OF MOREAU NYR2 0 A 1

# Minimum Control Measure 3

| Minimum Control Meas  | ure 5. Illicit Discharge Detection and Elimination                          |
|---|---|
| The information in this section is being  |   |
| <ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul> | (Statest offe).   |
| How many MS4s contrib   | outed to this report?   |
| 1. Enter the number and approx.   | percent of outfalls mapped: 4 # 1 0 0 %                                     |
| 2. How many of these outfalls have reporting period (outfall reconn               | e been screened for dry weather discharges during this aissance inventory)? |
|   | ewersheds were targeted for inspection during this                          |
| O Auto Recyclers  | O Landscaping (Irrigation)  |
| O Building Maintenance  | O Marinas   |
| O Churches  | O Metal Plateing Operations   |
| O Commercial Carwashes  | Outdoor Fluid Storage   |
| O Commercial Laundry/Dry Cleaners   | O Parking Lot Maintenance   |
| O Construction Vehicle Washouts   | O Printing  |
| O Cross-Connections   | Residential Carwashing  |
| O Distribution Centers  | ○ Restaurants   |
| O Food Processing Facilities  | O Schools and Universities  |
| O Garbage Truck Washouts  | O Septic Maintenance  |
| O Hospitals   | O Swimming Pools  |
| O Improper RV Waste Disposal  | O Vehicle Fueling   |
| O Industrial Process Water  | O Vehicle Maint./Repair Shops   |
| Other:  | None  |
| O Sewersheds:   |   |

MS4 Annual Report Form

|  | SPDES ID  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of MS4/Coalition Village of Round Lake  | N Y R 2 0 A 0 9   |  |  |  |  |  |  |  |  |  |  |  |  |
| Minimum Control Measure  | 3. Illicit Discharge Detection and Elimination                      |  |  |  |  |  |  |  |  |  |  |  |  |
| The information in this section is being repor   | rted (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. perc   | ent of outfalls mapped: 4 # 1 0 0                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. How many of these outfalls have been reporting period (outfall reconnaiss:  | en screened for dry weather discharges during this ance inventory)? |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.a. What types of generating sites/sewereporting period?  | rsheds were targeted for inspection during this                     |  |  |  |  |  |  |  |  |  |  |  |  |
| O Auto Recyclers   | <ul><li>Landscaping (Irrigation)</li></ul>                          |  |  |  |  |  |  |  |  |  |  |  |  |
| <ul> <li>Building Maintenance</li> </ul>   | O Marinas   |  |  |  |  |  |  |  |  |  |  |  |  |
| <ul><li>Churches</li></ul>   | O Metal Plateing Operations   |  |  |  |  |  |  |  |  |  |  |  |  |
| O Commercial Carwashes   | Outdoor Fluid Storage   |  |  |  |  |  |  |  |  |  |  |  |  |
| O Commercial Laundry/Dry Cleaners  | Parking Lot Maintenance   |  |  |  |  |  |  |  |  |  |  |  |  |
| O Construction Vehicle Washouts  | O Printing  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Cross-Connections  | O Residential Carwashing  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Distribution Centers   | <ul><li>Restaurants</li></ul>                                       |  |  |  |  |  |  |  |  |  |  |  |  |
| O Food Processing Facilities   | O Schools and Universities  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Garbage Truck Washouts   | O Septic Maintenance  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Hospitals  | O Swimming Pools  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Improper RV Waste Disposal   | O Vehicle Fueling   |  |  |  |  |  |  |  |  |  |  |  |  |
| O Industrial Process Water   | O Vehicle Maint./Repair Shops                                       |  |  |  |  |  |  |  |  |  |  |  |  |
| The state of the s | ○ None  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other:   | O None  |  |  |  |  |  |  |  |  |  |  |  |  |

O Distribution Centers

O Hospitals

O Food Processing Facilities

O Garbage Truck Washouts

O Improper RV Waste Disposal

SPDES ID

Y R 2 0 A 2

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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

| Minimum Control Measure 3  | . Illicit Discharge Detection and Elimination  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
| The information in this section is being reporte   | ed (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: 185# 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/sewers reporting period?   | sheds were targeted for inspection during this |  |  |  |  |  |  |  |  |  |  |
| O Auto Recyclers   | O Landscaping (Irrigation)                     |  |  |  |  |  |  |  |  |  |  |
| O Building Maintenance   | ○ Marinas                                      |  |  |  |  |  |  |  |  |  |  |
| O Churches   | O Metal Plateing Operations                    |  |  |  |  |  |  |  |  |  |  |
| O Commercial Carwashes   | Outdoor Fluid Storage                          |  |  |  |  |  |  |  |  |  |  |
| O Commercial Laundry/Dry Cleaners  | O Parking Lot Maintenance                      |  |  |  |  |  |  |  |  |  |  |
| O Construction Vehicle Washouts  | ○ Printing                                     |  |  |  |  |  |  |  |  |  |  |
| O Cross-Connections  | O Residential Carwashing                       |  |  |  |  |  |  |  |  |  |  |

|                            |      |     |     |  |  |  |  |  |                               | _ |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------|------|-----|-----|--|--|--|--|--|-------------------------------|---|--|--|----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| O Industrial Process Water |      |     |     |  |  |  |  |  | O Vehicle Maint./Repair Shops |   |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O Ot                       | her: |     |     |  |  |  |  |  |                               |   |  |  | No | ne |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                            |      |     |     |  |  |  |  |  |                               |   |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ○ <u>Se</u>                | wer  | she | ds: |  |  |  |  |  |                               |   |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                            |      |     |     |  |  |  |  |  |                               |   |  |  |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

O Restaurants

O Schools and Universities

O Septic Maintenance

O Swimming Pools

O Vehicle Fueling

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| N  | City o | f Sara      | toga S | prings |      |           |      |      |      |       | _    |       |       |            |       |     | יוטא<br>וטא | -T  |      | 2    | 0         | A    | 2        | 1 6       | 7 |
|--|--------|-------------|--------|--------|------|-----------|------|------|------|-------|------|-------|-------|------------|-------|-----|-------------|-----|------|------|-----------|------|----------|-----------|---|
| Name of MS4/Coalition  |        |             |        |        |      |           |      | -    |      |       |      |       | !     | *          |       | L_  |             | 1_  |      |      |           |      | !        | <u></u> l | J |
| Minimum  | Con    | <u>itro</u> | l M    | eas    | ure  | <u>3.</u> | I    | lic  | it I | Dis   | ch   | arg   | ge :  | <u>Det</u> | ect   | io  | n a         | an  | d I  | Elin | <u>mi</u> | nat  | tior     | <u>1</u>  |   |
| The information in th  | is sec | ction       | is b   | eing   | repo | orte      | d (c | hec  | k oı | ne):  |      |       |       |            |       |     |             |     |      |      |           |      |          |           |   |
| <ul><li>On behalf of an inc</li><li>On behalf of a coa</li><li>How m</li></ul> | lition |             |        | ntril  | oute | d to      | o th | is r | epo  | rt?   |      |       |       | ]          |       |     |             | ٠   |      |      |           |      |          |           |   |
| 1. Enter the num   | ber a  | nd :        | appı   | rox.   | per  | cen       | ıt o | f oı | ıtfa | ills  | m    | app   | ed:   | : [        |       |     |             | 8   | 9    | #    |           |      | 9        | 1 %       | 6 |
| 2. How many of t   |        |             |        |        |      |           |      |      |      |       |      |       | wea   | athe       | er d  | isc | ha          | rge | es d | lur  | ing       | g th | is       | С         | ) |
| 3.a. What types of reporting period  | _      | rati        | ng s   | ites/  | sew  | ers       | hed  | ds v | ver  | e ta  | arg  | ete   | d fo  | or ii      | ısp   | ect | tior        | ı d | uri  | ng   | thi       | is   |          |           |   |
| O Auto Recycler  | s      |             |        |        |      |           |      | 0    | Lan  | dsc   | api  | ng (  | (Irri | igati      | on)   |     |             |     |      |      |           |      |          |           |   |
| O Building Mair  | itenan | ice         |        |        |      |           |      | 0    | Mai  | rina  | ıs   |       |       |            |       |     |             |     |      |      |           |      |          |           |   |
| ○ Churches   |        |             |        |        |      | ı         |      | 0    | Mei  | tal : | Pla  | teing | g O   | pera       | tion  | S   |             |     |      |      |           |      |          |           |   |
| O Commercial C   | arwas  | shes        |        |        |      |           |      | 0    | Out  | tdoc  | or F | luid  | l St  | orag       | je    |     |             |     |      |      |           |      |          |           |   |
| O Commercial L   | aundr  | y/Dı        | y Cl   | eane   | rs   |           |      | 0    | Par  | kin   | g L  | ot N  | Лаі   | nten       | ance  | •   |             |     |      |      |           |      |          |           |   |
| Construction \( \)   | Vehicl | le W        | asho   | uts    |      |           |      | 0    | Pri  | ntin  | g    |       |       |            |       |     |             |     |      |      |           |      |          |           |   |
| O Cross-Connect  | tions  |             |        |        |      |           |      | 0    | Res  | ide   | ntia | ıl C  | arv   | ashi       | ing   |     |             |     |      |      |           |      |          |           |   |
| O Distribution C   | enter  | S           |        |        |      |           |      | •    | Res  | stau  | ran  | its   |       |            |       |     |             |     |      |      |           |      |          |           |   |
| O Food Processi  | ng Fa  | cilit       | ies    |        |      |           |      | 0    | Sch  | 1001  | s a  | nd 1  | Uni   | vers       | ities |     |             |     |      |      |           |      |          |           |   |
| O Garbage Trucl  | k Was  | shou        | ts     |        |      |           |      | 0    | Sep  | otic  | M    | ainte | enai  | nce        |       |     |             |     |      |      |           |      |          |           |   |
| O Hospitals  |        |             |        |        |      |           |      | 0    | Sw   | imn   | ninį | g Po  | ools  |            |       |     |             |     |      |      |           |      |          |           |   |
| O Improper RV  | Waste  | e Dis       | sposa  | ıl     |      |           |      | 0    | Vel  | hicl  | e F  | ueli  | ing   |            |       |     |             |     |      |      |           |      |          |           |   |
| O Industrial Pro   | ess V  | Vate        | r      | :      |      |           |      | 0    | Vel  | hicl  | e N  | 1ain  | t./R  | Lepa       | ir S  | hoj | ps          |     |      |      |           |      |          |           |   |
| Other:   |        |             |        |        |      |           |      | 0    | No   | ne    |      |       |       |            |       |     |             |     |      |      |           |      |          |           |   |
| Down   | t o    | W           | n      | В      | u    | s         | i    | n    | е    | ន     | ន    |       | D     | i          | s     | t   | r           | i   | С    | t    |           | ;    | <u> </u> |           |   |
| O Sewersheds:  |        |             |        |        |      |           |      |      |      |       |      |       |       |            |       |     |             |     |      |      |           |      |          |           |   |
|  |        |             |        |        |      |           |      |      |      |       |      |       |       |            |       |     |             |     |      |      |           |      |          | 1         | ļ |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition South Glens Falls  | SPDES ID  N Y R 2 0 A 0 9 1                                |
|--|--|
| Minimum Control Measure 3. I   | Ilicit Discharge Detection and Elimination                 |
| The information in this section is being reported (  | check one):  |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to the</li> </ul> | nis report?  |
| 1. Enter the number and approx. percent of   | of outfalls mapped: 1 4 # 1 0 0 %                          |
| 2. How many of these outfalls have been so reporting period (outfall reconnaissance  | ereened for dry weather discharges during this inventory)? |
| 3.a. What types of generating sites/sewershe reporting period?   | ds were targeted for inspection during this                |
| O Auto Recyclers   | • Landscaping (Irrigation)                                 |
| O Building Maintenance   | ○ Marinas  |
| ○ Churches   | O Metal Plateing Operations                                |
| <ul> <li>Commercial Carwashes</li> </ul>   | Outdoor Fluid Storage                                      |
| O Commercial Laundry/Dry Cleaners  | <ul> <li>Parking Lot Maintenance</li> </ul>                |
| O Construction Vehicle Washouts  | ○ Printing   |
| O Cross-Connections  | <ul> <li>Residential Carwashing</li> </ul>                 |
| O Distribution Centers   | ○ Restaurants  |
| ○ Food Processing Facilities   | O Schools and Universities                                 |
| O Garbage Truck Washouts   | ○ Septic Maintenance                                       |
| ○ Hospitals  | ○ Swimming Pools   |
| O Improper RV Waste Disposal   | ○ Vehicle Fueling  |
| O Industrial Process Water   | O Vehicle Maint./Repair Shops                              |
| Other:   | ○ None   |
|  |  |
| O Sewersheds:  |  |
|  |  |

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID Name of MS4/Coalition Town of Stillwater NY 0 A 5 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: 2 # 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? O Landscaping (Irrigation) O Auto Recyclers O Building Maintenance Marinas Metal Plateing Operations O Churches Outdoor Fluid Storage O Commercial Carwashes O Parking Lot Maintenance O Commercial Laundry/Dry Cleaners O Construction Vehicle Washouts Printing O Residential Carwashing O Cross-Connections Restaurants O Distribution Centers O Schools and Universities O Food Processing Facilities O Septic Maintenance O Garbage Truck Washouts O Swimming Pools O Hospitals O Vehicle Fueling O Improper RV Waste Disposal O Vehicle Maint./Repair Shops O Industrial Process Water None O Other: O Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. 2 0 A 5 4 N YR Village of Stillwater Name of MS4/Coalition 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? 0 % 6 # 1. Enter the number and approx. percent of outfalls mapped: 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? O Landscaping (Irrigation) O Auto Recyclers Marinas O Building Maintenance O Metal Plateing Operations O Churches Outdoor Fluid Storage O Commercial Carwashes O Parking Lot Maintenance O Commercial Laundry/Dry Cleaners O Printing O Construction Vehicle Washouts O Residential Carwashing O Cross-Connections Restaurants O Distribution Centers O Schools and Universities O Food Processing Facilities O Septic Maintenance O Garbage Truck Washouts O Swimming Pools Hospitals O Vehicle Fueling O Improper RV Waste Disposal O Vehicle Maint./Repair Shops O Industrial Process Water None O Other: O Sewersheds:

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition Town of Waterford  | N Y R 2 0 A 0 3 7  |
|--|--|
| Minimum Control Measure 3.   | Illicit Discharge Detection and Elimination                  |
| The information in this section is being reported ( On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to the | (check one):   |
| 1. Enter the number and approx. percent  | of outfalls mapped: 4 6 # 1 0 0 %                            |
| 2. How many of these outfalls have been so reporting period (outfall reconnaissance  | creened for dry weather discharges during this e inventory)? |
| 3.a. What types of generating sites/sewershe reporting period?   | eds were targeted for inspection during this                 |
| O Auto Recyclers   | ○ Landscaping (Irrigation)                                   |
| O Building Maintenance   | ○ Marinas  |
| O Churches   | Metal Plateing Operations                                    |
| O Commercial Carwashes   | Outdoor Fluid Storage  |
| O Commercial Laundry/Dry Cleaners  | O Parking Lot Maintenance                                    |
| O Construction Vehicle Washouts  | ○ Printing   |
| ○ Cross-Connections  | O Residential Carwashing                                     |
| O Distribution Centers   | ○ Restaurants  |
| ○ Food Processing Facilities   | ○ Schools and Universities                                   |
| ○ Garbage Truck Washouts   | O Septic Maintenance   |
| ○ Hospitals  | O Swimming Pools   |
| O Improper RV Waste Disposal   | O Vehicle Fueling  |
| O Industrial Process Water   | O Vehicle Maint./Repair Shops                                |
| Other:   | • None   |
|  |  |
| O Sewersheds:  |  |
|  |  |

Name of MS4/Coalition Village of Waterford

0 A

6

SPDES ID

Y R 2

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|    | Minimum Control Measure 3. I   | llie | <u>cit</u> | Di   | <u>iscl</u> | <u>ıar</u> | ·ge   | De   | tec  | <u>cti</u> | on a | <u>nd</u> | Eli | <u>im</u> | <u>ina</u> | <u>tio</u> | <u>n</u> |    |
|----|--|------|------------|------|-------------|------------|-------|------|------|------------|------|-----------|-----|-----------|------------|------------|----------|----|
| Th | e information in this section is being reported (o                                       | che  | ck (       | one  | :):         |            |       |      |      |            |      |           |     |           |            |            |          |    |
|    | On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to the | nis  | rep        | ort  | .? [        |            |       |      |      |            |      |           |     |           |            |            |          |    |
| 1. | Enter the number and approx. percent o   | of o | utf        | fall | ls m        | apj        | ped   | :    |      |            |      | 4         | #   | <u>!</u>  | 1          | 0          | 0        | ]% |
| 2. | How many of these outfalls have been so reporting period (outfall reconnaissance         |      |            |      |             | •          | we    | ath  | er   | dis        | char | ges       | du  | rin       | g tl       | nis        |          | 0  |
| 3. | a.What types of generating sites/sewershed reporting period?                             | ds   | we:        | re   | targ        | gete       | ed fo | or i | nsj  | pec        | tion | dur       | ing | g th      | is         |            |          |    |
|    | O Auto Recyclers   | 0    | La         | nds  | scap        | ing        | (Irr  | igat | ion) | )          |      |           |     |           |            |            |          |    |
|    | O Building Maintenance   | 0    | Ma         | arin | nas         |            |       |      |      |            |      |           |     |           |            |            |          |    |
|    | ○ Churches   | 0    | Me         | etal | Pla         | tein       | g O   | per  | atio | ns         |      |           |     |           |            |            |          |    |
|    | O Commercial Carwashes   | 0    | Ou         | ıtdo | or F        | lui        | d St  | oraș | ge   |            |      |           |     |           |            |            |          |    |
|    | O Commercial Laundry/Dry Cleaners  | 0    | Pa         | rkiı | ng L        | ot ]       | Maiı  | nten | anc  | ce         |      |           |     |           |            |            |          |    |
|    | O Construction Vehicle Washouts  | 0    | Pri        | inti | ng          |            |       |      |      |            |      |           |     |           |            |            |          |    |
|    | O Cross-Connections  | 0    | Re         | sid  | entia       | ıl C       | arw   | ash  | ing  |            |      |           |     |           |            |            |          |    |
|    | O Distribution Centers   | 0    | Re         | sta  | uran        | ts         |       |      |      |            |      |           |     |           |            |            |          |    |
|    | O Food Processing Facilities   | 0    | Sc         | hoc  | ols a       | nd         | Uni   | vers | itie | s          |      |           |     |           |            |            |          |    |
|    | O Garbage Truck Washouts   | 0    | Sej        | ptic | M           | aint       | enar  | nce  |      |            |      |           |     |           |            |            |          |    |
|    | ○ Hospitals  | 0    | Sw         | /im  | min         | g P        | ools  |      |      |            |      |           |     |           |            |            |          |    |
|    | O Improper RV Waste Disposal   | 0    | Ve         | hic  | le F        | uel        | ing   |      |      |            |      |           |     |           |            |            |          |    |
|    | O Industrial Process Water   | 0    | Ve         | hic  | le N        | 1air       | t./R  | epa  | ir S | Sho        | ps   |           |     |           |            |            |          |    |
|    | Other:   | •    | No         | ne   |             |            |       |      |      |            |      |           |     |           |            |            |          |    |
|    |  |      |            |      |             |            |       |      |      |            |      |           |     |           |            |            |          |    |
|    | O Sewersheds:  |      |            |      |             |            |       |      |      |            |      |           |     |           |            |            |          |    |
|    |  |      |            |      |             |            |       |      |      |            |      |           |     |           |            |            |          |    |

N V P 2 O A 1 1 A

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition Town of Wilton   | N Y R 2 0 A 1 1 4  |
|--|--|
| Minimum Control Measure 3.   | Illicit Discharge Detection and Elimination                  |
| The information in this section is being reported (  | (check one):   |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to t</li> </ul> | this report?   |
| 1. Enter the number and approx. percent  | of outfalls mapped: 5 1 # 9 0 %                              |
| 2. How many of these outfalls have been so reporting period (outfall reconnaissance  | creened for dry weather discharges during this e inventory)? |
| 3.a. What types of generating sites/sewershe reporting period?   | eds were targeted for inspection during this                 |
| O Auto Recyclers   | O Landscaping (Irrigation)                                   |
| O Building Maintenance   | ○ Marinas  |
| ○ Churches   | O Metal Plateing Operations                                  |
| O Commercial Carwashes   | Outdoor Fluid Storage  |
| O Commercial Laundry/Dry Cleaners  | <ul> <li>Parking Lot Maintenance</li> </ul>                  |
| O Construction Vehicle Washouts  | ○ Printing   |
| ○ Cross-Connections  | O Residential Carwashing                                     |
| O Distribution Centers   | ○ Restaurants  |
| ○ Food Processing Facilities   | ○ Schools and Universities                                   |
| ○ Garbage Truck Washouts   | Septic Maintenance   |
| ○ Hospitals  | O Swimming Pools   |
| O Improper RV Waste Disposal   | ● Vehicle Fueling  |
| O Industrial Process Water   | ● Vehicle Maint./Repair Shops                                |
| Other:   | ○ None   |
|  |  |
| O Sewersheds:  |  |
|  |  |

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

| Name of MS4/Coalition Village of Ballstor  |                                   | N           | Y      | R 2  | 2 C  | A                | 3          |               | 6        |                       |
|--|-----------------------------------|-------------|--------|------|------|------------------|------------|---------------|----------|-----------------------|
| 3.b. What types of illicit discharges have   | e been found during               | g this repo | rting  | pe   | riod | 1?               |            |               |          |                       |
| O Broken Lines From Sanitary Sewer   | O Industrial Conne                | ctions      |        |      |      |                  |            |               |          |                       |
| O Cross Connections  | O Inflow/Infiltration             | n           |        |      |      |                  |            |               |          |                       |
| O Failing Septic Systems   | O Pump Station Fai                | ilure       |        |      |      |                  |            |               |          |                       |
| O Floor Drains Connected To Storm Sewers   | O Sanitary Sewer C                | Overflows   |        |      |      |                  |            |               |          |                       |
| O Illegal Dumping  | O Straight Pipe Sev               | ver Dischar | ges    |      |      |                  |            |               |          |                       |
| Other:  4. How many illicit discharges/potentia  | None     Illegal connection       | as have be  | en de  | tect | ed o | duri             | ing        | this          | <u> </u> |                       |
| reporting period?  |                                   |             |        |      |      |                  |            |               |          | 0                     |
| 5. How many illicit discharges have be   | oon oonfirmed durir               | ng this yon | outin  | a n  | owio | 49               |            |               |          | 0                     |
| 3. How many finest discharges have be  | cen commined durin                | ig this rep | or tim | g p  |      | u.               |            |               |          |                       |
| 6. How many illicit discharges/illegal c   | connections have be               | en elimina  | ited d | luri | ng 1 | this             | rep        | ort           | ing      | <del>,</del>          |
|  |                                   |             |        |      |      |                  |            | $\overline{}$ |          |                       |
| period?  |                                   |             |        |      |      |                  |            |               |          | 0                     |
| 7. Has the storm sewershed mapping b   | -                                 | -           | - I    |      | d?   | [                | _<br>]Y∙   | es            | •        | 0<br>No               |
| •  | -                                 | -           | - I    |      | d?   | [                | □ Y•       | Т             | Τ.       | No                    |
| 7. Has the storm sewershed mapping b   | s completed in this r             | -           | - I    |      | d?   |                  |            | 0             | 0        | No                    |
| <ul> <li>7. Has the storm sewershed mapping by If No, approximately what percent was</li> <li>8. Is the above information available in Is this information available on the</li> </ul>   | s completed in this r             | -           | - I    |      | d?   |                  | 1          | o<br>es       | 0        | No                    |
| <ul> <li>7. Has the storm sewershed mapping by If No, approximately what percent was</li> <li>8. Is the above information available in Is this information available on the If Yes, provide URL(s):</li> </ul>   | n GIS? web?                       | eporting po | eriod? |      |      | [<br>[           | 1<br>Y Y O | o<br>es       | 0        | No<br>  %<br>  No     |
| <ul> <li>7. Has the storm sewershed mapping to the storm sewershed mapping to the storm approximately what percent was a storm at the s</li></ul> | n GIS? web?  e where map(s) can b | eporting po | eriod? | hor  | ne p | []<br>[]<br>page | 1 Y o      | es<br>es      | 0        | No<br>] %<br>No<br>No |
| 7. Has the storm sewershed mapping to If No, approximately what percent was 8. Is the above information available in Is this information available on the If Yes, provide URL(s):  Please provide specific address of page URL  h t t p : / / s p a t i a  | n GIS? web?  where map(s) can b   | eporting po | eriod? | hor  | ne p | [<br>[           | 1 Y o      | o<br>es       | 0        | No<br>  %<br>  No     |
| <ul> <li>7. Has the storm sewershed mapping to the storm sewershed mapping to the storm approximately what percent was a storm at the s</li></ul> | n GIS? web?  e where map(s) can b | eporting po | eriod? | hor  | ne p | []<br>[]<br>page | 1 Y o      | es<br>es      | 0        | No<br>] %<br>No<br>No |
| 7. Has the storm sewershed mapping to If No, approximately what percent was 8. Is the above information available in Is this information available on the If Yes, provide URL(s):  Please provide specific address of page URL  h t t p : / / s p a t i a  | n GIS? web?  e where map(s) can b | eporting po | eriod? | hor  | ne p | []<br>[]<br>page | 1 Y o      | es<br>es      | 0        | No<br>] %<br>No<br>No |
| 7. Has the storm sewershed mapping to If No, approximately what percent was 8. Is the above information available in Is this information available on the If Yes, provide URL(s):  Please provide specific address of page URL  h t t p : / / s p a t i a  | n GIS? web?  e where map(s) can b | eporting po | eriod? | hor  | ne p | []<br>[]<br>page | 1 Y o      | es<br>es      | 0        | No<br>] %<br>No<br>No |
| 7. Has the storm sewershed mapping has If No, approximately what percent was 8. Is the above information available in Is this information available on the If Yes, provide URL(s):  Please provide specific address of page URL  h t t p : / / s p a t i a a p V i e w e r /   | n GIS? web?  e where map(s) can b | eporting po | eriod? | hor  | ne p | []<br>[]<br>page | 1 Y o      | es<br>es      | 0        | No<br>] %<br>No<br>No |

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

| Name of MS4/Coalition Town of Ballston   | N Y R 2  | 0   A                                      |         | 7                           |
|--|--|--|---------|-----------------------------|
| 3.b.What types of illicit discharges have  | e been found during this reporting period?   |  |         |                             |
| O Broken Lines From Sanitary Sewer   | O Industrial Connections   |  |         |                             |
| O Cross Connections  | ○ Inflow/Infiltration  |  |         |                             |
| O Failing Septic Systems   | O Pump Station Failure   |  |         |                             |
| O Floor Drains Connected To Storm Sewers   | O Sanitary Sewer Overflows   |  |         |                             |
| O Illegal Dumping  | O Straight Pipe Sewer Discharges   |  |         |                             |
| Other:  4. How many illicit discharges/potential   | None  al illegal connections have been detected dur  | ring t                                     | his     |                             |
| reporting period?  |  |  |         | 0                           |
| 5 Hamman Will disharas hamba   | C'   | ٦  |         | 0                           |
| 5. How many mich discharges have be  | en confirmed during this reporting period?   | L  |         |                             |
| 6. How many illicit discharges/illegal of  | connections have been eliminated during this   | s repo                                     | ortin   | g                           |
|  |  |  |         |                             |
| period?  |  |  |         | 0                           |
| •  | peen completed in this reporting period?   | [<br>● Ye                                  | s [     | 0<br>] No                   |
| •  | <u> </u>   | ¶ Ye                                       | s [     |                             |
| 7. Has the storm sewershed mapping b   | s completed in this reporting period?  | <ul><li>Ye</li><li>Ye</li><li>Ye</li></ul> |         | ]No                         |
| <ul> <li>7. Has the storm sewershed mapping to the storm sewer</li></ul> | s completed in this reporting period?  n GIS?  |  | s [     | No<br>  %<br> -             |
| <ul> <li>7. Has the storm sewershed mapping to the lift No, approximately what percent was</li> <li>8. Is the above information available in the lift Yes, provide URL(s):</li> </ul>  | s completed in this reporting period?  n GIS? web?   | ● Ye                                       | s [     | ] No<br>] %<br>] No         |
| <ul> <li>7. Has the storm sewershed mapping to the lift No, approximately what percent was</li> <li>8. Is the above information available in the lift Yes, provide URL(s):</li> </ul>  | s completed in this reporting period?  n GIS?  | ● Ye                                       | s [     | ] No<br>] %<br>] No         |
| <ul> <li>7. Has the storm sewershed mapping to the lift No, approximately what percent was a selected with the lift Yes, provide URL(s):</li> <li>Please provide specific address of pages</li> </ul>  | s completed in this reporting period?  n GIS? web?  where map(s) can be accessed - not home page   | ● Ye                                       | s [     | No %                        |
| <ul> <li>7. Has the storm sewershed mapping to the life No, approximately what percent was a selected with the life of the lif</li></ul> | s completed in this reporting period?  n GIS? web?  where map(s) can be accessed - not home page a p h o s t . c o m / s a r a t   | ● Ye<br>● Ye                               | s [s    | ] No<br>] %<br>] No<br>] No |
| <ul> <li>7. Has the storm sewershed mapping to the life No, approximately what percent was a selected with the life of the lif</li></ul> | s completed in this reporting period?  n GIS? web?  where map(s) can be accessed - not home page of phost.com/sarata   | Ye Ye                                      | s [ss ] | ] No<br>] %<br>] No<br>] No |
| 7. Has the storm sewershed mapping to If No, approximately what percent was 8. Is the above information available in Is this information available on the If Yes, provide URL(s):  Please provide specific address of page URL  h t t p : / / w w w . m a line in the Importance of the Im           | s completed in this reporting period?  n GIS? web?  where map(s) can be accessed - not home page to be a point of the color of the colo | Ye Ye                                      | s [ss ] | ] No<br>] %<br>] No<br>] No |
| 7. Has the storm sewershed mapping to If No, approximately what percent was 8. Is the above information available in Is this information available on the If Yes, provide URL(s):  Please provide specific address of page URL  h t t p : / / w w w . m a series was a constant of the Internation available in Is this information available in Is this information available in Is this information available in Is this information available in Is this information available in Is this information available in Is this information available in Is this information available in Is this information available in Is this information available in Is this information available in Is this information available in Is this information available in Is this information available in Is this information available in Is this information available in Is this information available in Is this information available on the Is this information available on the Is this information available in Is this informatio           | s completed in this reporting period?  n GIS? web?  where map(s) can be accessed - not home page to be a point of the color of the colo | Ye Ye                                      | s [ss ] | ] No<br>] %<br>] No<br>] No |

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2

| Name of MS4/Coalition Town of Charlton                            |                                  |             | N Y     | R    | 2     | 0 2       | 0       | 3    | 2  |
|---|----------------------------------|-------------|---------|------|-------|-----------|---------|------|----|
| 3.b.What types of illicit discharges have                         | been found during th             | nis report  | ting p  | erio | od?   |           |         |      |    |
| O Broken Lines From Sanitary Sewer                                | O Industrial Connection          | ons         |         |      |       |           |         |      |    |
| O Cross Connections   | ○ Inflow/Infiltration            |             |         |      |       |           |         |      |    |
| O Failing Septic Systems  | O Pump Station Failure           | e           |         |      |       |           |         |      |    |
| O Floor Drains Connected To Storm Sewers                          | O Sanitary Sewer Over            | rflows      |         |      |       |           |         |      |    |
| O Illegal Dumping   | O Straight Pipe Sewer            | Discharge   | s       |      |       |           |         |      |    |
| Other:  4. How many illicit discharges/potentia                   | None     I illegal connections h | nave been   | dete    | eted | l du  | ıring     | thi     | s    |    |
| reporting period?   | 9                                |             |         |      |       |           |         |      | 0  |
|   | e 11 ·                           |             | <b></b> |      | . 14  | 0         |         |      |    |
| 5. How many illicit discharges have bee                           | en confirmed during (            | ınıs repor  | rung j  | peri | loa . | •         |         |      | 0  |
| 6. How many illicit discharges/illegal coperiod?                  | onnections have been             | eliminato   | ed du   | ring | ţ th  | is re     | port    | ting | 0  |
| 7. Has the storm sewershed mapping be                             | -                                | - '         |         | od?  | •     | • 7       | es      | 0    | No |
| If No, approximately what percent was                             | completed in this repo           | orting peri | od?     |      |       |           | $\perp$ |      | 웅  |
| 8. Is the above information available in                          |                                  |             |         |      |       | $\circ$ Y | Zes     |      | No |
| Is this information available on the v<br>If Yes, provide URL(s): | veb?                             |             |         |      |       | $\circ$ 7 | es      | •    | No |
| Please provide specific address of page                           | where map(s) can be a            | ccessed -   | not h   | ome  | pa    | ge.       |         |      |    |
|   |                                  |             |         |      |       |           |         |      |    |
|   |                                  |             |         |      |       | $\perp$   |         |      |    |
|   |                                  |             |         |      |       |           |         |      |    |
| URL   |                                  |             |         | 1    |       |           | $\top$  |      |    |
|   |                                  |             |         |      |       |           | +       |      |    |
|   |                                  |             |         |      |       |           | +       |      |    |
|   |                                  |             |         |      |       |           |         |      |    |

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition TOWN OF CLIFTON PARK                   |                         |               | N Y    | R        | 2     | 0 A       | 0    | 3    | 5  |
|--|-------------------------|---------------|--------|----------|-------|-----------|------|------|----|
| 3.b.What types of illicit discharges ha                      | ve been found during    | this report   | ting p | erio     | od?   |           |      |      |    |
| O Broken Lines From Sanitary Sewer                           | O Industrial Connect    | tions         |        |          |       |           |      |      |    |
| O Cross Connections  | O Inflow/Infiltration   |               |        |          |       |           |      |      |    |
| O Failing Septic Systems                                     | O Pump Station Fail     | ure           |        |          |       |           |      |      |    |
| O Floor Drains Connected To Storm Sewer                      | s • Sanitary Sewer O    | verflows      |        |          |       |           |      |      |    |
| O Illegal Dumping  | O Straight Pipe Sewe    | er Discharge  | S      |          |       |           |      |      |    |
| Other:  Dumping of 1  4. How many illicit discharges/potent  |                         | m i c a       | l s    | cted     | l du  | ıring     | this | s    |    |
| reporting period?  |                         |               |        |          |       |           |      |      | 2  |
| 5. How many illicit discharges have l                        |                         | - 4h:         | .4:    | <b>:</b> | ال ما | 0         |      |      | 2  |
| 3. How many mich discharges have t                           | seen commined during    | g tills repor | ung    | perr     | ou .  | •         |      |      |    |
| 6. How many illicit discharges/illegal                       | connections have bee    | en eliminate  | ed du  | ring     | ţ th  | is rep    | ort  | ting |    |
| period?  |                         |               |        |          |       |           |      |      | 2  |
| 7. Has the storm sewershed mapping                           | •                       | - '           | _      | od?      | )     | • Y       | es   | 0    | No |
| If No, approximately what percent w                          | as completed in this re | porting peri  | od?    |          |       |           |      |      | 용  |
| 8. Is the above information available                        | in GIS?                 |               |        |          |       | $\circ$ Y | es   |      | No |
| Is this information available on the If Yes, provide URL(s): | e web?                  |               |        |          |       | $\circ$ Y | es   | •    | No |
| Please provide specific address of page                      | ge where map(s) can be  | e accessed -  | not h  | ome      | pa    | ge.       |      |      |    |
| URL  |                         |               |        |          |       |           |      |      |    |
|  |                         |               |        |          |       |           |      |      |    |
|  |                         |               |        | П        |       |           | T    |      | _  |
| URL  |                         |               |        |          |       |           |      |      |    |
|  |                         |               |        |          |       |           |      |      |    |
|  |                         |               |        |          |       |           |      |      |    |
|  |                         |               |        |          |       |           |      |      |    |

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0

| Name         | of M          | S4/0  | Coa       | litic | n_T      | ow        | n c  | of C | iree         | enfi            | eld  |             |     |              |      |      |       |        |            |       |      |           | N    | Y    | R          | 2    | 0    | A    | 1    | 2        | 3        |
|--------------|---------------|-------|-----------|-------|----------|-----------|------|------|--------------|-----------------|------|-------------|-----|--------------|------|------|-------|--------|------------|-------|------|-----------|------|------|------------|------|------|------|------|----------|----------|
| 3.b.V        | Wha           | ıt ty | pe        | s o   | f il     | lici      | t di | iscl | nar          | ges             | ha   | ve          | be  | en f         | fou  | nd   | du    | rin    | g tl       | his   | rep  | or        | ting | g p  | erio       | od?  | •    |      |      |          |          |
| O Bro        | oken          | Lin   | ies       | Frc   | m S      | San       | itar | y S  | ewe          | r               |      |             | 0   | Ind          | ustı | ial  | Co    | nne    | etic       | ons   |      |           |      |      |            |      |      |      |      |          |          |
| O Cro        | oss (         | Con   | nec       | tior  | ıs       |           |      |      |              |                 |      |             | 0   | Infl         | low  | /Inf | iltra | itio   | n          |       |      |           |      |      |            |      |      |      |      |          |          |
| • Fai        | iling         | Sep   | otic      | Sy    | stei     | ns        |      |      |              |                 |      |             | 0   | Pur          | np   | Sta  | tion  | Fa     | ilur       | e     |      |           |      |      |            |      |      |      |      |          |          |
| ○ Flo        | or I          | )raii | ns (      | Con   | nec      | ted       | То   | Sto  | orm          | Se              | wer  | 'S          | 0   | Sar          | itai | ry S | Sew   | er (   | Ove        | rflo  | WS   |           |      |      |            |      |      |      |      |          |          |
| ○ Ille       | gal           | Dur   | npi       | ng    |          |           |      |      |              |                 |      |             | 0   | Stra         | aigł | nt P | ipe   | Sev    | ver        | Dis   | scha | ırge      | s    |      |            |      |      |      |      |          |          |
| Otl          |               | ma    | ıny       | ill   | icit     | di        | sch  | arş  | ges/         | po <sup>1</sup> | ten  | tia         |     | No:          |      | onr  | nect  | tio    | ns l       | nav   | e b  | eer       | ı de | etec | eted       | l dı | urii | ng 1 | this | <b>S</b> |          |
| r            | epo           | rtin  | g         | er    | iod      | ?         |      |      |              |                 |      |             |     |              |      |      |       |        |            |       |      |           |      |      |            |      |      |      |      | 1        | 4        |
| 5. H         | Low           | ma    | mx        | :111  | ioit     | · di      | anh  | o re | TOS          | hov             | vo l | haa         | n o | ant          | finr | mad  | l 4.  | . wi : | næ i       | thic  | . PO | no        | etir |      | <b>NOW</b> | hai  | 9    |      |      | 1        | 4        |
| <b>0.</b> 1. | 2011          | 1110  | · · · · · |       | 1010     |           |      | 8    | <b>,</b> • • |                 | , ,  |             |     | <b>V</b> 111 |      |      |       |        | <b>-</b> 5 | •     | , 10 | Po        |      | 1 8* | , ,        | lou  | •    |      |      |          |          |
| 6. E         |               |       | ny        | ill   | icit     | di        | sch  | arş  | ges/         | ille            | ega  | l co        | nn  | ect          | ion  | s h  | ave   | be     | een        | eli   | miı  | ıat       | ed   | duı  | inş        | g th | is 1 | rep  | ort  | ting     | ĺ        |
| p            | erio          | a?    |           |       |          |           |      |      |              |                 |      |             |     |              |      |      |       |        |            |       |      |           |      |      |            |      |      |      |      | 1        | 4        |
| 7. E         |               |       |           |       |          |           |      |      |              |                 | _    | -           |     |              | _    |      |       |        |            | _     |      |           | _    |      | od'        | ?    |      | Y    | es   | 0        | No       |
| 13           | f No          | , ap  | pro       | OX1   | ma       | tery      | W.   | nat  | per          | cer             | II V | <i>v</i> as | COI | npı          | ete  | a ii | ı tn  | is r   | epo        | ortii | ng j | per       | loa  |      |            |      |      |      |      |          | 용        |
| 8. Is        |               |       |           |       |          |           |      |      |              |                 |      |             |     |              |      |      |       |        |            |       |      |           |      |      |            |      | С    | Y    | es   |          | No       |
|              | s thi<br>f Ye |       |           |       |          |           |      |      | ble          | on              | th   | e v         | veb | ?            |      |      |       |        |            |       |      |           |      |      |            |      | С    | Y    | es   | •        | No       |
|              | ease          | - 1   |           |       |          |           | ` /  |      | ress         | of              | `pa  | ge '        | whe | ere          | ma   | p(s  | ) ca  | ın t   | e a        | icce  | esse | ed -      | no   | t ho | me         | e pa | ıge. |      |      |          |          |
| UR           |               | _     |           |       | ,        | ,         |      |      |              |                 |      |             |     | h            |      | _    | _     |        | _          |       |      | ,         | _    |      | 70         | _    |      |      | ~    |          | ,        |
| h            | t             | t     | p         | :     | <u> </u> | <u> /</u> | W    | W    | W            | •               | m    | a           | р   | h            | 0    | s    | t     | •      | С          | 0     | m    | <u> /</u> | s    | a    | r          | a    | t    | 0    | a    | a        | <u> </u> |
|              |               |       |           |       |          |           |      |      |              |                 |      |             |     |              |      |      |       |        |            |       |      |           |      |      |            |      |      |      |      |          |          |
|              |               |       |           |       |          |           |      |      |              |                 |      |             |     |              |      |      |       |        |            |       |      |           |      |      |            |      |      |      |      |          |          |
| UR           | L             |       |           |       |          |           |      |      |              |                 |      |             |     |              |      |      |       |        |            |       |      |           |      |      |            |      |      |      |      |          |          |
| <u> </u>     |               | 1     |           |       |          |           |      |      |              |                 |      |             |     |              |      |      |       |        |            |       |      |           |      |      |            |      | 1    |      |      |          |          |
|              |               |       |           |       |          |           |      |      |              |                 |      |             |     |              |      |      |       |        |            |       |      |           |      |      |            |      |      |      |      |          |          |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| Name of MS4/Coalition Town of Halfmoon                                     |                                  |        | И                 | R    | 2    | 0    | А          | 3   | 7   | 5  |
|--|----------------------------------|--------|-------------------|------|------|------|------------|-----|-----|----|
| 3.b. What types of illicit discharges have                                 | been found during this           | repor  | ting <sub>l</sub> | peri | od?  | ,    |            |     |     |    |
| O Broken Lines From Sanitary Sewer   | O Industrial Connections         |        |                   |      |      |      |            |     |     |    |
| O Cross Connections  | ○ Inflow/Infiltration            |        |                   |      |      |      |            |     |     |    |
| O Failing Septic Systems   | O Pump Station Failure           |        |                   |      |      |      |            |     |     |    |
| O Floor Drains Connected To Storm Sewers                                   | O Sanitary Sewer Overflow        | ws     |                   |      |      |      |            |     |     |    |
| ○ Illegal Dumping  | O Straight Pipe Sewer Dis        | charge | s                 |      |      |      |            |     |     |    |
| Other:  4. How many illicit discharges/potentia                            | None    Illegal connections have | e beer | dete              | ecte | d dı |      | ng 1       | his |     |    |
| reporting period?  | i megur connections nuve         |        |                   |      |      |      | <b>.</b> 6 |     |     | 0  |
|  |                                  |        |                   |      |      |      |            |     |     |    |
| 5. How many illicit discharges have been                                   | en confirmed during this         | repo   | rting             | per  | iod  | ?    |            |     |     | 0  |
| 6. How many illicit discharges/illegal co                                  | onnections have been eli         | minat  | ed du             | ırin | g tł | is 1 | rep        | ort | ing |    |
| period?  |                                  |        |                   |      |      |      |            |     |     | 0  |
| 7. Has the storm sewershed mapping b If No, approximately what percent was | -                                |        |                   | iod  | ?    |      | Ye         | Т   |     | No |
| ii no, approximately what percent was                                      | completed in this reporting      | ig per | iou:              |      |      |      | 1          | 0   | 0   | 웅  |
| 8. Is the above information available in                                   |                                  |        |                   |      |      |      | Υe         | es  | 0   | No |
| Is this information available on the v<br>If Yes, provide URL(s):          | veb?                             |        |                   |      |      |      | Υe         | es  | 0   | No |
| Please provide specific address of page                                    | where map(s) can be acce         | ssed - | not h             | om   | e pa | ıge. |            |     |     |    |
| URL h t t p s : / / s p a t i  | a 1 . v h b . c                  | o m    | / [5              | a    | r    | а    | t          | 0   |     |    |
| g a M a p V i e w e r /  |                                  |        |                   | ) u  | -    | u    |            |     |     |    |
|  |                                  |        |                   | +    |      |      |            |     |     |    |
| URL  |                                  |        |                   |      |      |      |            |     |     |    |
|  |                                  |        |                   |      |      |      |            |     |     |    |
|  |                                  |        |                   |      |      |      |            |     |     |    |
|  |                                  |        |                   |      |      |      |            |     |     |    |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

| Name     | of MS | S4/Co           | alitio | on T    | ·ov      | vn       | of   | Ma    | alta | a      |      |      |       |      |              |       |       |      |      |      |     | SPE<br>N | DES<br>Y | ID<br>R | 2    | 0    | А    | 0   | 8   | 6  |
|----------|-------|-----------------|--------|---------|----------|----------|------|-------|------|--------|------|------|-------|------|--------------|-------|-------|------|------|------|-----|----------|----------|---------|------|------|------|-----|-----|----|
| 3.b.V    | Wha   | t typ           | es o   | f il    | lici     | t di     | iscł | ıarş  | ges  | ha     | ve   | bee  | n f   | ou   | nd           | du    | rin   | g tł | is : | rep  | ort | ing      | g pe     | erio    | d?   |      |      |     |     |    |
| O Bro    | oken  | Line            | s Fro  | om S    | San      | itar     | y S  | ewe   | r    |        |      | 0    | Indi  | ustr | ial          | Co    | nne   | ctio | ns   |      |     |          |          |         |      |      |      |     |     |    |
| O Cro    | oss ( | Conne           | ection | ns      |          |          |      |       |      |        |      | •    | [nf]  | OW/  | /Inf         | iltra | itioi | n    |      |      |     |          |          |         |      |      |      |     |     |    |
| ○ Fai    | ling  | Septi           | ic Sy  | ste     | ns       |          |      |       |      |        |      |      | Pun   | np S | Stat         | ion   | Fai   | ilur | e    |      |     |          |          |         |      |      |      |     |     |    |
| ○ Flo    | or D  | rains           | Cor    | nnec    | eted     | То       | Sto  | orm   | Sev  | wer    | S    | 0    | San   | itar | y S          | ewo   | er C  | )vei | rflo | WS   |     |          |          |         |      |      |      |     |     |    |
| • Ille   | gal l | Dump            | oing   |         |          |          |      |       |      |        |      | 0    | Stra  | aigh | nt P         | ipe   | Sev   | ver  | Dis  | cha  | rge | S        |          |         |      |      |      |     |     |    |
| Otl      | ner:  |                 |        |         |          |          |      |       |      |        |      | 0 ]  | Noı   | ne   |              |       |       |      |      |      |     |          |          |         |      |      |      |     |     |    |
| 4. H     |       |                 | •      |         |          | sch      | arg  | ges/j | pot  | ten    | tial | ille | ega   | l c  | onn          | ect   | ion   | s h  | av   | e b  | een | de       | tec      | ted     | dı   | ırin | ıg t | his |     |    |
| r        | epoi  | ting            | per    | iod     | ?        |          |      |       |      |        |      |      |       |      |              |       |       |      |      |      |     |          |          |         |      |      |      |     |     | 0  |
| 5. H     | Iow   | man             | v ill  | licit   | t dis    | sch      | arg  | es l  | hav  | ve l   | )eei | n c  | onf   | ïrn  | ned          | dı    | ırir  | ıg f | his  | re   | por | tin      | g n      | eri     | oď   | ?    |      |     |     | 0  |
|          |       |                 | .,     |         | -        |          |      | ,     |      |        |      |      |       |      |              |       |       | -8 - |      | ,    |     |          | ъг       |         |      | •    | l    |     |     |    |
| 6. H     |       |                 | y ill  | licit   | di       | sch      | arg  | ges/i | ille | gal    | co   | nn   | ecti  | ion  | s h          | ave   | be    | en   | eliı | mir  | ate | ed d     | lur      | ing     | g th | is r | ep   | ort | ing |    |
| p        | erio  | <b>a</b> :      |        |         |          |          |      |       |      |        |      |      |       |      |              |       |       |      |      |      |     |          |          |         |      |      |      |     |     |    |
| 7. H     |       |                 |        |         |          |          |      |       |      | _      |      |      |       | _    |              |       |       |      | _    |      | •   | _        |          | od?     | •    | •    | ]Ye  | s   |     | No |
| 1.       | INO   | , app           | IOXI   | ma      | tery     | WI       | nai  | per   | cen  | u w    | as   | COL  | upi   | ele  | u II.        | ı uı  | IS I  | еро  | TUII | ıg þ | em  | ou:      |          |         |      |      | 1    | 0   | 0   | 용  |
| 8. I     |       |                 |        |         |          |          |      |       |      |        |      |      |       |      |              |       |       |      |      |      |     |          |          |         |      | •    | Ye   | s   |     | No |
|          |       | s inf<br>s, pro |        |         |          |          |      | ble   | on   | the    | e w  | 'eb' | ?     |      |              |       |       |      |      |      |     |          |          |         |      | •    | Ye   | s   |     | No |
|          |       | prov            |        |         |          | ` ′      |      | ess   | of   | pag    | ge v | whe  | ere i | ma   | <b>p(</b> s) | ) ca  | n b   | e a  | cce  | sse  | d - | not      | ho       | me      | pa   | ge.  |      |     |     |    |
| UR       |       | +   r           | \      | Ι.      | /        | /        |      | n     | _    | t      | -    |      | 1     |      | 7.7          | h     | h     |      |      |      | m   | /        | S        | _       | r    |      | t    |     | ~   | _  |
| h<br>M   | +     | t p             | +      | :<br> e | /<br>  w | /<br>  e | s    | p     | a    | ر<br>ا | i    | а    | _     | •    | V            | 11    |       | •    | С    | 0    | m   | /        | ۵        | а       | r    | а    |      | 0   | g   | a  |
| 141      | a     | p V             | +      |         | _ w<br>  |          |      | /     |      |        |      |      |       |      |              |       |       |      |      |      |     |          |          |         |      |      |      |     |     |    |
| L_<br>UR | <br>T |                 |        |         |          |          | ļ    |       |      |        |      |      |       |      |              |       |       |      |      |      |     |          |          |         |      |      |      |     |     |    |
|          |       |                 |        |         |          |          |      |       |      |        |      |      |       |      |              |       |       |      |      |      |     |          |          |         |      |      |      |     |     |    |
|          |       |                 |        |         |          |          |      |       |      |        |      |      |       |      |              |       |       |      |      |      |     |          |          |         |      |      |      |     |     |    |
|          |       |                 |        |         |          |          |      |       |      |        |      |      |       |      |              |       |       |      |      |      |     |          |          |         |      |      |      |     |     |    |

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name o      | fMS   | 34/Co            | alitio   | on_C      | ity o | f Me | chan | icvill | e        |          |           |     |      |      |          |       |      |           |          |           |     | N    | Y        | R        | 2       | 0         | Α         | 5    | 5   | 1  |
|-------------|-------|------------------|----------|-----------|-------|------|------|--------|----------|----------|-----------|-----|------|------|----------|-------|------|-----------|----------|-----------|-----|------|----------|----------|---------|-----------|-----------|------|-----|----|
| 3.b.W       | /ha   | t typ            | es o     | f il      | lici  | t di | isch | ıarş   | ges      | ha       | ve        | bee | en f | ou   | nd       | du    | rin  | g th      | nis :    | rep       | ort | ting | g pe     | erio     | d?      |           |           |      |     |    |
| • Bro       | ken   | Lines            | Fro      | m S       | Sani  | itar | y S  | ewe    | r        |          |           |     | Ind  | ustr | ial      | Co    | nne  | ctio      | ns       |           |     |      |          |          |         |           |           |      |     |    |
| ○ Cro       | ss C  | onne             | ctio     | ns        |       |      |      |        |          |          |           |     | Infl | ow/  | /Inf     | iltra | tio  | n         |          |           |     |      |          |          |         |           |           |      |     |    |
| ○ Fail      | ing   | Septi            | e Sy     | stei      | ns    |      |      |        |          |          |           |     | Pur  | np S | Stat     | ion   | Fai  | lur       | е        |           |     |      |          |          |         |           |           |      |     |    |
| ○ Floo      | or D  | rains            | Cor      | nnec      | ted   | То   | Sto  | orm    | Se       | wer      | S         |     | San  | itar | y S      | ewe   | er C | )vei      | flo      | WS        |     |      |          |          |         |           |           |      |     |    |
| • Illeg     | gal I | Dump             | ing      |           |       |      |      |        |          |          |           |     | Stra | aigh | nt Pi    | ipe   | Sev  | ver       | Dis      | cha       | rge | S    |          |          |         |           |           |      |     |    |
| Oth m  4. H | i     | s u              |          | e<br>icit | dis   | o    | f    | ges/   | C<br>pot | b<br>ten | s<br>tial | ,   | Noi  | v    | e<br>onn | h     | i    | c<br>is h | 1<br>ave | e<br>e be | een | s de | p<br>tec | i<br>ted | 1<br>du | 1<br>Irin | s<br>ng t | this |     |    |
| re          | por   | ting             | per      | iod       | ?     |      |      |        |          |          |           |     |      |      |          |       |      |           |          |           |     |      |          |          |         |           |           |      | 1   | 3  |
| <i>5</i> II |       |                  | •11      | • - • 4   | . 12. | 1.   |      | 1      |          | 1        |           |     |      | ••   |          | J     | •    | 4         | 1        |           |     | .4•  |          |          | - 1     | n         | [         |      | 1   | 3  |
| 5. H        | OW .  | шаш              | y III    | icit      | ars   | SCII | arg  | ges    | пач      | ve i     | jee.      | пс  | OHI  | ПП   | neu      | aı    | III  | ıg ı      | IIIS     | re        | por | 'UII | ց բ      | eri      | ou      | ٤         |           |      |     | ٥  |
| 6. H        |       |                  | y ill    | icit      | dis   | sch  | arg  | ges/i  | ille     | gal      | co        | nn  | ecti | ion  | s ha     | ave   | be   | en        | eliı     | mir       | ate | ed o | lur      | ing      | ; th    | is r      | ep        | ort  | ing |    |
| pe          | erio  | d?               |          |           |       |      |      |        |          |          |           |     |      |      |          |       |      |           |          |           |     |      |          |          |         |           |           |      | 1   | 2  |
| 7. H        |       |                  |          |           |       |      |      |        |          | _        |           |     |      | -    |          |       |      |           | -        |           | •   | _    |          | od?      | •       |           | Ye        | s    | 0   | No |
| If          | No,   | appı             | oxi      | mai       | tely  | wl   | nat  | per    | cen      | t w      | as        | cor | npl  | ete  | d in     | th    | is r | epo       | rtir     | ng p      | eri | od?  | )        |          |         |           |           |      |     | 용  |
| 8. Is       | the   | abo              | ve i     | nfo       | rm    | atio | on : | ava    | ila      | ble      | in        | GI  | S?   |      |          |       |      |           |          |           |     |      |          |          |         |           | Ye        | es   | 0   | No |
|             |       | s info<br>s, pro |          |           |       |      |      | ble    | on       | th       | e w       | eb' | ?    |      |          |       |      |           |          |           |     |      |          |          |         |           | Ye        | s    | 0   | No |
|             |       | , pro<br>prov    |          |           |       | ` ′  |      | ess:   | of       | nas      | e v       | νhε | ere  | ma   | n(s`     | ) ca  | n h  | e a       | cce      | sse       | d - | not  | ho       | me       | na      | ge.       |           |      |     |    |
| URL         |       | <b>I</b>         |          | -r -      |       |      |      |        |          | r 4      |           |     |      |      | F (-)    | ,     |      |           |          |           |     |      |          |          | F       |           | _         |      |     |    |
| W           | W     | w .              | m        | е         | С     | h    | a    | n      | i        | С        | V         | i   | 1    | 1    | е        | S     | t    | 0         | r        | m         | W   | a    | t        | е        | r       |           | С         | 0    | m   |    |
|             |       |                  | <u> </u> |           |       |      |      |        |          |          |           |     |      |      |          |       |      |           |          |           |     |      |          |          |         | =         |           |      |     |    |
|             |       |                  |          |           |       |      |      |        |          |          |           |     |      |      |          |       |      |           |          |           |     |      |          |          |         |           |           |      |     |    |
| URL         | ,     |                  |          |           |       |      |      |        |          |          |           |     |      |      |          |       |      |           |          |           |     |      |          |          |         |           |           |      |     |    |
|             |       |                  | 1        |           |       |      |      |        |          |          |           |     |      |      |          |       |      |           |          |           |     |      |          |          |         | $\exists$ | <u> </u>  |      |     |    |
|             |       |                  | <u> </u> |           |       |      |      |        |          |          |           |     |      |      |          |       |      |           |          |           |     |      |          |          |         | $\exists$ |           |      |     |    |
|             |       |                  |          |           |       |      |      |        |          |          |           |     |      |      |          |       |      |           |          |           |     |      |          |          |         |           |           |      |     |    |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

|            |               |          |                  |          |       |      |      |       |      |      |         |      |            |      |              |       |      |      |         |     |      | SPE  | DES  | ID   |        |          |      |      |               |    |
|------------|---------------|----------|------------------|----------|-------|------|------|-------|------|------|---------|------|------------|------|--------------|-------|------|------|---------|-----|------|------|------|------|--------|----------|------|------|---------------|----|
| Name o     | of MS         | S4/Cc    | aliti            | on_T     | 'OWI  | N OF | MII  | LTON  | 1    |      |         |      |            |      |              |       |      |      |         |     |      | N    | Y    | R    | 2      | 0        | Α    | 1    | 0             | 8  |
| 3.b.V      | Vha           | t typ    | es (             | of il    | lici  | t di | iscł | ıarş  | ges  | ha   | ve      | bee  | en f       | ou:  | nd           | du    | rin  | g tł | is :    | rep | ort  | ing  | g pe | erio | od?    |          |      |      |               |    |
| O Bro      | ken           | Line     | s Fr             | om       | San   | itar | y S  | ewe   | r    |      |         |      | Ind        | ustr | ial          | Co    | nne  | ctio | ns      |     |      |      |      |      |        |          |      |      |               |    |
| O Cro      | oss (         | Conne    | ectio            | ns       |       |      |      |       |      |      |         |      | Infl       | OW/  | /Inf         | iltra | itio | n    |         |     |      |      |      |      |        |          |      |      |               |    |
| ○ Fai      | ling          | Sept     | ic S             | yste     | ms    |      |      |       |      |      |         |      | Pun        | np ( | Stat         | ion   | Fai  | ilur | e       |     |      |      |      |      |        |          |      |      |               |    |
| ○ Flo      | or D          | rains    | Co               | nnec     | eted  | То   | Sto  | orm   | Sev  | wer  | S       | 0    | San        | itar | y S          | ewe   | er ( | )ve  | rflo    | WS  |      |      |      |      |        |          |      |      |               |    |
| O Ille     | gal l         | Dumj     | ping             |          |       |      |      |       |      |      |         | 0    | Stra       | aigh | nt P         | ipe   | Sev  | ver  | Dis     | cha | rge  | S    |      |      |        |          |      |      |               |    |
| Oth        | ner:          |          |                  |          |       |      |      |       |      |      |         |      | Noi        | ne   |              |       |      |      |         |     |      |      |      |      |        |          |      |      |               |    |
| 4. H       |               |          | •                |          |       | sch  | arg  | ges/] | pot  | ten  | tial    | lill | ega        | ıl c | onn          | ect   | tion | ıs h | av      | e b | een  | de   | tec  | ted  | l du   | ırir     | ıg t | his  | ,             |    |
| r          | epoi          | ting     | pei              | riod     | !?    |      |      |       |      |      |         |      |            |      |              |       |      |      |         |     |      |      |      |      |        |          |      |      |               | 1  |
| 5. H       | low           | man      | v il             | licií    | t di  | sch  | arg  | res l | hav  | ve l | ee<br>1 | n c  | onf        | ïrn  | ned          | dı    | ırir | าฮ f | his     | re  | nor  | tin  | σn   | eri  | od'    | ?        |      |      |               | 1  |
|            |               |          | -,               |          |       |      |      | ,     |      |      |         | •    |            |      |              |       |      | -8 - |         | ,   |      |      | 8 F  |      |        | •        | l    |      |               |    |
| 6. H       | low<br>erio   |          | y il             | licit    | t di  | sch  | arg  | ges/i | ille | gal  | l co    | nn   | ecti       | ion  | s h          | ave   | be   | en   | eliı    | min | ate  | ed o | dur  | ing  | g th   | is r     | ep   | orti | ing           | 1  |
| 7. H       | as t          | he s     | torr             | n se     | we    | rsh  | ed   | ma    | nn   | ing  | be      | en   | coi        | ทก์  | lete         | ed i  | n t  | his  | rer     | or  | ting | o ne | erio | od?  | •      |          | Ye   | es   |               | No |
|            |               | , app    |                  |          |       |      |      |       |      | _    |         |      |            | _    |              |       |      |      | _       |     | •    | _    |      |      |        |          |      |      | 0             | 용  |
| 8. Is      | s th <i>a</i> | aho      | wa i             | info     | rm    | ati  | ٥n   | awa   | ilal | hla  | in      | CI   | <b>S</b> ? |      |              |       |      |      |         |     |      |      |      |      |        |          | Ye   |      | $\overline{}$ | No |
| Is         | s thi         | s inf    | orn              | ıati     | on    | ava  | ila  |       |      |      |         |      |            |      |              |       |      |      |         |     |      |      |      |      |        |          | Ye   |      |               | No |
|            |               | s, pro   |                  |          |       | ` ′  |      |       | C    |      |         | 1    |            |      | ( )          |       | 1    |      |         |     | 1    |      | 1    |      |        |          |      |      |               |    |
| URI<br>URI |               | pro      | viae             | spe      | ecii: | ic a | ıaaı | ess   | 01   | paş  | ge v    | wne  | ere        | ma   | <b>p</b> (s, | ) ca  | ın b | e a  | cce<br> | sse | a -  | not  | no   | me   | pa<br> | ge.<br>— |      |      |               |    |
| s          | р             | a t      | i                | a        | 1     |      | v    | h     | b    |      | С       | 0    | m          | /    | s            | a     | r    | a    | t       | 0   | g    | a    | m    | a    | р      | v        | i    | е    | W             | е  |
| r          | /             |          |                  |          |       |      |      |       |      |      |         |      |            |      |              |       |      |      |         |     |      |      |      |      |        |          |      |      |               |    |
|            |               |          |                  |          |       |      |      |       |      |      |         |      |            |      |              |       |      |      |         |     |      |      |      |      |        |          |      |      |               |    |
| UR         | L             |          | 1                | 1        |       |      |      |       |      |      |         |      |            |      |              |       |      |      |         |     |      |      |      |      |        |          |      |      |               |    |
|            |               | <u> </u> | $\frac{\perp}{}$ |          |       |      |      |       |      |      |         |      |            |      |              |       |      |      |         |     |      |      |      |      |        |          |      |      |               | _  |
|            |               |          | $\perp$          | <u> </u> |       |      |      |       |      |      |         |      |            |      |              |       |      |      |         |     |      |      |      |      |        | =        |      |      |               | =  |
|            |               |          |                  |          |       |      |      |       |      |      |         |      |            |      |              |       |      |      |         |     |      |      |      |      |        |          |      |      |               |    |

This report is being submitted for the reporting period ending March 9, 2 0 2 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

|     |             |      |             |           |             |          |             |           |      |      |      |      |      |      |       |       |       |       |      |      |      |            | S    | PDI   | ES I  | D    |     |     |     |      |     |
|-----|-------------|------|-------------|-----------|-------------|----------|-------------|-----------|------|------|------|------|------|------|-------|-------|-------|-------|------|------|------|------------|------|-------|-------|------|-----|-----|-----|------|-----|
| Nan | ne of       | MS   | 4/C         | oali      | tion        | TO       | OW          | N (       | OF   | M    | OR   | EA   | U    |      |       |       |       |       |      |      |      |            |      |       |       |      | 2   | 0 2 | A : | 1 5  | 5 8 |
| 3.1 | o.W         | hat  | ty          | oes       | of          | illi     | cit         | dis       | cha  | arg  | es l | ıav  | e b  | eer  | ı fo  | un    | d d   | uri   | ng   | thi  | s re | epo        | rti  | ng    | per   | ioc  | 1?  |     |     |      |     |
|     | Brok        |      |             |           |             |          |             |           |      |      |      |      |      |      |       |       |       | Cont  |      |      |      | •          |      | 0     |       |      | - • |     |     |      |     |
| 0 ( | Cross       | s C  | onne        | ecti      | ons         |          |             |           |      |      |      |      |      | ) In | flo   | w/I1  | ıfilt | rati  | on   |      |      |            |      |       |       |      |     |     |     |      |     |
| O I | ailir       | ng S | ept         | ic S      | Syst        | ems      | S           |           |      |      |      |      |      | Pı   | ımp   | St    | atic  | n F   | ailı | ıre  |      |            |      |       |       |      |     |     |     |      |     |
| O F | loor        | Dr   | ains        | C         | onn         | ecte     | ed T        | o S       | tor  | m S  | ewe  | ers  |      | Sa   | anita | ary   | Sev   | wer   | Ov   | erfl | ows  | S          |      |       |       |      |     |     |     |      |     |
| O I | llega       | 1 D  | ump         | oing      | 3           |          |             |           |      |      |      |      |      | St   | raig  | ght : | Pip   | e Se  | ewe  | r D  | isch | arg        | es   |       |       |      |     |     |     |      |     |
|     | Hov         |      | ıan         | y il      | llic        | it d     | lisc        | har       | ·ge: | s/pe | ote  | ntia |      | Ne   |       |       | ne    | etio  | inc  | hay  | vo l | 200        |      | loto  |       | 1 4  |     |     |     |      |     |
|     | rep         | ort  | ing         | pe        | rio         | d?       |             |           | 0    | 1    |      |      |      | 8    | ,     |       |       |       | 113  | па   | ve i | Jee        | II U | iete  | cte   | a a  | lur | ıng | o   |      |     |
| _   |             |      |             |           |             |          |             |           |      |      |      |      |      |      |       |       |       |       |      |      |      |            |      |       |       |      |     |     |     |      |     |
| 5.  | Hov         | v m  | an          | y il      | lici        | it d     | iscl        | har       | ges  | s ha | ive  | be   | en ( | con  | fir   | me    | d d   | uri   | ng   | thi  | s re | epo        | rti  | ng    | per   | ioc  | 1?  |     | 0   |      |     |
| 6.  | Hov<br>peri | v m  | any         | y il      | lici        | it d     | iscl        | nar       | ges  | ill/ | ega  | ıl c | onr  | ieci | tior  | ıs h  | av    | e b   | een  | eli  | imi  | nat        | ed   | du    | rin   | g tl | his | rep | or  | ting | 3   |
|     |             |      |             |           |             |          |             |           |      |      |      |      |      |      |       |       |       |       |      |      |      |            |      |       |       |      |     |     | 0   |      |     |
| 7.  | Has         | the  | este        | orr       | n s         | ewe      | ersl        | hed       | m    | app  | oin  | g b  | een  | co   | mp    | let   | ed    | in t  | his  | re   | por  | tin        | g p  | eri   | od'   | ?    |     | Y   | es  | 0    | No  |
|     | If No       | o, u | ppi         | UA        | 11116       | itci.    | y w         | mai       | pe   | rce  | ii v | vas  | CO   | mp.  | lete  | 2A 11 | n th  | 11S 1 | repo | orti | ng   | peri       | iod  | ?     |       |      |     |     |     |      | 9   |
| 3.  | ls th       | e a  | boy         | e i       | nfo         | orn      | ıati        | on        | ava  | aila | ble  | in   | Gl   | IS?  |       |       |       |       |      |      |      |            |      |       |       |      |     | Y   | es  | 0    | No  |
| ]   | s th        | is i | nfo<br>orov | rn<br>vid | iati<br>e U | on<br>RI | ava<br>(s): | aila<br>: | ble  | on   | th   | e v  | veb  | ?    |       |       |       |       |      |      |      |            |      |       |       |      |     | Y   |     |      | No  |
|     | leas        |      |             |           |             |          |             |           | ress | s of | `pa  | ge · | who  | ere  | ma    | p(s   | ) ca  | n h   | e a  | cce  | 2556 | d <b>-</b> | no   | t ho  | me    | no   | 100 |     |     |      |     |
| Γ.  |             | T    |             |           | 1           | /        |             |           | Г    |      |      | _    |      |      |       | I (-, |       |       |      |      |      | <u>.</u>   |      | t IIC | ,1110 | pa   | gc. |     |     |      |     |
| l'a |             |      | p           | :         | /           | /        | W           | W         | W    | •    | m    | a    | р    | h    | 0     | s     | t     | ٠     | С    | 0    | m    | /          | S    | а     | r     | a    | t   | 0   | g   | a    | /   |
| N   |             | T    | E           | :         |             | u        | s           | е         | r    | /    | v    | i    | е    | W    | е     | r     |       | m     | u    | s    | t    |            | a    | С     | t     | i    | v   | а   | t   | е    |     |
| G   |             | 0    | 1           | 0         | g           | У        | ;           |           | S    | u    | b    | W    | a    | t    | е     | r     | S     | h     | е    | d    |      | 1          | a    | У     | е     | r    |     |     |     |      |     |
| UR  | L           |      |             |           |             |          |             |           |      |      |      |      |      |      |       |       |       |       | 1    |      |      | Т          |      |       |       |      |     |     |     |      |     |
|     |             |      |             |           |             |          |             |           |      |      |      |      |      |      |       | 1     |       | 1     |      |      | +    | +          | 1    | +     |       |      | 1   | 1   | _   | +    |     |
|     |             |      |             |           |             |          |             |           |      |      |      |      |      |      |       | _     |       | +     |      |      | _    | -          | 1    | _     | 1     | +    | _   |     | 4   | _    |     |
|     |             |      |             |           |             |          |             |           |      |      |      |      |      |      |       |       |       |       |      |      |      |            |      |       |       |      |     |     |     |      |     |

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

|            |   |  |      |       |       |       |       |       |       |     |      |      |       |      |      |      |       |      |       | -    |      |      | SPI  | DES | SID  | )    |     |     |     |   |          |
|------------|---|--|------|-------|-------|-------|-------|-------|-------|-----|------|------|-------|------|------|------|-------|------|-------|------|------|------|------|-----|------|------|-----|-----|-----|---|----------|
| Name       | of M  | IS4/0  | Coa  | litic | on_\  | Villa | ge of | f Rou | ind L | ake | _    |      |       |      |      |      |       |      |       |      |      |      | N    | Y   | R    | 2    | 0   | A   | 0   | 9 | 9        |
| 3.b.       | Wha   | at ty  | ype  | es o  | of il | llic  | it d  | lisc  | hai   | rge | s h  | ave  | be    | en   | for  | ınd  | du    | rir  | ıg t  | his  | re   | por  | ting | g p | eri  | od:  | ?   |     |     |   |          |
| O Br       | oken  | What types of illicit discharges have boken Lines From Sanitary Sewer oss Connections ling Septic Systems or Drains Connected To Storm Sewers gal Dumping oer: |      |       |       |       |       |       |       |     |      |      |       |      |      | rial | Co    | onne | ectio | ons  |      |      |      |     |      |      |     |     |     |   |          |
| O Cr       | oss   | Con  | nec  | tio   | ns    |       |       |       |       |     |      |      | 0     | Inf  | low  | /In  | filtr | atic | n     |      |      |      |      |     |      |      |     |     |     |   |          |
| O Fa       | b. What types of illicit discharges have I Broken Lines From Sanitary Sewer Cross Connections Failing Septic Systems Floor Drains Connected To Storm Sewers Illegal Dumping Other:  How many illicit discharges/potential reporting period? |  |      |       |       |       |       |       |       |     |      |      |       |      | mp   | Sta  | tior  | ı Fa | iluı  | e    |      |      |      |     |      |      |     |     |     |   |          |
| O Flo      |   |  |      |       |       |       |       |       |       |     |      |      |       |      | nita | ry S | Sew   | er   | Ove   | rflo | ws   |      |      |     |      |      |     |     |     |   |          |
| O Ille     | Failing Septic Systems  Floor Drains Connected To Storm Sewers  Illegal Dumping  Other:  How many illicit discharges/potential reporting period?  How many illicit discharges have been   |  |      |       |       |       |       |       |       |     |      |      |       | Str  | aig  | ht F | ipe   | Se   | wer   | Di   | sch  | arge | es   |     |      |      |     |     |     |   |          |
| Ot         | her:  |  |      |       |       |       |       |       |       |     |      |      | •     | No   | ne   |      |       |      |       |      |      |      |      |     |      |      |     |     |     |   |          |
| 4. I       | low   | ma   | iny  | ill   | icit  | t di  | sch   | ıar   | ges   | /po | ten  | tia  | l ill | lega | al c | oni  | nec   | tio  | ns l  | hay  | e b  | eer  | ı de | tec | cted | d d  | uri | ng  | thi | S |          |
| r          | epo   | rtin   | g p  | er    | iod   | ?     |       |       |       |     |      |      |       |      |      |      |       |      |       |      |      |      |      |     |      |      |     | 0   |     |   | 0        |
| <i>F</i> T | I   | وند  | 352. | •11   |       |       | - 1   |       | 2.76  |     |      |      |       |      | ~    |      |       |      |       |      |      |      |      |     |      | sed. |     |     |     |   |          |
| 5. I       | IOW   | ша   | шу   | Ш     | ICI   | . aı  | SCI   | lar   | ges   | na  | ve   | bee  | n c   | on   | Ilrı | nec  | 1 di  | uri  | ng    | this | s re | po   | rtin | gl  | oer  | iod  | ?   |     |     |   | 0        |
| 7. H       | erio<br>Ias t   | d?   | sto  | rm    | ı se  | we    | rsh   | ned   | ma    | арр | oing | g be | en    | co   | mp   | lete | ed i  | n t  | his   | rej  | por  | tin  | g pe | eri |      |      |     | rep |     |   | 0<br>No  |
| If         | No  | , ap   | pro  | oxii  | mat   | tely  | W     | hat   | per   | cer | nt v | vas  | cor   | npl  | lete | d ii | th    | is r | epo   | rti  | ng j | oeri | od?  |     |      |      |     | 1   | 0   | 0 | 용        |
|            | thi   | s in   | for  | rm    | atio  | on    | ava   | aila  |       |     |      |      |       |      |      |      |       |      |       |      |      |      |      |     |      |      |     | Ye  | -,  |   | No<br>No |
|            | Ye<br>ease  |  |      |       |       |       |       |       | ress  | of  | pa   | ge v | whe   | ere  | ma   | p(s  | ) ca  | ın b | e a   | cce  | sse  | d -  | not  | ho  | me   | pa   | ge. |     |     |   |          |
| h          | t   | t  | р    | ÷     | 1     | 1     | W     | w     | W     |     | m    | a    | р     | h    | 0    | s    | t     |      | С     | 0    | m    | 1    | s    | a   | r    | a    | t   | 0   | g   | a |          |
|            |   |  |      |       |       |       |       |       |       |     |      |      |       |      |      |      |       |      |       |      |      |      |      |     |      |      |     |     |     |   |          |
|            |   |  |      |       |       |       |       |       |       |     |      |      |       |      |      |      |       |      |       |      |      |      |      |     |      |      |     |     |     |   |          |
| URI        |   |  |      |       |       |       |       |       |       |     |      |      |       |      |      |      |       |      |       |      |      |      |      |     |      |      |     |     |     |   |          |
|            |   | +  | 1    |       |       |       |       |       |       |     |      |      |       |      |      |      |       |      |       |      |      |      |      |     |      |      |     |     |     |   |          |
|            |   | 4  | 4    | 4     |       |       |       | L     |       |     |      |      |       |      |      |      |       |      |       |      |      |      |      |     |      |      |     |     |     |   |          |
|            |   |  |      |       |       |       |       |       |       |     |      |      |       |      |      |      |       |      |       |      |      |      |      |     |      |      |     |     |     |   |          |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| Name    | of M               | S4/0  | Coa  | litic | s    | ara  | tog  | a C  | our  | nty, | De   | ра   | rtm     | ent      | of I | Pub  | lic   | Wo   | rks  |      |      |     | N    | Y    | R    | 2    | 0    | А        | 2    | 0        | 9        |
|---------|--------------------|-------|------|-------|------|------|------|------|------|------|------|------|---------|----------|------|------|-------|------|------|------|------|-----|------|------|------|------|------|----------|------|----------|----------|
| 3.b.V   | Wha                | ıt ty | pe   | es o  | f il | lici | t di | iscl | har  | ges  | ha   | ve   | bec     | en f     | fou  | nd   | du    | rin  | g tl | his  | rep  | or  | ting | g po | erio | od?  | ı    |          |      |          |          |
| O Bro   | oken               | Lin   | es   | Fro   | om S | San  | itar | y S  | ewe  | r    |      |      | 0       | Ind      | ustı | rial | Co    | nne  | ctic | ns   |      |     |      |      |      |      |      |          |      |          |          |
| O Cro   | oss (              | Con   | nec  | tio   | าร   |      |      |      |      |      |      |      | 0       | Infl     | .OW  | /Inf | iltra | atio | n    |      |      |     |      |      |      |      |      |          |      |          |          |
| ○ Fai   | ling               | Sep   | otic | Sy    | ste  | ns   |      |      |      |      |      |      | 0       | Pur      | np   | Stat | tion  | Fa   | ilur | e    |      |     |      |      |      |      |      |          |      |          |          |
| ○ Flo   | or I               | Orai  | ns ( | Cor   | nnec | eted | То   | Ste  | orm  | Se   | wer  | s    | $\circ$ | Sar      | itaı | ry S | sew   | er ( | Ove  | rflo | WS   |     |      |      |      |      |      |          |      |          |          |
| O Ille  | gal                | Dur   | npi  | ng    |      |      |      |      |      |      |      |      | 0       | Stra     | aigł | nt P | ipe   | Sev  | ver  | Dis  | scha | rge | S    |      |      |      |      |          |      |          |          |
| • Otl   | r                  | 0     | S    | i     | 0    | n    |      | f    |      | 0    | m    |      | С       | Noi<br>o | n    | s    | t     | r    |      | С    | t    | i   | 0    | n    |      |      |      |          |      |          |          |
| 4. H    | low<br>epo:        |       | •    |       |      |      | sch  | arş  | ges/ | pot  | ten  | tia  | l ill   | ega      | ıl c | onn  | 1ec1  | tior | ıs t | ıav  | e b  | een | de   | etec | ted  | l dı | ıriı | ıg t     | :his | <b>;</b> |          |
|         | 1                  |       | 81   |       |      |      |      |      |      |      |      |      |         |          |      |      |       |      |      |      |      |     |      |      |      |      |      |          | İ    |          | 0        |
| 5. E    | Iow                | ma    | ıny  | ill   | icit | di   | sch  | arş  | ges  | hav  | ve l | bee  | n c     | onf      | firn | ned  | l dı  | ıriı | ng 1 | this | re   | poi | rtin | ıg p | eri  | iod  | ?    |          |      |          | 0        |
| -       | erio               | od?   |      |       |      |      |      |      |      |      |      |      |         |          |      |      |       |      |      |      |      |     |      |      |      |      |      |          |      |          | 0        |
| 7. H    | <b>Ias</b><br>f No |       |      |       |      |      |      |      |      |      | _    |      |         |          | _    |      |       |      |      | _    |      |     | _    |      | odS  | ?    |      | ] Ye     | Т    | 〒        | No<br>}  |
|         | s the<br>s thi     | is ir | ıfo  | rm    | ati  | on   | ava  | ıila |      |      |      |      |         |          |      |      |       |      |      |      |      |     |      |      |      |      |      | Ye<br>Ye |      |          | No<br>No |
|         | ease               | e pr  | ovi  | de    | spe  | ecif | ic a | ıddı | ress | of   | pa   | ge ' | whe     | ere      | ma   | p(s  | ) ca  | ın t | e a  | cce  | sse  | d - | no   | t ho | me   | pa   | ge.  |          |      |          |          |
| ur<br>h | t                  | t     | p    | :     | /    | /    | w    | w    | w    |      | m    | a    | р       | h        | 0    | s    | t     |      | С    | 0    | m    | /   | s    | а    | r    | a    | t    | 0        | g    | a        | /        |
|         |                    |       |      |       |      |      |      |      |      |      |      |      |         |          |      |      |       |      |      |      |      |     |      |      |      |      |      |          |      |          |          |
|         |                    |       |      |       |      |      |      |      |      |      |      |      |         |          |      |      |       |      |      |      |      |     |      |      |      |      |      |          |      |          |          |
| UR      | L                  |       |      |       |      |      |      |      |      |      |      |      |         |          |      |      |       |      |      |      |      |     |      |      |      |      | _    |          |      |          |          |
|         |                    |       |      |       |      |      |      |      |      |      |      |      |         |          |      |      |       |      |      |      |      |     |      |      |      |      |      |          |      |          |          |
|         |                    |       |      |       |      |      |      |      |      |      |      |      |         |          |      |      |       |      |      |      |      |     |      |      |      |      |      |          |      |          |          |
|         |                    |       |      |       |      |      |      |      |      |      |      |      |         |          |      |      |       |      |      |      |      |     |      |      |      |      |      |          |      |          |          |

#### **MS4 Annual Report Form**

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

|   |                         | <u>5</u> PL    | ES ID     |  |        |          |
|---|-------------------------|----------------|-----------|--|--------|----------|
| Name of MS4/Coalition City of Saratoga Springs  |                         | N              | Y R       | 2 0  | A 2    | 1 6      |
| 3.b. What types of illicit discharges have  | been found during t     | his reporting  | g perio   | od?  |        |          |
| Broken Lines From Sanitary Sewer  | O Industrial Connection | ons            |           |  |        |          |
| O Cross Connections   | O Inflow/Infiltration   |                |           |  |        |          |
| ○ Failing Septic Systems  | O Pump Station Failur   | re             |           |  |        |          |
| O Floor Drains Connected To Storm Sewers  | • Sanitary Sewer Ove    | erflows        |           |  |        |          |
| O Illegal Dumping   | O Straight Pipe Sewer   | Discharges     |           |  |        |          |
| • Other:  Hydraulic Oil   | ○ None   S p i 1 1 1    |                |           |  |        |          |
| 4. How many illicit discharges/potentia reporting period?   | l illegal connections   | have been de   | tected    | l durii                                      | ng thi | is 5     |
| reporting person.   |                         |                |           |  |        | ) 5      |
| 5. How many illicit discharges have been  | en confirmed during     | this reportin  | g per     | iod?   |        | 5        |
| <ul><li>6. How many illicit discharges/illegal coperiod?</li><li>7. Has the storm sewershed mapping b</li></ul> |                         |                |           |  | repor  | ting 4   |
| If No, approximately what percent was   |                         |                |           |  |        | ક        |
| 8. Is the above information available in  | GIS?                    |                |           | •  | Yes    | ○ No     |
| Is this information available on the v  |                         |                |           |  | Yes    | O No     |
| If Yes, provide URL(s):   | ryhana man(a) aan ha    | aggarand mot   | ·homo     | <b>9000</b>                                  |        |          |
| Please provide specific address of page URL   | where map(s) can be     | accessed - Hot | . IIOIIIC | page   |        |          |
| h t t p s : / / w w w . s   | patial.                 | vhb.           | СО        | m /  |        |          |
| saratogamapvi   | e w e r                 |                |           |  |        |          |
|   |                         |                |           |  |        |          |
| URL   | · .                     |                |           | 1  |        | 1"       |
|   |                         |                |           | <u>                                     </u> |        |          |
|   |                         |                |           |  |        | <u> </u> |
|   |                         |                |           |  |        |          |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2$ 

| <u>,                                      </u>                              |                                  | SPDES ID  | )     |        |  |          |    |
|---|----------------------------------|-----------|-------|--------|--|----------|----|
| Name of MS4/Coalition South Glens Falls                                     |                                  | N Y R     | 2     | 0 A    | 0  | 9        | 1  |
| 3.b. What types of illicit discharges have                                  | been found during this repor     | ting peri | od?   |        |  |          |    |
| O Broken Lines From Sanitary Sewer  | O Industrial Connections         |           |       |        |  |          |    |
| O Cross Connections   | ○ Inflow/Infiltration            |           |       |        |  |          |    |
| O Failing Septic Systems  | O Pump Station Failure           |           |       |        |  |          |    |
| O Floor Drains Connected To Storm Sewers                                    | O Sanitary Sewer Overflows       |           |       |        |  |          |    |
| ○ Illegal Dumping   | O Straight Pipe Sewer Discharge  | es        |       |        |  |          |    |
| Other:  | ● None                           |           |       |        |  |          |    |
| 4. How many illicit discharges/potentia                                     | l illegal connections have beer  | 1 detecte | d du  | ring   | this   | <b>;</b> |    |
| reporting period?   |                                  |           |       |        |  |          | 0  |
| 5. How many illicit discharges have be                                      | en confirmed during this repo    | rting per | riod? | •      |  |          | 0  |
| ·   | •                                | 0.1       |       |        |  |          |    |
| 6. How many illicit discharges/illegal c                                    | onnections have been eliminate   | ed durin  | g thi | is rep | ort  | ing      |    |
| period?   |                                  |           |       |        |  |          | 0  |
| 7. Has the storm sewershed mapping by If No, approximately what percent was | -                                |           | ?     | • Y    |  |          | No |
| ii ivo, approximatery what percent was                                      | completed in this reporting peri | iou:      |       |        | L O  | 0        | 용  |
| 8. Is the above information available in                                    |                                  |           |       | Y      | es   | 0        | No |
| Is this information available on the If Yes, provide URL(s):                | veb?                             |           |       | • Y    | es   | 0        | No |
| Please provide specific address of page                                     | where map(s) can be accessed -   | not home  | e paş | ge.    |  |          |    |
| URL h t t p : / / w w w . m a   | p h o s t . c o m ?              | s a r     | a     | t o    | g  | a        | /  |
|   |                                  |           |       |        | <u>                                     </u>     |          |    |
|   |                                  |           | ++    |        | <del>                                     </del> |          |    |
| URL   |                                  |           |       |        |  |          |    |
|   |                                  |           |       |        |  |          |    |
|   |                                  |           |       |        |  |          |    |
|   |                                  |           |       |        |  |          |    |

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

|        |                      |                |            |                       |            |             |           |      |      |     |     |     |      |      |      |       |      |      |      |      |      | SPL  | DES   | ID   |      |   |     |     |   |          |
|--------|----------------------|----------------|------------|-----------------------|------------|-------------|-----------|------|------|-----|-----|-----|------|------|------|-------|------|------|------|------|------|------|-------|------|------|---|-----|-----|---|----------|
| Name o | of M:                | S4/C           | oalit      | ion                   | Tow        | n o         | f St      | illv | vate | er  |     |     |      |      |      |       |      |      |      |      |      | N    | Y     | R    | 2    | 0 | A   | 5   | 4 | 9        |
| 3.b.\  |                      |                |            |                       |            |             |           |      |      |     | ve  | bee | n f  | ou.  | nd   | du    | rin  | g tl | nis  | rep  | ort  | ting | g pe  | erio | d?   |   |     |     |   |          |
| O Bro  |                      |                |            |                       |            |             |           |      |      |     |     |     |      |      | ial  |       |      |      |      |      |      |      |       |      |      |   |     |     |   |          |
| O Cro  | oss (                | Conn           | ecti       | ons                   |            |             |           |      |      |     |     | 0   | Infl | ow/  | /Inf | iltra | itio | n    |      |      |      |      |       |      |      |   |     |     |   |          |
| O Fai  | ling                 | Sep            | tic S      | Syste                 | ms         |             |           |      |      |     |     | 0   | Pun  | np : | Stat | ion   | Fa   | ilur | e    |      |      |      |       |      |      |   |     |     |   |          |
| O Flo  | or E                 | Drain          | s Co       | onne                  | cted       | То          | Sto       | rm   | Sev  | ver | S   | 0   | San  | itar | y S  | ew    | er C | )ve  | rflo | WS   |      |      |       |      |      |   |     |     |   |          |
| O Ille | gal                  | Dum            | ping       | 9                     |            |             |           |      |      |     |     | 0   | Stra | aigh | t P  | ipe   | Sev  | ver  | Dis  | cha  | rge  | S    |       |      |      |   |     |     |   |          |
| Otl    | ner:                 |                |            |                       |            |             |           |      |      |     |     | •   | Noi  | ne   |      |       |      |      |      |      |      |      |       |      |      |   |     |     |   |          |
| 5. I   | epo<br>Iow           | rtin;<br>ma    | g po       | erio                  | l?<br>t di | sch         | arg       | ges  | hav  | e l | oee | n c | on   | firı | nec  | l d   | ari  | ng   | this | s re | po   | rtir | ıg I  | oer  | iod  | ? |     |     |   | 0        |
| 7. I   | erio<br>Ias          | od?            | stoi       | m s                   | ewe        | ersh        | ed        | ma   | pp   | ing | be  | een | co   | mp   | let  | ed    | in t | his  | re   | por  | tin  | g p  | eri   |      |      |   | Ye  |     |   | 0<br>No  |
| I      | fNo                  | o, ap          | pro        | xim                   | ately      | y w         | hat       | per  | cen  | t w | as  | coı | npl  | lete | d i  | n th  | is 1 | ep   | orti | ng j | per  | iod  | ?     |      |      |   | 1   | . 0 | 0 | ુ        |
| I<br>P | s th<br>f Yo<br>leas | is in<br>es, p | for<br>rov | e inf<br>mat<br>ide U | ion<br>JRL | ava<br>(s): | aila<br>: | ble  | on   | th  | e v | veb | ?    |      | ap(s | i) c  | an l | be a | acce | esse | ed - | no   | ot ho | ome  | e pa |   | Ye  |     |   | No<br>No |
| h      |                      | t              | р          | : /                   | 1          | w           | w         | w    |      | m   | a   | p   | h    | 0    | s    | t     |      | C    | 0    | m    | 1    | s    | a     | r    | a    | t | 0   | g   | a | 1        |
| Ī      |                      |                |            |                       |            |             |           |      |      |     |     |     |      |      |      |       |      |      |      |      |      |      |       |      |      |   | 2.1 | (2) |   |          |
|        |                      |                |            |                       |            |             |           |      |      |     |     |     |      |      |      |       |      |      |      |      |      |      |       |      |      |   |     |     |   |          |
| UI     | RL                   |                |            |                       |            |             |           |      |      |     |     |     |      |      |      |       |      |      |      |      | 1    | 1    |       |      |      |   |     |     |   |          |
|        |                      |                |            |                       |            |             |           |      |      |     |     |     |      |      |      |       |      |      | 1    |      | L    |      |       |      |      | _ |     |     | _ |          |
|        |                      |                |            |                       |            |             |           |      |      |     |     |     |      |      |      |       |      |      |      |      |      |      |       |      |      | 1 |     | _   |   |          |
|        |                      |                | 1          |                       |            |             |           |      |      |     |     |     |      |      |      |       |      |      |      |      |      |      |       |      |      |   |     |     |   |          |

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 2 & 1 \end{bmatrix}$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

|          |            |               |             |            |           |             |             |           |           |                |            |          |           |            |           |              |      |      |            |              |            | 5            | SPD  | ES   | ID  |     |      |         |         |     |         |
|----------|------------|---------------|-------------|------------|-----------|-------------|-------------|-----------|-----------|----------------|------------|----------|-----------|------------|-----------|--------------|------|------|------------|--------------|------------|--------------|------|------|-----|-----|------|---------|---------|-----|---------|
| Name o   | fMS        | 64/C          | oalit       | tion       | То        | wn c        | f Sti       | llwat     | er        |                |            |          |           |            |           |              |      |      |            |              |            |              | N    | Y    | R   | 2   | 0    | A       | 5       | 4   | 7       |
| 3.b.W    | /ha        | t ty          | pes         | of         | illi      | icit        | dis         | sch       | arg       | ges            | hav        | ve l     | bee       | n f        | oui       | ıd           | dui  | ing  | ; th       | is 1         | rep        | ort          | ing  | pe   | rio | d?  |      |         |         |     |         |
| O Bro    |            |               |             |            |           |             |             |           |           |                |            |          |           |            |           |              | Cor  |      |            |              |            |              |      |      |     |     |      |         |         |     |         |
| O Cro    | ss C       | Conr          | necti       | ions       | 5         |             |             |           |           |                |            |          | 0 1       | nflo       | ow/       | Infi         | ltra | tior | 1          |              |            |              |      |      |     |     |      |         |         |     |         |
| O Fail   | ing        | Sep           | tic S       | Sys        | ten       | 15          |             |           |           |                |            |          | O I       | oun        | ıp S      | Stat         | ion  | Fai  | lure       |              |            |              |      |      |     |     |      |         |         |     |         |
| O Floo   | or D       | rain          | s C         | onr        | nect      | ed          | То          | Sto       | rm        | Sev            | vers       |          | 0 5       | San        | itar      | y S          | ewe  | er O | ver        | flov         | NS         |              |      |      |     |     |      |         |         |     |         |
| O Illeg  | gal I      | Dun           | ıpin        | g          |           |             |             |           |           |                |            |          | 0 5       | Stra       | igh       | t Pi         | pe   | Sew  | er         | Dis          | cha        | rges         | 3    |      |     |     |      |         |         |     |         |
| Oth      | er:        |               |             |            |           |             |             |           |           |                |            |          | • 1       | Nor        | ne        |              |      |      |            |              |            |              |      |      |     |     |      |         |         |     |         |
| 4. H     |            | ma<br>tin     |             |            |           |             | cha         | arg       | es/j      | pot            | ent        | ial      | ille      | ega        | l co      | nn           | ect  | ion  | s h        | ave          | e bo       | een          | de   | tec  | ted | du  | rin  | g t     | his     |     | 0       |
| 5. H     | ow         | ma            | ny          | illi       | cit       | dis         | ch          | arg       | es l      | hav            | e b        | eeı      | n co      | onf        | irn       | ned          | dı   | ırin | ıg t       | his          | re         | por          | tin  | g p  | eri | od' | ?    |         |         |     | 0       |
| 6. H     | ow<br>erio |               | ny          | illi       | cit       | dis         | ch          | arg       | es/i      | ille           | gal        | co       | nne       | ecti       | on        | s h          | ave  | be   | en         | eliı         | nin        | ate          | ed c | lur  | ing | th  | is r | epo     | ort     | ing | 0       |
| 7. H     | as t       | he<br>, ap    | sto:<br>pro | rm<br>xir  | se<br>nat | wei         | rsh<br>wh   | ed<br>nat | ma<br>per | <b>pp</b> icen | ing<br>t w | be<br>as | en<br>con | coi<br>npl | np<br>ete | lete<br>d ir | ed i | n tl | his<br>epc | rep<br>ortin | or<br>ng p | ting<br>peri | g po | eric | od? |     | 0    | Ye<br>1 | es<br>0 |     | No<br>% |
| 8. Is    | а.         | 1             |             | . :-       | · fa      | <b>4111</b> | atio        |           | ovo       | ilal           | hla        | in       | CI.       | 52         |           |              |      |      |            |              |            |              |      |      |     |     |      | Ye      | S       | 0   | No      |
| Is<br>If | thi<br>Ye  | is ir<br>s, p | ifor<br>rov | ·m:<br>ide | atio      | on a        | ava<br>(s): | ila       | ble       | on             | th         | e w      | eb'       | ?          |           |              |      |      |            |              |            |              |      |      |     |     | •    | Ye      |         |     | No      |
|          |            | pr            | ovio        | de s       | spe       | cifi        | c a         | ddr       | ess       | of             | pag        | ge v     | whe       | ere        | ma        | p(s          | ) ca | ın b | e a        | cce          | sse        | d -          | not  | ho   | me  | pa  | ge.  |         |         |     |         |
| h        | 1000       | t             | р           | s          |           | 1           | 1           | s         | р         | a              | t          | i        | a         | 1          |           | v            | h    | b    | 1.         | С            | 0          | m            | 1    | S    | a   | r   | a    | t       | 0       | g   | a       |
| M        | a          | р             | v           | i          | е         | W           | е           | r         | 1         |                |            |          |           |            |           |              |      |      |            |              |            |              |      |      |     |     |      |         |         |     |         |
|          |            |               |             |            |           |             |             |           |           |                |            |          |           |            |           |              |      |      |            |              |            |              |      |      |     |     |      |         |         |     |         |
| UR       | L          |               |             |            |           |             |             |           |           |                |            |          |           |            |           |              |      |      |            |              |            |              |      |      |     |     |      |         |         |     |         |
|          |            |               |             |            |           |             |             |           |           |                |            |          |           |            |           |              |      |      |            |              |            |              |      |      |     |     |      |         |         |     |         |
|          |            |               |             |            |           |             |             |           |           |                |            |          |           |            |           |              |      |      |            |              |            |              |      |      |     |     |      |         |         |     |         |
|          |            |               |             |            |           |             |             |           |           |                |            |          |           |            |           |              |      |      |            |              |            |              |      |      |     |     |      |         |         |     |         |

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

| Name o     | of M       | S4/C        | oali    | tion | n To  | own  | of W | aterf | ord   |      |      |      |      |       |      |      |       |       |       |      |      |     | N    | Y    | R    | 2    | 0              | А        | 0    | 3          | 7        |
|------------|------------|-------------|---------|------|-------|------|------|-------|-------|------|------|------|------|-------|------|------|-------|-------|-------|------|------|-----|------|------|------|------|----------------|----------|------|------------|----------|
| 3.b.V      | Vha        | t ty        | pes     | of   | f ill | lici | t di | sch   | ıarş  | ges  | ha   | ve   | bee  | en f  | ou   | nd   | du    | rin   | g tł  | nis  | rep  | ort | ting | g pe | erio | od?  |                |          |      |            |          |
| O Bro      | ken        | Line        | es F    | roı  | m S   | Sani | itar | y S   | ewe   | r    |      |      | 0    | Indu  | ıstr | ial  | Co    | nne   | ctio  | ns   |      |     |      |      |      |      |                |          |      |            |          |
| O Cro      | ss (       | Conn        | ecti    | ion  | S     |      |      |       |       |      |      |      |      | Infl  | ow/  | /Inf | iltra | ıtioı | n     |      |      |     |      |      |      |      |                |          |      |            |          |
| O Fai      | ling       | Sept        | tic S   | Sys  | sten  | ns   |      |       |       |      |      |      | 0    | Pun   | np S | Stat | ion   | Fai   | ilur  | e    |      |     |      |      |      |      |                |          |      |            |          |
| O Flo      | or D       | rain        | s C     | oni  | nec   | ted  | То   | Sto   | orm   | Sev  | wer  | S    | 0    | San   | itar | y S  | ewe   | er C  | )ve   | rflo | WS   |     |      |      |      |      |                |          |      |            |          |
| O Ille     | gal        | Dum         | pin     | ıg   |       |      |      |       |       |      |      |      | 0    | Stra  | iigh | t P  | ipe   | Sev   | ver   | Dis  | cha  | rge | S    |      |      |      |                |          |      |            |          |
| Oth        |            |             |         | :11: |       | .1:. |      |       |       |      |      | 42.1 |      | Nor   |      |      |       |       |       |      |      |     |      | 4    | 41   |      |                |          |      |            |          |
| 4. H       |            | mai<br>ting | •       |      |       |      | scn  | arg   | ges/  | pot  | .en  | uai  | 1110 | ega   | 1 (( | OHI  | ieci  | 101   | IS II | ıav( | e Do | een | ae   | tec  | tea  | au   | irin           | ig t     | nis  |            | 0        |
|            |            |             |         |      |       |      |      |       |       |      |      |      |      |       |      |      |       |       |       |      |      |     |      |      |      |      |                | l<br>I   |      |            |          |
| 5. H       | ow         | mai         | nyi     | illi | cit   | dis  | sch  | arg   | ges ] | hav  | /e b | ee   | n c  | onf   | irn  | ned  | du    | ırir  | ıg t  | this | re   | poi | tin  | g p  | eri  | iod' | ?              |          |      |            | 0        |
| 6. H       | ow<br>erio |             | ny i    | illi | cit   | dis  | sch  | arg   | ges/i | ille | gal  | co   | nn   | ecti  | on   | s ha | ave   | be    | en    | eliı | min  | ate | ed o | lur  | ing  | g th | is r           | epe      | orti | ing        | 0        |
| 7. H       | ac 1       | he s        | etar    | rm   | SA    | WA)  | rch  | ьd    | ma    | nni  | inσ  | he   | eη   | cor   | nn   | lete | d i   | n tl  | hic   | rer  | m    | tin | σn   | eria | nd?  | •    |                | Ye       | •€   | $\bigcirc$ | No       |
|            |            | , app       |         |      |       |      |      |       |       |      | _    |      |      |       | -    |      |       |       |       | -    |      | •   | _    |      | Ju.  |      |                |          |      |            | ] 왕      |
| о т        | 41         | ,           |         |      | c     |      | 4•   |       |       | •1 1 |      |      | ΟI   | CO.   |      |      |       |       |       |      |      |     |      |      |      |      | _              | <b>.</b> |      |            | J        |
| 8. Is      |            | s in        |         |      |       |      |      |       |       |      |      |      |      |       |      |      |       |       |       |      |      |     |      |      |      |      |                | Ye<br>Ye |      |            | No<br>No |
|            |            | s, pr       |         |      |       |      | ` ′  |       |       |      |      |      |      |       |      |      |       |       |       |      |      |     |      |      |      |      |                |          |      |            |          |
| Ple<br>URI |            | pro         | Vid     | le s | spe   | citi | c a  | ddr   | ess   | of   | pag  | ge v | whe  | ere i | maj  | p(s) | ) ca  | n b   | e a   | cce  | sse  | d - | not  | ho   | me   | pa   | ge.            |          |      |            |          |
| h          | t          | t           | р       | :    | /     | /    | W    | W     | w     | •    | m    | a    | р    | h     | 0    | s    | t     | •     | С     | 0    | m    | /   | s    | a    | r    | a    | t              | 0        | g    | a          | /        |
|            |            |             |         |      |       |      |      |       |       |      |      |      |      |       |      |      |       |       |       |      |      |     |      |      |      |      |                |          |      |            |          |
|            |            |             |         |      |       |      |      |       |       |      |      |      |      |       |      |      |       |       |       |      |      |     |      |      |      |      |                |          |      |            |          |
| URI        | T          |             |         |      |       |      |      |       |       |      |      |      |      |       |      |      |       |       |       |      |      |     |      |      |      |      |                |          |      |            |          |
|            |            |             | 1       |      |       |      |      |       |       |      |      |      |      |       |      |      |       |       |       |      |      |     |      |      |      |      | $\blacksquare$ | $\dashv$ | =    |            |          |
|            |            | $\perp$     | $\perp$ | 1    |       |      |      |       |       |      |      |      |      |       |      |      |       |       |       |      |      |     |      |      |      |      | $\dashv$       | $\dashv$ | =    | =          |          |
|            |            |             |         |      |       |      |      |       |       |      |      |      |      |       |      |      |       |       |       |      |      |     |      |      |      |      |                |          |      |            |          |

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| Nan       | ne o            | f M               | S4/0          | Coa                | litic             | <sub>n</sub> V | 'illa    | зge       | e 0  | f V   | ۷a  | ter | foi  | d   |            |       |      |       |          |      |      |      |     | N    | Y    | R    | 2    | 0    | Α    | 4    | 6   | 9        |
|-----------|-----------------|-------------------|---------------|--------------------|-------------------|----------------|----------|-----------|------|-------|-----|-----|------|-----|------------|-------|------|-------|----------|------|------|------|-----|------|------|------|------|------|------|------|-----|----------|
| 3.1       | o.W             | /ha               | ıt t          | ype                | es o              | f il           | lici     | t di      | iscł | ıar   | ges | ha  | ve   | bee | en f       | ou    | nd   | du    | rin      | g tł | is   | rep  | ort | ting | g pe | erio | d?   |      |      |      |     |          |
| $\circ$ ] | 3rol            | ken               | Liı           | nes                | Fro               | m S            | San      | itar      | y S  | ewe   | r   |     |      |     | Ind        | ustr  | ial  | Co    | nne      | ctio | ns   |      |     |      |      |      |      |      |      |      |     |          |
| $\circ$   | Cros            | ss (              | Con           | nec                | tion              | ıs             |          |           |      |       |     |     |      |     | Infl       | ow/   | /Inf | iltra | itio     | n    |      |      |     |      |      |      |      |      |      |      |     |          |
| $\circ$ ] | Fail            | ing               | Sej           | ptic               | Sy                | stei           | ns       |           |      |       |     |     |      |     | Pur        | np S  | Stat | tion  | Fai      | ilur | e    |      |     |      |      |      |      |      |      |      |     |          |
| $\circ$ ] | Floc            | or E              | )rai          | ns (               | Con               | nec            | ted      | То        | Sto  | orm   | Se  | wer | S    | 0   | San        | itar  | y S  | ew    | er C     | )ve  | rflo | WS   |     |      |      |      |      |      |      |      |     |          |
| $\circ$ ] | lleg            | al                | Dui           | mpi                | ng                |                |          |           |      |       |     |     |      | 0   | Stra       | aigh  | ıt P | ipe   | Sev      | ver  | Dis  | cha  | rge | S    |      |      |      |      |      |      |     |          |
| 4.        | Othe<br>He      |                   | ma            | any                | ill               | icit           | di       | sch       | arg  | ges/  | pot | ten | tial |     | Noi<br>ega |       | onr  | nect  | tion     | ns h | nav  | e be | een | de   | tec  | ted  | l du | ıriı | ng t | this | S   |          |
|           | re              | po                | rtir          | ıg p               | per               | iod            | ?        |           |      |       |     |     |      |     |            |       |      |       |          |      |      |      |     |      |      |      |      |      |      |      |     | 0        |
| _         | TT              |                   |               |                    | . :11             | • - • 4        | 1:       |           |      |       | 1   | 1   |      |     | 4          | ·•    |      | 1.    | <u>.</u> | 4    | 1. : |      |     | .4   |      | •    |      | o    | ļ    |      |     | 0        |
| 3.        | П               | UW                | 1113          | ашу                | 111               | ICIU           | ur       | sch       | arg  | ges . | пач | vei | jee  | пС  | OHI        | 11 11 | neu  | uu    | 1111     | ıg ı | 1115 | re   | hor | LIII | ց բ  | еп   | lou  | •    |      |      |     | U        |
|           | pe              | rio               | d?            | -                  |                   |                |          | sch       |      |       |     |     |      |     |            |       |      |       |          |      |      |      |     |      |      |      |      | is r | epe  | ort  | ing | •        |
| 7.        |                 |                   |               |                    |                   |                |          | rsh<br>wł |      |       |     | _   | •    |     |            | _     |      |       |          |      | _    |      | •   | _    |      | od?  |      | •    | ]Ye  | s    |     | No<br>}  |
|           | Is<br>If<br>Ple | <b>th</b> i<br>Ye | is ii<br>s, p | <b>nfo</b><br>Prov | <b>rm</b><br>vide | ati<br>e U     | on<br>RL | (s):      | ila  | ble   | on  | th  | e w  | eb' | ?          | maj   | p(s] | ) ca  | ın b     | e a  | cce  | sse  | d - | not  | : ho | me   | pa   | •    | ]Ye  |      |     | No<br>No |
|           | h               | t                 | t             | р                  | :                 | /              | /        | w         | w    | w     | •   | m   | a    | р   | h          | 0     | s    | t     |          | С    | 0    | m    | /   | s    | a    | r    | a    | t    | 0    | g    | a   | /        |
|           | N               | 0                 | Т             | Е                  | :                 |                | u        | s         | е    | r     | /   | v   | i    | е   | W          | е     | r    |       | m        | u    | ន    | t    |     | a    | С    | t    | i    | v    | a    | t    | е   |          |
|           | G               | е                 | 0             | 1                  | 0                 | g              | У        | ;         |      | ន     | u   | b   | W    | а   | t          | е     | r    | s     | h        | е    | d    |      | 1   | a    | У    | е    | r    |      |      |      |     |          |
|           | URL             |                   |               |                    |                   |                |          |           |      |       |     |     |      | 1   |            |       |      |       |          |      |      |      |     |      |      |      |      |      |      |      |     |          |
|           | NOTE: user/view |                   |               |                    |                   |                |          |           |      |       |     |     |      |     |            |       |      |       |          |      |      |      |     |      |      |      |      |      |      |      |     |          |
|           |                 |                   |               |                    |                   |                |          |           |      |       |     |     |      |     |            |       |      |       |          |      |      |      |     |      |      |      |      |      |      |      |     |          |
|           |                 |                   |               |                    |                   |                |          |           |      |       |     |     |      |     |            |       |      |       |          |      |      |      |     |      |      |      |      |      |      |      |     |          |

SPDES ID

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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

| Nam            | e of             | MS          | S4/C     | Coa  | litic   | n_T       | ow   | /n c | of V | Vilt       | on  |      |      |     |      |       |      |       |      |      |      |      |     | N    | Y    | R    | 2    | 0    | Α    | 1   | 1        | 4  |
|----------------|------------------|-------------|----------|------|---|-----------|------|------|------|------------|-----|------|------|-----|------|-------|------|-------|------|------|------|------|-----|------|------|------|------|------|------|-----|----------|----|
| 3.b            | .W               | 'ha         | t ty     | ype  | es o  | f il      | lici | t di | iscł | ıar        | ges | ha   | ve   | bec | en i | fou   | nd   | du    | rin  | g tl | his  | rep  | or  | ting | g po | erio | od?  |      |      |     |          |    |
| $\circ$ E      | Brok             | ten         | Lin      | nes  | Fro   | om S      | San  | itar | y S  | ewe        | r   |      |      | 0   | Ind  | ustı  | ial  | Со    | nne  | etic | ons  |      |     |      |      |      |      |      |      |     |          |    |
| $\circ$ C      | ros              | s (         | Con      | nec  | tio   | ns        |      |      |      |            |     |      |      | 0   | Inf  | low   | /Inf | iltra | itio | n    |      |      |     |      |      |      |      |      |      |     |          |    |
| $\circ$ F      | aili             | ng          | Sep      | otic | Sy  | ste       | ns   |      |      |            |     |      |      | 0   | Pur  | np    | Stat | tion  | Fa   | ilur | e    |      |     |      |      |      |      |      |      |     |          |    |
| $\circ$ F      | loo              | r D         | raiı     | ns ( | Cor   | nec       | ted  | То   | Sto  | orm        | Se  | wer  | s    | 0   | Sar  | nitai | ry S | Sew   | er ( | Ove  | rflo | WS   |     |      |      |      |      |      |      |     |          |    |
| $\circ$ I      | lleg             | al l        | Dur      | npi  | ng  |           |      |      |      |            |     |      |      | 0   | Str  | aigł  | nt P | ipe   | Sev  | ver  | Dis  | scha | rge | S    |      |      |      |      |      |     |          |    |
| 0 C<br>[<br>4. | Н                | )w          |          | •    |   | licit     |      | sch  | arg  | ges/       | pot | ten  | tial |     | No.  |       | onr  | 1ect  | tion | ns h | nav  | e b  | een | de   | etec | eted | l du | ıriı | ng t | his | <b>S</b> |    |
|                | - C <sub>j</sub> | p 0         | ****     | ·8 I | <b>, , , , , , , , , , , , , , , , , , , </b> | 100       | •    |      |      |            |     |      |      |     |      |       |      |       |      |      |      |      |     |      |      |      |      |      |      |     |          |    |
| 5.             | Ho               | w           | ma       | ıny  | ' ill   | icit      | di   | sch  | arg  | ges        | hav | ve l | bee  | n c | oni  | firr  | ned  | l dı  | ıriı | ng 1 | this | re   | poi | rtin | g p  | eri  | iod  | ?    |      |     |          |    |
|                | pe<br>Ha         | rio<br>ıs t | d?<br>he | sto  | rn  | ı se      | we   | rsh  | ed   | ges/<br>ma | pp  | ing  | , be | een | col  | mp    | lete | ed i  | n t  | his  | rej  | or   | tin | g p  | eri  |      |      |      | Ye   |     |          | No |
| 8.             |                  |             |          |      |   |           |      |      |      | ava<br>ble |     |      |      |     |      |       |      |       |      |      |      |      |     |      |      |      |      |      | Ye   |     |          | No |
|                |                  |             |          |      |   | au<br>e U |      |      |      | Die        | on  | . un | e w  | eb  | •    |       |      |       |      |      |      |      |     |      |      |      |      | 0    | Ye   | S   | •        | No |
|                |                  | ase         | pre      | ovi  | ide   | spe       | cif  | ic a | ıddı | ess        | of  | pa   | ge ' | whe | ere  | ma    | p(s  | ) ca  | ın t | e a  | icce | sse  | d - | not  | t ho | me   | pa   | ge.  |      |     |          |    |
| Г              | JRL<br>h         | t           | t        | p    | :   | /         | /    | W    | W    | w          |     | m    | a    | р   | h    | 0     | s    | t     |      | С    | 0    | m    | /   | s    | a    | r    | a    | t    | 0    | g   | a        | /  |
|                |                  |             |          |      |   |           |      |      |      |            |     |      |      |     |      |       |      |       |      |      |      |      |     |      |      |      |      |      |      |     |          |    |
| Ī              |                  |             |          |      |   |           |      |      |      |            |     |      |      |     |      |       |      |       |      |      |      |      |     |      |      |      |      |      |      |     |          |    |
| Į              | ЛRL              |             |          |      | -   |           |      |      |      |            |     |      |      |     |      |       |      |       |      | -    |      |      |     |      |      |      |      | ,    |      | ,   |          |    |
|                |                  |             |          |      |   |           |      |      |      |            |     |      |      |     |      |       |      |       |      |      |      |      |     |      |      |      |      |      |      |     |          |    |
|                |                  |             |          |      |   |           |      |      |      |            |     |      |      |     |      |       |      |       |      |      |      |      |     |      |      |      |      |      |      |     |          |    |
|                |                  |             |          |      |   |           |      |      |      |            |     |      |      |     |      |       |      |       |      |      |      |      |     |      |      |      |      |      |      |     |          |    |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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|---------------|--------|-------|----------|-------|----|------|-------|-------------|----------|------|-----|----------|-----|-------------|------------|-----|----------|-----|------|------|------|-----|------|-----|----|---|
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|               |        |       |          |       |    |      |       |             |          |      |     |          |     |             |            |     |          |     |      |      |      |     |      |     |    |   |
| RL            |        |       |          |       |    |      |       |             |          |      |     |          |     |             |            |     |          |     |      |      |      |     |      |     |    |   |
|               |        |       |          |       |    |      |       |             |          |      |     | <u> </u> | _   |             |            |     |          |     |      |      |      |     |      |     |    |   |
| +             |        |       |          |       |    |      |       |             |          |      | 1   |          |     |             |            |     |          |     |      |      |      |     |      |     |    |   |
|               |        |       |          |       |    |      |       |             |          |      |     |          |     |             |            |     |          |     |      |      |      |     |      |     |    |   |
| RL            |        |       |          |       |    |      |       |             |          |      |     |          |     |             |            |     |          |     |      |      |      |     |      |     |    |   |
|               |        |       |          |       |    |      |       |             |          |      |     |          |     |             |            |     |          |     |      |      |      |     |      |     |    |   |
|               |        |       |          |       |    |      |       |             |          |      |     |          |     |             |            |     |          |     |      |      |      |     |      |     |    |   |
| RL            |        |       |          |       |    |      |       |             |          |      |     |          |     |             |            |     |          |     |      |      |      |     |      |     |    |   |
|               |        |       |          |       |    |      |       |             |          |      |     |          |     |             |            |     |          |     |      |      |      |     |      |     |    |   |
|               |        |       |          |       |    |      |       |             |          |      |     |          |     |             |            |     |          |     |      |      |      |     |      |     |    |   |
|               |        |       |          |       |    |      |       |             |          |      |     |          |     |             |            |     |          |     |      |      |      |     |      |     |    |   |
| RL            |        |       | <u> </u> |       |    |      |       |             |          |      |     |          |     |             |            |     |          |     |      |      |      |     |      |     |    |   |
|               |        |       |          |       |    |      |       |             |          |      |     |          |     |             |            |     |          |     |      |      |      |     |      |     |    |   |
| $\overline{}$ |        |       |          |       |    |      |       |             |          |      |     | _        |     |             |            |     |          |     |      |      |      |     |      |     |    |   |
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This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

|      | L(s)<br>ase p |     |     |     | pec  | ific | ad   | ldr | ess  | of   | pa  | ge  | wh             | ere      | ma       | ւթ(ջ | s) c | an  | be  | acc | ess | sed   | - n | ot ]    | hor          | ne i | pag      | gе     |         |
|------|---------------|-----|-----|-----|------|------|------|-----|------|------|-----|-----|----------------|----------|----------|------|------|-----|-----|-----|-----|-------|-----|---------|--------------|------|----------|--------|---------|
| RL   |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          | _ `  |      |     |     |     |     |       |     |         |              | ,    |          | _      | _       |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |         |              |      |          |        |         |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |         |              |      |          |        |         |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                | T        |          |      |      |     |     |     |     |       |     |         |              |      |          |        | Ħ       |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |         |              |      | _        | _      | _       |
| RL   |               |     |     |     |      |      |      |     |      |      |     |     |                | Τ        |          |      |      |     |     |     |     |       |     |         |              |      |          |        | Γ       |
|      | 1             |     |     |     |      |      |      |     |      |      |     |     |                | +        |          |      |      |     |     |     |     |       |     |         |              |      | $\vdash$ |        | H       |
|      | -             |     |     |     |      |      |      |     |      |      |     |     |                | <u> </u> |          |      |      |     |     |     |     |       |     |         |              |      | L        | L      | L       |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |         |              |      |          |        |         |
| RL   |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |         |              |      |          |        |         |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |         |              |      |          |        |         |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |         |              |      |          |        |         |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                | T        |          |      |      |     |     |     |     |       |     |         |              |      |          |        | T       |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |         |              |      | _        |        |         |
| RL   |               |     |     |     |      |      |      |     |      |      |     |     |                | Τ        |          |      |      |     |     |     |     |       |     |         |              |      |          |        | Γ       |
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|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |         |              |      |          |        |         |
| RL   |               |     |     |     |      | 1    |      |     |      | 1    |     |     |                | 1        |          |      |      | 1   |     |     |     |       | ı   |         |              |      | _        |        | Τ       |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |         |              |      |          | L      | L       |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |         |              |      |          |        |         |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |         |              |      |          |        |         |
| Цос  | an            | ını | ) F | lov | ow h |      | 1 04 | lor | toc  | ı fa | r o | 100 | h tr           | ·odi     | itia     | nal  | м    | Ç1  | one | d/o | r h | 0.870 | II  | ıDI<br> | Zm           | roc  | od.      | ıra    | c i     |
|      | rove          |     |     |     |      |      |      | _   |      |      |     |     |                |          |          |      |      |     |     |     |     |       | IL  | ועי     | ر <b>p</b> ا |      | Yε       |        | ъ,<br>Г |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          | U    |      |     |     | •   |     |       |     |         |              |      | -        |        | _       |
|      | es, l         |     |     | -   |      |      |      |     |      |      |     |     |                |          | g to     | th   | is r | ере | ort | cer | tif | ied   |     |         |              | lav  | v is     | ·<br>) | _       |
| equi | ival          | ent | to  | th  | e N  | YS   | M    | ode | el I | DI   | ÞΕ  | La  | $\mathbf{w}$ ? |          |          |      |      |     |     |     |     |       |     | • }     | es           |      | N        | o      |         |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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|-------------------------|-------|-----|-----|------|-----|------|-------|-----|-----|-----------|-----|------|--------|-----|------|-----|------|-----------|-----|--------------|------|-----|------|------|------|------|----------|-----|---|
| r <b>iea</b><br>RL      | se p  | 101 | iut | · »I | Jec | 1110 | au    | iul | C33 | UΙ        | pa; | 5C 1 | v 11 ( | .16 | 1117 | h(3 | ı, c | aii       | ne  | acc          | .C33 | cu  | - 11 | υtl  | 101  | uc j | yag      | ;C  |   |
|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     | Γ |
|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     | H |
|                         |       | _   |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      | L        |     | L |
|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     |   |
| RL                      |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     | ı            |      |     |      | ı    |      |      |          |     |   |
|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     |   |
|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     |   |
|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     | T |
|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     | _ |
| RL                      |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     | Τ |
|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      | $\vdash$ |     | L |
| _                       |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      | L        |     | Ļ |
|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     |   |
| RL                      |       |     |     | 1    |     |      | 1     |     | 1   |           | 1   | 1    | 1      |     |      |     |      | 1         |     | ı            |      |     |      | ı    |      |      |          |     |   |
|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     |   |
|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     | Γ |
|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     | Ť |
|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     | L |
| RL                      |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     | Τ |
|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      | $\vdash$ |     | L |
|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      | L        |     | L |
|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     |   |
| Has                     | an ]  | IDI | ÞΕ  | lav  | v b | eer  | ı ac  | dop | ted | l fo      | r e | ach  | ı tr   | adi | tio  | nal | M    | <b>S4</b> | and | <b>1/o</b> 1 | r ha | ave | ID   | DE   | E pi | roc  | edı      | ire | S |
| appı                    |       |     |     |      |     |      |       | _   |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      | •    |      | Ye       |     |   |
|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     |   |
| $\mathbf{f} \mathbf{V}$ | es, ł | as  | eve | ery  | tra | adi  | tioı  | nal | M   | <b>S4</b> | con | tri  | but    | ing | g to | thi | is r | epo       | ort | cer          | tifi | ied | tha  | it t | his  | lav  | v is     |     |   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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|--------|----------|--------|----------|-------|------|-------|------|----------|-----|-----|-----|---------------|---------------|----|------|-----|-----|------|-----|------|----------|------|-----|----|----------|
|        | s) con't |        |          |       |      |       |      |          |     |     |     |               |               |    |      |     |     |      |     |      |          |      |     |    |          |
| Please | provid   |        | cific    | ad    | dre  | SS O  | f pa | ge v     | whe | ere | maj | o(s)          | ) ca          | an | be a | acc | ess | ed · | - n | ot l | hon      | ne j | pag | ge |          |
| RL     |          |        |          |       |      |       |      |          |     |     |     |               |               |    |      |     |     |      |     |      |          |      |     |    |          |
|        |          |        |          |       |      |       |      |          |     |     |     |               |               |    |      |     |     |      |     |      |          |      |     |    |          |
|        |          |        | +        |       |      |       |      |          |     |     |     |               |               |    |      |     |     |      |     |      |          |      |     |    | T        |
|        |          |        |          |       |      |       |      |          |     |     |     | _             |               |    |      |     |     |      |     |      |          |      |     |    |          |
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| RL     |          |        |          |       |      |       |      |          |     |     |     |               |               |    |      |     |     |      |     |      |          |      |     |    |          |
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This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 2 \end{bmatrix}$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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This report is being submitted for the reporting period ending March 9, 2 0 2 1

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**MS4 Annual Report Form** 

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**MS4 Annual Report Form** 

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| Name of MS4/Coalition Village of Ballston Spa  N Y R 2 0 A 3 7 6  |
| 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. Last inspection of all outfalls was completed in April of 2017. Village provides follow-up inspections to reported incidents. The Village sends staff in relevant positions to trainings with the ISWM. |
| B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.   |
| No illicit discharges were observed or reported at stormwater outfalls.  COVID-19 prevented in-person trainings in this reporting period which reduced staff training opportunities.  |
| C. How many times was this observation measured or evaluated in this reporting period?  (ex.: samples/participants/evaluates)   |
| 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 April 2017; Continue to follow-up on reported incidents and complaints. Send staff in relevant positions to in-person trainings with ISWM.  |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

| in outside the form as part of a joint report on commit of a c   | SPDES ID   |
|--|--|
| Name of MS4/Coalition Town of Ballston   | N Y R 2 0 A 1 5 7  |
| 12. Evaluating Progress Toward Measurable Goals MCM 3  |  |
| Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.  |  |
| A. Briefly summarize the Measurable Goal identified in the SV  | WMPP in this reporting period.                                     |
| Continue to respond to and evaluate any public concerns regarding suspected illicit discharge. Due to staffing and COVID, the Town during dry weather. Town will work in the next reporting period t and maintain records of all outfall inspections, complaints, and co | was not able to inspect outfalls o perform dry weather inspections |
| B. Briefly summarize the observations that indicated the overa Goal.   | all effectiveness of this Measurable                               |
| No suspected illicit discharges were reported, but the Town has a illicit discharges if they are reported.   | mechanism in place to address                                      |
| C. How many times was this observation measured or evaluate  | ed in this reporting period?  (ex.: samples/participants/ev        |
| 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   | e SWMPP?  ● Yes □ No   |
| F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation scheduler)  | et the goals of this MCM during                                    |
| Continue to respond to and evaluate any public concerns regarding suspected illicit discharge. Due to staffing and COVID, the Town during dry weather. Town will work to perform inspections and management inspections, complaints, and confirmed violations.           | was not able to inspect outfalls                                   |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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|                       |                  | SPL | DES | ID |   |   |   |   |   |   |
|-----------------------|------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition | Town of Charlton | N   | Y   | R  | 2 | 0 | А | 0 | 3 | 2 |

#### 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.

C. How many times was this observation measured or evaluated in this reporting period?

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D. Has your MS4 made progress toward this measurable goal during this reporting period?

| 5 r |     | •-• |   |    |
|-----|-----|-----|---|----|
|     | Yes |     | 0 | No |

(ex.:

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

| Yes | $\bigcirc$ No |
|-----|---------------|

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

As per 2/9/21 correspondence with EPA, the Town will increase IDDE training to 100% of relevant staff (Highway Dept.) Training is scheduled for May 2021. Town will continue other EDDE tasks of dry weather observations and stream testing.

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| SPDES ID   |
|--|
| Name of MS4/Coalition TOWN OF CLIFTON PARK  N Y R 2 0 A 0 3 5  |
| 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?  (ex.: samples/participants/e   |
| 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.  |
|  |
|  |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

|                       |                    | SPD | <u>ES</u> | ID |   |   |   |   |   |   |
|-----------------------|--------------------|-----|-----------|----|---|---|---|---|---|---|
| Name of MS4/Coalition | Town of Greenfield | N   | Y         | R  | 2 | 0 | А | 1 | 2 | 3 |

#### 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 14 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.

| $\boldsymbol{C}$ | How many  | times | was this  | observation | measured or | r evaluated in | this re  | norting i | neriod? |
|------------------|-----------|-------|-----------|-------------|-------------|----------------|----------|-----------|---------|
| $\sim$ .         | 110W many | umes  | was tills | obsci vanon | measured or | cvanuateu m    | unio i v | por ung   | periou. |

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|------|------|------|------|------|------------|
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D. Has your MS4 made progress toward this measurable goal during this reporting period?

| $lacktriangle$ Yes $\bigcirc$ N |
|---------------------------------|
|---------------------------------|

(ex.:

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

| $\bullet$ Yes $\bigcirc$ No | ) |
|-----------------------------|---|
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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.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

|  | _ | SPL | )ES | ענו |   |   |   |   |   |   |
|--|---|-----|-----|-----|---|---|---|---|---|---|
| Name of MS4/Coalition Town of Halfmoon |   | N   | Y   | R   | 2 | 0 | А | 3 | 7 | 5 |

#### 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 was expected to be finished in 2020 but due to the COVID-19 Pandemic was delayed. It is anticipated to be complete by the end of 2021. The information obtained from this will

# 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 is nearly complete and was expected to be finished in 2020 but due to the COVID-19 Pandemic was delayed. It is anticipated to be complete by the end of 2021. The Stormwater Management Officer's contact information is

| C. | How | many | times | was | this | observ | ation | measured | or | eval | luated | in | this | report | ing | period | ? |
|----|-----|------|-------|-----|------|--------|-------|----------|----|------|--------|----|------|--------|-----|--------|---|
|    |     |      |       |     |      |        |       |          |    |      |        |    |      |        |     |        |   |

|          |            | 1        |           |
|----------|------------|----------|-----------|
| (ex.: sa | amples/par | ticipant | s/events) |

D. Has your MS4 made progress toward this measurable goal during this reporting period?

|  | $V_{\Delta c}$ | $\bigcirc$ No |
|--|----------------|---------------|

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

|   | Yes | $\circ$ No | ) |
|---|-----|------------|---|
| • | 100 | $\sim$ 110 | , |

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 was expected to be finished in 2020 but due to the COVID-19 Pandemic was delayed. It is anticipated to be complete by the end of 2021. 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.

Yes

□No

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

If 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   | N Y R 2 0 A 0 8 6   |
|---|---|
| 12. Evaluating Progress Toward Measurable Goals MCM 3   |   |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed.   | <u> </u>  |
| A. Briefly summarize the Measurable Goal identified in the S  | WMPP in this reporting period.                                  |
| The Town intends to inspect more than 20% of the outfalls in the meet the deadline in the MS4 permit. Record and investigate all in a timely manner. Maintain record of outcomes/ dispositions resuspected violations reported. Maintain an archive of outfall inspections. | complaints and suspected violations egarding all complaints and |
| B. Briefly summarize the observations that indicated the over Goal.   | all effectiveness of this Measurable                            |
| The Town has 40 known outfalls in the regulated MS4 and has in period. All complaints have been investigated and responded to it complaints, 0 were determined to be illicit discharges during froz   | n a timely manner. Of these                                     |
| C. How many times was this observation measured or evaluat  |   |
|   | (ex.: samples/participants/event.                               |
| D. Has your MS4 made progress toward this measurable goal   |   |
|   | ● 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).

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

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.

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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

|                       |                       | SPL | )ES | ID |   |   |   |   |   |   |
|-----------------------|-----------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition | City of Mechanicville | N   | Y   | R  | 2 | 0 | А | 5 | 5 | 1 |
| '                     |                       |     |     |    |   |   |   |   |   |   |

#### 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.

In an effort to better understand, define, and track the City's stormwater infrastructure and watersheds, as well as develop a comprehensive preventative maintenance plan, a desktop catch basin inventory was performed.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The inventory was initially performed via desktop assessment using Google Earth street view, and is currently being truthed by City personnel. We are aware that 2 new basins were installed during 2021 with more installed between the year of the street view and 2021. Those will be added, however the inventory currently stands at 314 yet is likely to grow after it is reviewed by City personnel.

C. How many times was this observation measured or evaluated in this reporting period?

|       |      |      | 3     | 1    | 4    |          |
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| (ex.: | samp | les/ | 'narı | tici | nant | s/events |

D. Has your MS4 made progress toward this measurable goal during this reporting period?

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

| Yes | $\bigcirc$ 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 number of catch basins will be confirmed and a maintenance plan will be created in the next reporting cycle.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|   | SPDES ID                              |
|---|---------------------------------------|
| Name of MS4/Coalition City of Mechanicville   | N Y R 2 0 A 5 5 1                     |
| 12. Evaluating Progress Toward Measurable Goals MCM 3   |                                       |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed. |                                       |
| A. Briefly summarize the Measurable Goal identified in the S  | WMPP in this reporting period.        |
| The City wanted to not only educate the public on what constitute invite them to be a partner in tracking suspected illicit discharges.                                   | •                                     |
| B. Briefly summarize the observations that indicated the over Goal.   | rall effectiveness of this Measurable |
| The City's stormwater website (mechanicvillestormwater.com) in report suspected illicit discharges. They have the option to do this                                       |                                       |
| C. How many times was this observation measured or evaluat  | ted in this reporting period?         |
|   | (ex.: samples/participants/event      |
| D. Has your MS4 made progress toward this measurable goal   |                                       |
| E. Is your MS4 on schedule to meet the deadline set forth in the  | he SWMPP?<br>● Yes ○ No               |
| F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche   | 9                                     |
| The City will notify the public of this form during the next report   | ing cycle                             |
|   |                                       |
|   |                                       |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

| City of Manhaming III.   | DES ID   |
|--|--|
| Name of MS4/Coalition City of Mechanicville  | Y R 2 0 A 5 5 1  |
| 12. Evaluating Progress Toward Measurable Goals MCM 3  |  |
| Use this page to report on your progress and project plans toward achieving neidentified in your Stormwater Management Program Plan (SWMPP), including III.C.1. Submit additional pages as needed. | _  |
| A. Briefly summarize the Measurable Goal identified in the SWMPP in t  | this reporting period.   |
| The City reviewed the entirety of its Good Housekeeping Plan, and utilized i train staff on each measure included.   | t as an opportunity to   |
| B. Briefly summarize the observations that indicated the overall effective Goal.   | eness of this Measurable   |
| On March 29, 3 members of the DPW were trained on illicit discharges as we elimination measures.   | ell as detection and   |
|  |  |
| C. How many times was this observation measured or evaluated in this r   | reporting period?  |
|  | 3  |
| D. Has your MS4 made progress toward this measurable goal during thi   | <pre>(ex.: samples/participants/events s reporting period?</pre> |
| . 1 8  | ● Yes ○ No   |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWMPI   |  |
| F. Briefly summarize the stormwater activities planned to meet the goals the next reporting cycle (including an implementation schedule).  | ● Yes ○ No s of this MCM during                                  |
| The City will train the remainder of DPW field personnel in the next reporting   | g cycle.   |
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| SPDES ID  |
|---|
| Name of MS4/Coalition City of Mechanic Ville N Y R 2 0 A 5 5 1  |
| 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.  |
| In an effort to reduce illegal dumping adjacent to the river, the City had signage produced to place at the end of every dead end road.   |
| B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.   |
| The signage states "Property of Mechanicville. Dumping not permitted" and is hoped to prevent illegal dumping at potential hot spots, which are also primarily adjacent to the Hudson River. All of the signs were installed, of which there were approximately 20. |
| C. How many times was this observation measured or evaluated in this reporting period?  |
| 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).  |
| This completes this commitment  |
|   |
|   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| if submitting this form as part of a joint report on behalf of a   | Coantion leave St DES ID Utalik.                                |
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|  | SPDES ID  |
| Name of MS4/Coalition City of Mechanicville  | N Y R 2 0 A 5 5 1   |
|  |   |
| 12. Evaluating Progress Toward Measurable Goals MCM 3  |   |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.  |   |
| A. Briefly summarize the Measurable Goal identified in the S   | WMPP in this reporting period.                                  |
| The City continues to actively investigate, follow up on, and wor  | k to eliminate illicit discharges                               |
| The City continues to actively investigate, follow up off, and wor   | k to chiminate inicit discharges.                               |
|  |   |
|  |   |
|  |   |
|  |   |
| B. Briefly summarize the observations that indicated the over Goal.  | rall effectiveness of this Measurable                           |
| During this reporting cycle, 13 illicit discharges were identified a been resolved. Discharges are from sanitary sewer laterals, hydra overflows, broken sanitary lines, and dumping of cooking grease their newly developed postcards, warning forms, and violation fo responsible. | ulic spills, sanitary sewer into the storm drain. The City used |
| C. How many times was this observation measured or evaluat   | ted in this reporting period?                                   |
| v  | 1 1 3   |
|  |   |
|  | (ex.: samples/participants/                                     |
| D. Has your MS4 made progress toward this measurable goal  |   |
|  | ● Yes ○ No  |
| E. Is your MS4 on schedule to meet the deadline set forth in t   | he SWMPP?   |
| •  | ● Yes ○ No  |
| F. Briefly summarize the stormwater activities planned to me<br>the next reporting cycle (including an implementation sche   | et the goals of this MCM during                                 |
| The City will continue to actively fulfill the obligations of their II an informative flyer for local caterers notifying them not to use the waste. The unresolved illicit discharge will continue to be pursue  | ne storm drains for dumping food                                |
|  |   |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0$ 

| Name of MS4/Coalition TOWN OF MILTON  SPDES ID  N Y R 2 0 Z   |  |
|---|--|
| Name of MS4/Coalition 10 WIN OF MILETON 1N Y R 2 0 1  | A 1 0 8                                      |
|   | A   1   0   8                                |
| 2. Evaluating Progress Toward Measurable Goals MCM 3  |  |
| Use this page to report on your progress and project plans toward achieving measurable goal dentified in your Stormwater Management Program Plan (SWMPP), including requirement II.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. I 4 outfalls in 2020, Fair Oaks Phase 1 to tributary of Kayaderosseras Creek inspected twice, Oaks Phase 2 to tributary of Kayaderosseras Creek inspected once, outfall from Acland Bly Rowland Hollow Creek  | Fair   |
| B. Briefly summarize the observations that indicated the overall effectiveness of this M<br>Goal.   | <b>1easurable</b>                            |
| County mapping systems continues to be improved / updated. Town worked with County or any new outfalls Town took ownership of in 2020, none noted. Also reviewed progress of Comapping efforts to update data.  |  |
|   | nd?  |
| C. How many times was this observation measured or evaluated in this reporting peri   | ou.  |
| C. How many times was this observation measured or evaluated in this reporting peri   | 1  |
| (ex.: sample  | 1<br>es/participants/ev                      |
| (ex.: sample)  O. Has your MS4 made progress toward this measurable goal during this reporting pe   | 1<br>es/participants/ev                      |
| (ex.: sample  D. Has your MS4 made progress toward this measurable goal during this reporting pe  | 1 es/participants/everiod?                   |
| D. Has your MS4 made progress toward this measurable goal during this reporting periods.  E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?   | 1 es/participants/everiod? Yes O No Yes O No |
| D. Has your MS4 made progress toward this measurable goal during this reporting periods.  E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?   | 1 es/participants/everiod? Yes O No Yes O No |
| D. Has your MS4 made progress toward this measurable goal during this reporting pool.  E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  F. Briefly summarize the stormwater activities planned to meet the goals of this MCM the next reporting cycle (including an implementation schedule).  Dry weather inspections. | 1 es/participants/everiod? Yes O No Yes O No |
| D. Has your MS4 made progress toward this measurable goal during this reporting poor.  E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  F. Briefly summarize the stormwater activities planned to meet the goals of this MCM the next reporting cycle (including an implementation schedule).                           | 1 es/participants/e eriod? Yes O No Yes O No |

SPDES ID

## **MS4 Annual Report Form**

| FED. 4  | _   | _ |   |   |
|---|-----|---|---|---|
| This report is being submitted for the reporting period ending March 9. | , 2 | 0 | 2 | 1 |

| Name of MS4/Coalitic   | TOWN OF MOREAU  |                                   |                              |                    | N Y F        | 2 0 A         | 1 5 8           |
|--|---|-----------------------------------|------------------------------|--------------------|--------------|---------------|-----------------|
| 12. Evaluating Pr  | ogress Toward Meas  | urable Goa                        | als MCM 3                    |                    |              |               |                 |
| Use this page to re identified in your S III.C.1. Submit add   | port on your progress a<br>Stormwater Manageme<br>ditional pages as neede<br>arize the Measurable | and project<br>ent Program<br>ed. | plans toward<br>Plan (SWMI   | PP), inclu         | iding req    | uirements i   |                 |
|  | outfall inspections us  |                                   |                              |                    |              | 1 81          |                 |
|  |   |                                   |                              |                    |              |               |                 |
| B. Briefly summa<br>Goal.  | rize the observations   | that indica                       | ated the over                | all effect         | iveness (    | of this Mea   | surable         |
| rotational basis to e  | falls have been mappe<br>ischarge track down. T<br>ensure that all outfalls<br>and follow up      | ine Town c<br>are inspecte        | ontinues to co               | anduct or          | tfall ima    |               |                 |
| C. How many time   | es was this observatio  | n measure                         | d or evaluate                | ed in this         | reporti      | ng neriod?    |                 |
|  |   |                                   |                              |                    |              | 1             |                 |
| ). Has your MS4 i  | made progress toward  | d this mass                       | uuuahla aasal                | 1                  | (ex          | :: samples/pa | rticipants/eve  |
| y - 11.10 1 1  | nade progress toward  | u mis meas                        | surable goal                 | auring ti          | iis repoi    | _             | d?<br>○ No      |
| E. Is your MS4 on  | schedule to meet the  | deadline s                        | et forth in th               | e SWMI             | <b>) D</b> ? | @ 1cs         | O NO            |
|  |   |                                   |                              |                    |              | • Yes         | ○ No            |
| The next reporting the next repo | ize the stormwater ac<br>ng cycle (including ar   | ctivities pla<br>n implemen       | nned to mee<br>ntation sched | t the goa<br>ule). | ls of this   | s MCM du      | ring            |
| The ISWM Program Form will be completed  | n mapping for Town or<br>eted following the rele<br>will be accomplished                          | utfalls has b                     | een complete                 | ed. An up          | roft MCA     | Conomal D.    | etion<br>ermit. |
|  |   |                                   |                              |                    |              |               |                 |

9126383899

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalitio                                       |  | SPDES ID  |
|--|--|---|
| rame of WiS4/Coamilo                                       | Village of Round Lake  | N Y R 2 0 A 0 9 9   |
|  | ogress Toward Measurable Goals M   |   |
| identified in your S                                       | port on your progress and project plans<br>Stormwater Management Program Plan<br>ditional pages as needed. | toward achieving measurable goals (SWMPP), including requirements in Part   |
| A. Briefly summa   | arize the Measurable Goal identified   | in the SWMPP in this reporting period.  |
| Saratoga County. I public through the outfalls have alread | Updates to this mapping will continue to above referenced online GIS Viewer (                              | partnership with the Town of Malta and through 2021 and will be available to the www.maphost.com/saratoga/); 100% of the year permit cycle (ref. GP-0-10-002), the nt for this MCM. |
| B. Briefly summa<br>Goal.                                  | arize the observations that indicated  | the overall effectiveness of this Measurable  |
| All outfalls were se                                       | creened in reporting year 9 (2011 - 201  | 2).   |
|  |  |   |
| C. How many tim  | nes was this observation measured or   | evaluated in this reporting period?   |
| C. How many tim  | es was this observation measured or  |   |
|  |  |   |
| D. Has your MS4  |  | (ex.: samples/participant ble goal during this reporting period?  Yes O No rth in the SWMPP?  |
| D. Has your MS4<br>E. Is your MS4 or<br>F. Briefly summa   | made progress toward this measural   | (ex.: samples/participant) ble goal during this reporting period?  ● Yes ○ No  rth in the SWMPP?  ● Yes ○ No  d to meet the goals of this MCM during                                |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

|                       |   | _ | OLL |   | 11 |   |   |   |   |   |   |
|-----------------------|---|---|-----|---|----|---|---|---|---|---|---|
| Name of MS4/Coalition | Saratoga County, Department of Public Works |   | N   | Y | R  | 2 | 0 | А | 2 | 0 | 9 |
|                       |   |   |     |   |    |   |   |   |   |   |   |

#### 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; 8 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 2019.

C. How many times was this observation measured or evaluated in this reporting period?

|  | (ex.: samples/par   | rticipants/eve | ents) |
|--|---------------------|----------------|-------|
| D. Has your MS4 made progress toward this measurable goal during thi   | is reporting period | 1?             |       |
|  | Yes                 | □No            |       |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWMPI | P?                  |                |       |
|  | 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 100% of all known/mapped outfalls have been dry-weather screened. Awaiting new Permitting to determine future measurable goal for Dry-Weather Outfall Screening; approximately 8 outfalls in Year-16 /2018-2019.

9126383899

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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

|  | SPDES ID          |
|--|-------------------|
| Name of MS4/Coalition City of Saratoga Springs | N Y R 2 0 A 2 1 6 |

#### 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 mapping of outfall locations and inspect outfalls every (5) years, min.
- Raise general awareness of illicit discharges and enforce local law to mitigate problems.
- Maintain mapping of the City's stormwater sewer system to facilitate IDDE program.
- Prioritize areas most susceptible to illicit discharges and closely monitor their condition.

# B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- (5) potential illicit discharges identified, investigated, and/or remediated.
- (0) new outfalls inventoried. (0) outfalls inspected.
- Provided information to raise public awareness of sources of stormwater pollution.
- Continued work to update municipal sewer system mapping.
- (1) stormwater sampling event with samples tested for fecal coliform.

| C. | How | many | times | was | this | obser | vation | measured | or | evaluated in | this rep | orting per |  |   |
|----|-----|------|-------|-----|------|-------|--------|----------|----|--------------|----------|------------|--|---|
|    |     |      |       |     |      |       |        | •        |    |              |          |            |  | 1 |

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

| 1 | ( |    |
|---|---|----|
|   | 1 | Į, |

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

| <b>● </b> ′ | Yes  | $\circ$ | Nο  |
|-------------|------|---------|-----|
|             | 1 69 | $\sim$  | INU |

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 the local law enforced.
- New outfalls will be inventoried and added to City map. Outfalls inspected every (5) years.
- Public education campaign will be used to raise awareness of illicit discharges.
- Municipal sewer system mapping will continue to be updated and maintained.
- Storm sewer system sampling and testing to identify and eliminate pollution.

SPDES ID

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition South Glens Falls  | N Y R 2 0 A 0 9 1                      |
|--|--|
|  |  |
| 12. Evaluating Progress Toward Measurable Goals MCM 3  |  |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM 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 Mc   | oreau.                                 |
|  |  |
|  |  |
|  |  |
| B. Briefly summarize the observations that indicated the over Goal.  | erall effectiveness of this Measurable |
| Continue to follow the MS4 permit.   |  |
|  |  |
|  |  |
|  |  |
| C. How many times was this observation measured or evaluation  | ated in this reporting period?         |
|  |  |
| D. Has your MS4 made progress toward this measurable goa   | (ex.: samples/participants/events      |
| D. Has your Mis I made progress toward this measurable got   | ○ Yes • No                             |
| E. Is your MS4 on schedule to meet the deadline set forth in   | the SWMPP?                             |
|  | • Yes O No                             |
| F. Briefly summarize the stormwater activities planned to m<br>the next reporting cycle (including an implementation sch   | 9                                      |
| 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, 2 0 2 1

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

|                       |  | 311 | JES | 10 |   |   | - | 1 |   |   |
|-----------------------|--|-----|-----|----|---|---|---|---|---|---|
| Name of MSA/Coalition | Town of Stillwater   | N   | Y   | R  | 2 | 0 | A | 5 | 4 | 9 |
| Name of W134/Coantion | Mark Control of the C |     |     |    |   |   |   |   |   |   |

#### 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? |
|---|-----------------|-------|----------|-------------|----------|--------------|---------|-----------|---------|
| • | TTO IL TYTOO TO | ***** |          |             |          |              |         |           | -       |

| . How many times was this observation measured or evaluation in |                                    |
|---|------------------------------------|
|   |                                    |
|   | (ex.: samples/participants/events) |
|   |                                    |

- D. Has your MS4 made progress toward this measurable goal during this reporting period?

   Yes O 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 develoed 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

• Yes

O No

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#### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0

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

|                       |                       | SPI | )ES | ID | _ |   | 7 | - |   |   |
|-----------------------|-----------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition | Village of Stillwater | N   | Y   | R  | 2 | 0 | A | 5 | 4 | 7 |
| Name of M54/Coantion  |                       |     |     |    |   |   |   |   |   |   |

### 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 SMO has CPMSM, CESSWI, and CPESC 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 repo | orting period:    | 1                  |
|---|-------------------|--------------------|
|   | (ex.: samples/pa. | rticipants/events) |
| D. Has your MS4 made progress toward this measurable goal during this re  | eporting period   | 1?                 |
| D. Has your MS4 made progress toward this measurable gent asset           | • Yes             | ○ No               |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?   | • Ves             | O 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 websit

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

|   | SPDES ID                                  |
|---|---|
| Name of MS4/Coalition Town of Waterford   | N Y R 2 0 A 0 3 7                         |
| 12. Evaluating Progress Toward Measurable Goals MCM 3   |   |
| Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed. | e e                                       |
| A. Briefly summarize the Measurable Goal identified in the SV   | WMPP 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 overa Goal.  | all effectiveness of this Measurable      |
| The Town is within a new 5-year inspection period, with 100% of by 2020. No outfalls were inspected this reporting period due to C  | • •                                       |
| by 2020. No outrains were inspected this reporting period due to C  | COVID.                                    |
|   |   |
| C. How many times was this observation measured or evaluate   | ed 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  |   |
|   | ● Yes ○ No                                |
| F. Briefly summarize the stormwater activities planned to med<br>the next reporting cycle (including an implementation sched  | e e                                       |
| The Town will continue to adhere to the required outfall inspection County Intermunicipal Stormwater Management Program assisting   | ,   |
|   |   |
|   |   |

This report is being submitted for the reporting period ending March 9, 2 0 2

|   | SPDES ID                             |
|---|--------------------------------------|
| Name of MS4/Coalition Town of Waterford   | N Y R 2 0 A 0 3 7                    |
| 12. Evaluating Progress Toward Measurable Goals MCM 3   |                                      |
| Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed. |                                      |
| A. Briefly summarize the Measurable Goal identified in the S  | WMPP in this reporting period.       |
| The Town wanted to not only educate the public on what constitu invite them to be a partner in tracking suspected illicit discharges.                                       |                                      |
| B. Briefly summarize the observations that indicated the overa Goal.  | all effectiveness of this Measurable |
| The Town's stormwater website (waterfordstormwater.com) inclureport suspected illicit discharges. They have the option to do this   |                                      |
| C. How many times was this observation measured or evaluat  | red in this reporting period?        |
|   | (ex.: samples/participants/event     |
| D. Has your MS4 made progress toward this measurable goal   |                                      |
| E. Is your MS4 on schedule to meet the deadline set forth in the  | he SWMPP?<br>● Yes ○ No              |
| F. Briefly summarize the stormwater activities planned to me<br>the next reporting cycle (including an implementation sche  | et the goals of this MCM during      |
| The Town will notify the public of this form during the next report   | rting cycle                          |
|   |                                      |
|   |                                      |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| N CMCA/C 1:: Town of Waterford  | SPDES ID    N   Y   R   2   0   A   0   3   7                                |
|---|--|
| Name of MS4/Coalition Town of Waterford   | N Y R 2 0 A 0 3 7  |
| 12. Evaluating Progress Toward Measurable Goals MCM 3   |  |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.   |  |
| A. Briefly summarize the Measurable Goal identified in the S  | WMPP in this reporting period.   |
| In an effort to educate persons suspected of being, or confirmed t discharges, the Town created a series of educational outreach ma   |  |
| B. Briefly summarize the observations that indicated the over Goal.   | rall effectiveness of this Measurable  |
| Understanding that many people don't know about stormwater reseries of outreach materials to distribute to IDDE offenders in ord stormwater program flyer to accompany the IDDE informative per 3) IDDE violation letter 4) IDDE program tracking spreadsheet. In utilized during the reporting year. | der of the following: 1) general ostcard 2) IDDE warning letter and          |
| C. How many times was this observation measured or evaluate   | ted in this reporting period?  |
|   |  |
| D. Has your MS4 made progress toward this measurable goal   | (ex.: samples/participants/even  I during this reporting period?  ● Yes ○ No |
| E. Is your MS4 on schedule to meet the deadline set forth in t  |  |
| F. Briefly summarize the stormwater activities planned to me<br>the next reporting cycle (including an implementation sche  |  |
| The Town will continue to utilize and track these forms as they re  | elate to individual illicit discharges                                       |
|   |  |
|   |  |

This report is being submitted for the reporting period ending March 9, 2 0 2

|   | SPDES ID                              |
|---|---------------------------------------|
| Name of MS4/Coalition Village of Waterford  | N Y R 2 0 A 4 6 9                     |
| 12. Evaluating Progress Toward Measurable Goals MCM 3   |                                       |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed. |                                       |
| A. Briefly summarize the Measurable Goal identified in the S  | WMPP in this reporting period.        |
| 100% of dry weather screening of all outfalls annually  |                                       |
| B. Briefly summarize the observations that indicated the over Goal.   | rall effectiveness of this Measurable |
| This reporting year the goal was unmet  |                                       |
| C. How many times was this observation measured or evaluation   | ted in this reporting period?         |
| D. Has worm MC4 made musquess forward this measurable good  | (ex.: samples/participants/events     |
| D. Has your MS4 made progress toward this measurable goal   | Yes No                                |
| E. Is your MS4 on schedule to meet the deadline set forth in t  |                                       |
| F. Briefly summarize the stormwater activities planned to me<br>the next reporting cycle (including an implementation sche  |                                       |
| Unknown. At this time the Village has no full-time staff, officials thsi task. The Village may contact Saratoga CCE ISWM Program  | ·                                     |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition  | Town of Wilton  | SPDES ID  N Y R 2 0 A 1 1 4  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| 12. Evaluating Pro   | gress 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 summar  | rize the Measurable Goal identified in the S  | WMPP in this reporting period.                                     |  |  |  |  |  |
| 1 2  | of outfall inspections and data collection for II ng dry weather inspections on outfalls. | DDE;   |  |  |  |  |  |
| B. Briefly summar<br>Goal.   | rize the observations that indicated the over   | rall effectiveness of this Measurable                              |  |  |  |  |  |
| No illicit discharge   | es found at outfall locations inspected.  |  |  |  |  |  |  |
| C. How many time   | es was this observation measured or evalua  | 1  |  |  |  |  |  |
| D. Has your MS4  | made progress toward this measurable goal   | (ex.: samples/participants/events  I during this reporting period? |  |  |  |  |  |
| E. Is your MS4 on  | schedule to meet the deadline set forth in t  | ● Yes ○ No  the SWMPP?  ● Yes ○ No                                 |  |  |  |  |  |
| •  | rize the stormwater activities planned to me  | eet the goals of this MCM during                                   |  |  |  |  |  |
| Continue with outforming   | all inspections<br>ng inspections with reports and photographs w                          | hen necessary.   |  |  |  |  |  |
|  |   |  |  |  |  |  |  |

This report is being submitted for the reporting period ending March 9, 2 0

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

|   | SPI | DES | S ID |   |   |   |   |   |   |
|---|-----|-----|------|---|---|---|---|---|---|
| Name of MS4/Coalition Village of Ballston Spa | N   | Y   | R    | 2 | 0 | А | 3 | 7 | 6 |

#### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

| The | e 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?   |                  |           |            |
|     | 110 w many wis4s contributed to this report:  |                  |           |            |
| 1.  | How many construction projects have been authorized for disturbance during this reporting period?   | s of one         | acre or   | more 0     |
| 2.  | How many construction projects disturbing at least one acre were actividuring this reporting period?                                      | ve in you        | ır jurisd | iction 0   |
| 3.  | What percent of active construction sites were inspected during this re   | porting <b>]</b> | period?   | ✓NT        |
| 4.  | What percent of active construction sites were inspected more than one  | ce?              |           | ✓NT        |
| 5.  | Do all inspectors working on behalf of the MS4s contributing to this re   | nort use         | the NV    | S          |
|     | Construction Stormwater Inspection Manual?  | ✓ Yes            | □No       |            |
| 6.  | Does your MS4/Coalition provide public access to Stormwater Pollutio (SWPPPs) of construction projects that are subject to MS4 review and |                  |           | ans<br>□NT |
|     | If your MS4 is Non-Traditional, are SWPPPs of construction projects public review?  | _                | _         |            |
|     | If Yes, use the following page to identify location(s) where SWPPPs can be  | e accesse        | d.        |            |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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

|  | _ | SPI | DES | ID |   |   |   |   |   |   |
|--|---|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition Town of Ballston |   | N   | Y   | R  | 2 | 0 | А | 1 | 5 | 7 |
|  |   |     |     |    |   |   |   |   |   |   |

#### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

| •         | e 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 r   |              |
|           | during this reporting period? New projects approved this year   | 6            |
| 2.        | How many construction projects disturbing at least one acre were active in your jurisd during this reporting period?  | iction 1 3   |
| 3         | What percent of active construction sites were inspected during this reporting period?  | □NT          |
|           | 1 0   |              |
| 4.        | What percent of active construction sites were inspected more than once?  | $\square$ NT |
|           |   | 0 %          |
| <b>5.</b> | Do all inspectors working on behalf of the MS4s contributing to this report use the NYS   | S            |
|           | Construction Stormwater Inspection Manual?  | $\square$ NT |
| 6.        | Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Pla (SWPPPs) of construction projects that are subject to MS4 review and approval?  • Yes No | ins<br>□nt   |
|           | If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for  | or           |
|           | public review?  | □No          |
|           | If Yes, use the following page to identify location(s) where SWPPPs can be accessed.  |              |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$ 

| Nar        | me of MS4/Coalition Town of Charlton N Y R 2   | 0 A 0     | 3 2         |
|------------|--|-----------|-------------|
|            | Minimum Control Measure 4. Construction Site Stormwater Runo   | off Con   | <u>trol</u> |
| The        | e information in this section is being reported (check one):   |           |             |
| • (<br>• ( | 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 aduring this reporting period?   | acre or 1 | more 1      |
| 2.         | How many construction projects disturbing at least one acre were active in you during this reporting period?   | r jurisd  | iction 1    |
| 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?   | 1 0       | ○ NT        |
| 5.         | Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual?  • Yes                            | the NY    | S<br>ONT    |
| 6.         | Does your MS4/Coalition provide public access to Stormwater Pollution Preven<br>(SWPPPs) of construction projects that are subject to MS4 review and approva |           | ans         |
|            | If your MS4 is Non-Traditional, are SWPPPs of construction projects made avenuable review?   |           |             |
|            | If Yes, use the following page to identify location(s) where SWPPPs can be accessed  | d.        |             |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Nar | me of MS4/Coalition TOWN OF CLIFTON PARK  N Y R 2  | 0 A 0                       | 3 5                 |
|-----|--|-----------------------------|---------------------|
|     | Minimum Control Measure 4. Construction Site Stormwater Runo   | off Con                     | trol                |
| The | e 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 during this reporting period?  | acre or                     | <b>more</b>         |
| 2.  | How many construction projects disturbing at least one acre were active in you during this reporting period?   | ır jurisd                   | liction 3 9         |
| 3.  | What percent of active construction sites were inspected during this reporting   | period?                     | O NT                |
| 4.  | What percent of active construction sites were inspected more than once?   | 1 0                         | ○ NT                |
| 5.  | Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual?  • Yes                        | e the NY                    |                     |
| 6.  | Does your MS4/Coalition provide public access to Stormwater Pollution Preve (SWPPPs) of construction projects that are subject to MS4 review and approve | al?                         |                     |
|     | Yes  If your MS4 is Non-Traditional, are SWPPPs of construction projects made av public review?  | ○ No<br>railable f<br>○ Yes | ○ NT<br>for<br>○ No |
|     | If Yes, use the following page to identify location(s) where SWPPPs can be accessed  | d.                          |                     |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

If 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  |            | N Y          | R 2    | 0 A     | 1 :         | 2 3           |
|---|------------|--------------|--------|---------|-------------|---------------|
| Minimum Control Measure 4. Construction Site  | Stormy     | <u>vater</u> | Run    | off C   | <u>ontr</u> | <u>ol</u>     |
| The information in this section is being reported (check one):  |            |              |        |         |             |               |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul> |            |              |        |         |             |               |
| 1. How many construction projects have been authorized for during this reporting period?  | disturba   | nces (       | of one | acre (  |             | ore<br>0 4    |
| 2. How many construction projects disturbing at least one adduring this reporting period?   | ere were a | active       | in yo  | ur jur  |             | etion 0 4     |
| 3. What percent of active construction sites were inspected d   | luring thi | s repo       | rting  | perio 1 |             | ○ NT<br>○   % |
| 4. What percent of active construction sites were inspected n   | nore than  | once'        | ?      |         | (           | □ /º          |

- 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? 
   Yes ONO ONT
- 6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPs) 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?  $\bullet$  Yes  $\circ$  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

If 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  | N Y R 2 0 A 3 7 5                         |
|---|---|
| Minimum Control Measure 4. Construction Site  | Stormwater Runoff Control                 |
| The information in this section is being reported (check one):  |   |
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul> |   |
| 1. How many construction projects have been authorized for during this reporting period?  | disturbances of one acre or more          |
| 2. How many construction projects disturbing at least one adduring this reporting period?   | cre were active in your jurisdiction  3 2 |
| 3. What percent of active construction sites were inspected d   | uring this reporting period? ONT          |
|   | 100%                                      |
| 4. What percent of active construction sites were inspected n   | nore than once? ONT                       |
|   | 1 0 0 %                                   |

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  $\bullet \ _{Yes} \ \bigcirc \ _{No} \ \bigcirc \ _{NT}$ 

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPs) 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?  $\bigcirc$  Yes  $\bigcirc$  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Nam | ne of MS4/Coalition Town of Malta  |            | SPDES ID N Y R 2       | 0 A 0                     | 8 6              |
|-----|--|------------|------------------------|---------------------------|------------------|
|     | Minimum Control Measure 4. Construction Site   | Stormy     | water Run              | off Con                   | <u>trol</u>      |
| 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?                |            |                        |                           |                  |
|     | How many construction projects have been authorized for during this reporting period?                            | r disturb: | ances of one           | acre or                   | more 8           |
|     | How many construction projects disturbing at least one a during this reporting period?                           | cre were   | active in you          | ur jurisd                 | iction 2 7       |
| 3.  | What percent of active construction sites were inspected of  | during th  | is reporting           | period?                   | □NT              |
|     |  |            |                        | 1 0                       | 0 %              |
| 4.  | What percent of active construction sites were inspected in  | more thai  | n once?                |                           | □NT              |
|     |  |            |                        | 6                         | 3 %              |
| 5.  | Do all inspectors working on behalf of the MS4s contribu<br>Construction Stormwater Inspection Manual?           | ting to th | nis report us<br>• Yes | e the NY                  | S<br>□NT         |
| 6.  | Does your MS4/Coalition provide public access to Stormy (SWPPPs) of construction projects that are subject to MS |            | and approv             | al?                       | _                |
|     | If your MS4 is Non-Traditional, are SWPPPs of construct public review?   | tion proj  | • Yes ects made av     | □No<br>∕ailable f<br>□Yes | □NT<br>or<br>□No |

SPDES ID

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0

| Name of MS4/Coalition   | City of Mechanicvlle  |            | NY           | R 2              | 0 A 5     | 5 1         |
|---|---|------------|--------------|------------------|-----------|-------------|
| Minimum C   | Control Measure 4. Construction Site  | Stormy     | <u>vater</u> | Runc             | off Con   | <u>trol</u> |
| The information in th   | is section is being reported (check one):   |            |              |                  |           |             |
| <ul><li>On behalf of an ind</li><li>On behalf of a coal</li><li>How m</li></ul> |   |            |              |                  |           |             |
| 1. How many conduring this repo   | struction projects have been authorized for orting period?                              | r disturba | nces         | of one           | acre or   | more 2      |
| 2. How many conduring this repo   | struction projects disturbing at least one a orting period?                             | cre were   | active       | in you           | ır jurisd | liction 2   |
| 3. What percent of  | of active construction sites were inspected o   | during thi | s repo       | orting           | period?   |             |
| 4. What percent of  | of active construction sites were inspected i   | nore than  | once         | ?                | 1 0       | O NT        |
| 1   | rs working on behalf of the MS4s contribu<br>Stormwater Inspection Manual?              | ting to th | _            | ort use<br>● Yes |           |             |
| · ·   | 4/Coalition provide public access to Stormy onstruction projects that are subject to MS |            |              |                  |           | ans         |
| If your MS4 is public review?   | Non-Traditional, are SWPPPs of construc   | tion proje | ects m       | - 100            |           |             |
| If Yes, use the f   | following page to identify location(s) where S  | WPPPs ca   | ın be a      | iccesse          | d.        |             |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

| Nar        | me of MS4/Coalition TOWN OF MILTON N Y R 2   | 0 A 1     | 8 0         |
|------------|--|-----------|-------------|
|            | Minimum Control Measure 4. Construction Site Stormwater Runo   | off Con   | <u>trol</u> |
| The        | e information in this section is being reported (check one):   |           |             |
| • (<br>• ( | 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 during this reporting period?  | acre or 1 | more 4      |
| 2.         | How many construction projects disturbing at least one acre were active in you during this reporting period?   | ır jurisd | iction 5    |
| 3.         | What percent of active construction sites were inspected during this reporting   | period?   | O NT        |
| 4.         | What percent of active construction sites were inspected more than once?   | 1 0       | ○ NT        |
| 5.         | Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual?  • Yes                                    | e the NY  | S<br>ONT    |
| 6.         | Does your MS4/Coalition provide public access to Stormwater Pollution Preve<br>(SWPPPs) of construction projects that are subject to MS4 review and approve<br>• Yes |           | ans         |
|            | If your MS4 is Non-Traditional, are SWPPPs of construction projects made av public review?   |           |             |
|            |  |           |             |

This report is being submitted for the reporting period ending March 9, 2 0 2 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

|                       |                | SPI | DES | ID |   |   |   |   |   |   |
|-----------------------|----------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition | TOWN OF MOREAU | N   | Y   | R  | 2 | 0 | A | 1 | 5 | 8 |
|                       |                |     |     |    |   |   | _ |   |   |   |

# Minimum Control Measure 4. Construction Site Stormwater Runoff Control

|    | Construction Site Stormwater Run  | off Co                | ntrol      |
|----|---|-----------------------|------------|
|    |   |                       |            |
| Tł | ne 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 you  | !!                    | 3: -4:     |
|    | during this reporting period?   | ar jurisc             |            |
| 3. | What percent of active construction sites were inspected during this reporting  | period?               | O NT       |
|    |   | 1 0                   | 0 %        |
| 4. | What percent of active construction sites were inspected more than once?  |                       | O NT       |
|    |   |                       |            |
| 5  | Do all inspectors weaking a late of a res   | 1 0                   | - /0       |
| J. | Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual?                                | the NY                | S          |
|    | Yes   | $\bigcirc$ No         | $\circ$ NT |
| 6. | Does your MS4/Coalition provide public access to Stormwater Pollution Preven (SWPPPs) of construction projects that are subject to MS4 review and approva | ition Pla             | ans        |
|    | • Ves   | O No                  | $\circ$ NT |
|    | If your MS4 is Non-Traditional, are SWPPPs of construction projects made avanuable review?  | ilable f              | or         |
|    | public review?  | <ul><li>Yes</li></ul> | O No       |
|    | If Yes, use the following page to identify location(s) where SWPPPs can be accessed   | l.                    |            |
|    |   |                       |            |

SPDES ID

9445612573

#### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

| Nam  | e of MS4/Coalition Village of Round Lake  | NYR2                     | 0 A 0 9 9       |
|------|---|--------------------------|-----------------|
|      | Minimum Control Measure 4. Construction Site Ste  | ormwater Run             | off Control     |
| The  | information in this section is being reported (check one):  |                          |                 |
|      | n behalf of an individual MS4<br>n behalf of a coalition  |                          |                 |
|      | How many MS4s contributed to this report?   |                          |                 |
|      | How many construction projects have been authorized for dis during this reporting period?                                 | turbances of one         | acre or more    |
|      | How many construction projects disturbing at least one acrest during this reporting period?                               | were active in you       | ur jurisdiction |
| 3.   | What percent of active construction sites were inspected during   | ng this reporting        | period? O NT    |
| 4. 1 | What percent of active construction sites were inspected more   | than once?               | O NT            |
|      | Do all inspectors working on behalf of the MS4s contributing Construction Stormwater Inspection Manual?                   | to this report use • Yes |                 |
| 6. I | Does your MS4/Coalition provide public access to Stormwater (SWPPPs) of construction projects that are subject to MS4 rev | view and approva         | ntion Plans     |
|      | If your MS4 is Non-Traditional, are SWPPPs of construction public review?   |                          |                 |
| I    | f Yes, use the following page to identify location(s) where SWPP  | Ps can be accessed       | 4               |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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 |
|-----------------------|----------|---------|------------|-----------|-------|

| <u>SPL</u> | <u> ES</u> | ID |   |   |   |   |   |   |
|------------|------------|----|---|---|---|---|---|---|
| N          | Y          | R  | 2 | 0 | A | 2 | 0 | 9 |

#### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

| The | e 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 during this reporting period?  | acre or   | more 0     |
| 2.  | How many construction projects disturbing at least one acre were active in you during this reporting period?   | ır juriso | diction 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?   | n /       | □NT / a %  |
| 5.  | Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual?   | the NY    | ∕S<br>□NT  |
| 6.  | Does your MS4/Coalition provide public access to Stormwater Pollution Prevention (SWPPPs) of construction projects that are subject to MS4 review and approvation projects that are subject to MS4 review and approvation approvation of the subject to MS4 review and approvation of the subject t |           | ans<br>□NT |
|     | If your MS4 is Non-Traditional, are SWPPPs of construction projects made av public review?   | _         |            |
|     | If Yes, use the following page to identify location(s) where SWPPPs can be accessed  | d.        |            |

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#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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

|   |                          | SPI | ES | $\mathbb{D}$ |   |   |   |   |   |   |
|---|--------------------------|-----|----|--------------|---|---|---|---|---|---|
| Name of MS4/Coalition                         | City of Saratoga Springs | N   | Y  | R            | 2 | 0 | Α | 2 | 1 | 6 |
| <b>2</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                          |     |    |              |   |   |   |   |   |   |

## Minimum Control Measure 4. Construction Site Stormwater Runoff Control

| The | e 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 a during this reporting period?   | acre or 1  | nore<br>3     |
| 2.  | How many construction projects disturbing at least one acre were active in you during this reporting period?  | r jurisd   | iction<br>2 0 |
| 3.  | behalf of a coalition How many MS4s contributed to this report?  ow many construction projects have been authorized for disturbances of one acre or more uring this reporting period?  ow many construction projects disturbing at least one acre were active in your jurisdiction uring this reporting period?  Vhat percent of active construction sites were inspected during this reporting period?  NT  4 0 %  What percent of active construction sites were inspected more than once?  ONT  So all inspectors working on behalf of the MS4s contributing to this report use the NYS construction Stormwater Inspection Manual?  Ones your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans SWPPPs) of construction projects that are subject to MS4 review and approval?  Ones your MS4 is Non-Traditional, are SWPPPs of construction projects made available for |  |               |
| 4.  | What percent of active construction sites were inspected more than once?  | 5  | ONT           |
| 5   | Do all inspectors working on behalf of the MS4s contributing to this report use   |  |               |
| J.  |   |  |               |
| 6.  | (SWPPPs) of construction projects that are subject to MS4 review and approve  | ividual MS4 itition any MS4s contributed to this report?  struction projects have been authorized for disturbances of one acre or more orting period?  struction projects disturbing at least one acre were active in your jurisdiction projects disturbing at least one acre were active in your jurisdiction period?  of active construction sites were inspected during this reporting period?  of active construction sites were inspected more than once?  of active construction sites were inspected more than once?  of active construction sites were inspected more than once?  of active construction sites were inspected more than once?  of active construction sites were inspected more than once?  of active construction sites were inspected more than once?  of active construction sites were inspected more than once?  of active construction sites were inspected more than once?  of active construction sites were inspected more than once?  of active construction sites were inspected more than once?  of active construction sites were inspected more than once?  of active construction sites were inspected more than once?  of active construction sites were inspected more than once?  of active construction sites were inspected more than once?  of active construction sites were inspected more than once?  of active construction sites were inspected during this reporting period?  of active construction sites were inspected during this reporting period?  of active construction sites were inspected during this reporting period?  of active construction sites were inspected during this reporting period?  of active construction sites were inspected during this reporting period?  of active construction projects during this reporting period?  of active construction projects have a construction projects active in your jurisdiction period?  of active construction projects have a construction projects active in your jurisdiction period?  of active construction projects have a construction projects have a construction period period?  of active con |               |
|     |   | pjects have been authorized for disturbances of one acre or model?  pjects disturbing at least one acre were active in your jurisdictions ites were inspected during this reporting period?  attruction sites were inspected during this reporting period?  attruction sites were inspected more than once?  and behalf of the MS4s contributing to this report use the NYS inspection Manual?  arovide public access to Stormwater Pollution Prevention Plans projects that are subject to MS4 review and approval?  appropriate that are subject to MS4 review and approval?  appropriate that are subject to MS4 review and approval?  appropriate that are subject to MS4 review and approval?  appropriate that are subject to MS4 review and approval?  appropriate that are subject to MS4 review and approval?  appropriate that are subject to MS4 review and approval?  appropriate that are subject to MS4 review and approval?   |               |
|     | public review?  |  | O No          |
|     | If Yes, use the following page to identify location(s) where SWPPPs can be accessed   | d.   |               |

SPDES ID

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

| Nar | me of MS4/Coalition                                 | South Glens Falls                       |                  |              |             | N Y R 2               | 0 A 0     | 9 1         |
|-----|---|---|------------------|--------------|-------------|-----------------------|-----------|-------------|
|     | Minimum C   | ontrol Measure                          | 4. Constru       | ction Site   | Stormw      | vater Run             | off Con   | <u>trol</u> |
| The | e information in th                                 | is section is being rep                 | ported (check or | ne):         |             |                       |           |             |
|     | On behalf of an ind<br>On behalf of a coal<br>How m |   | ed to this repo  | ort?         |             |                       |           |             |
| 1.  | How many cons<br>during this rep                    | struction projects l<br>orting period?  | have been aut    | horized for  | disturba    | nces of one           | acre or 1 | more 0      |
| 2.  | How many cons<br>during this rep                    | struction projects of orting period?    | disturbing at    | least one ac | ere were a  | active in you         | ır jurisd | iction 0    |
| 3.  | What percent of                                     | of active constructi                    | on sites were    | inspected d  | uring thi   | s reporting           | period?   | ○ NT 0 %    |
| 4.  | What percent of                                     | of active constructi                    | on sites were    | inspected n  | ore than    | once?                 | 0 0       | O NT        |
| 5.  | -   | rs working on beha<br>Stormwater Inspec |                  |              | ting to thi | is report us<br>● Yes |           |             |
| 6.  | v   | l/Coalition provide                     | _                |              |             |                       |           | ans         |
|     | If your MS4 is public review?                       | Non-Traditional, a                      | are SWPPPs (     | of construct | ion proje   | 9 1 65                | - 1.0     |             |
|     | If Yes, use the f                                   | ollowing page to ide                    | entify location  | (s) where SV | WPPPs ca    | n be accesse          | ed.       |             |

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**MS4 Annual Report Form** 

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 2 & 1 \end{bmatrix}$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

|  | SPDES ID |   |   |   |   |   |   |   |   |  |
|--|----------|---|---|---|---|---|---|---|---|--|
| Name of MS4/Coalition Town of Stillwater | N        | Y | R | 2 | 0 | A | 5 | 4 | 9 |  |
| Name of M34/Coantion                     |          |   |   |   |   |   |   |   |   |  |

# Minimum Control Measure 4. Construction Site Stormwater Runoff Control

| The | e 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 during this reporting period?   | acre or 1  | more 9      |
| 2.  | How many construction projects disturbing at least one acre were active in you during this reporting period?  | ır jurisd  | iction<br>6 |
| 3.  | What percent of active construction sites were inspected during this reporting  | period?    | 7.          |
| 4.  | What percent of active construction sites were inspected more than once?  |            | 0 NT        |
| 5.  | Do all inspectors working on behalf of the MS4s contributing to this report us  | e the NY   | S           |
| ٠.  | Construction Stormwater Inspection Manual? • Yes  | O No       | ONT         |
| 6.  | Does your MS4/Coalition provide public access to Stormwater Pollution Preve<br>(SWPPPs) of construction projects that are subject to MS4 review and approv<br>• Yes | al?        | ans         |
|     | If your MS4 is Non-Traditional, are SWPPPs of construction projects made as   | vailable f | for         |
|     | public review?  | O Yes      | O No        |
|     | If Yes, use the following page to identify location(s) where SWPPPs can be accessed   | ed.        |             |

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#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

|                       |                       | SPL | DES | ID |   |   | - |   |   |   |
|-----------------------|-----------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition | Village of Stillwater | N   | Y   | R  | 2 | 0 | A | 5 | 4 | 7 |
|                       |                       |     |     |    |   |   |   |   |   |   |

#### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

| The | e 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 a during this reporting period?  | icre or i                | more 0    |
| 2.  | How many construction projects disturbing at least one acre were active in you during this reporting period?   | r jurisd                 | liction 0 |
| 3.  | What percent of active construction sites were inspected during this reporting p   | period?                  | 0 NT      |
| 4.  | What percent of active construction sites were inspected more than once?   |                          | 0 NT      |
| 5.  | Do all inspectors working on behalf of the MS4s contributing to this report use Construction Stormwater Inspection Manual?    • Yes                          | the NY                   | S<br>ONT  |
| 6.  | Does your MS4/Coalition provide public access to Stormwater Pollution Prever<br>(SWPPPs) of construction projects that are subject to MS4 review and approva | ntion Pla<br>11?<br>○ No |           |
|     | If your MS4 is Non-Traditional, are SWPPPs of construction projects made avapublic review?   |                          |           |
|     | If Yes, use the following page to identify location(s) where SWPPPs can be accessed  | d,                       |           |

SPDES ID

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

| Name of MS4/Coalition   | Town of Waterford  |            | NY           | R 2              | 0 A 0     | 3 7         |
|---|--|------------|--------------|------------------|-----------|-------------|
| Minimum C   | Control Measure 4. Construction Site   | Stormy     | <u>vater</u> | Rung             | off Con   | <u>trol</u> |
| The information in th   | nis section is being reported (check one):   |            |              |                  |           |             |
| <ul><li>On behalf of an inc</li><li>On behalf of a coal</li><li>How m</li></ul> |  |            |              |                  |           |             |
| 1. How many con during this rep   | struction projects have been authorized for orting period?                             | · disturba | inces (      | of one           | acre or   | more 0      |
| 2. How many con during this rep   | struction projects disturbing at least one according period?                           | cre were   | active       | in you           | ır jurisd | liction 0   |
| 3. What percent of  | of active construction sites were inspected d  | luring thi | is repo      | orting           | period?   |             |
| 4. What percent of  | of active construction sites were inspected n  | nore than  | once         | ?                | 1 0       | O NT        |
|   | ors working on behalf of the MS4s contribut<br>Stormwater Inspection Manual?           | ting to th | _            | ort use<br>• Yes | the NY    | 'S<br>○ NT  |
| •   | 4/Coalition provide public access to Stormwonstruction projects that are subject to MS |            |              |                  |           | ans         |
| If your MS4 is public review?   | Non-Traditional, are SWPPPs of construct   | tion proje | ects m       | - 105            |           |             |
| If Yes, use the f   | following page to identify location(s) where S'  | WPPPs ca   | ın be a      | iccesse          | d.        |             |

Name of MS4/Coalition Village of Waterford

☐ Yes

YR

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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

| 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. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? |
| 3. What percent of active construction sites were inspected during this reporting period? $\square$ NT $\square$ 0 %          |
| 4 What percent of active construction sites were inspected more than once?  |

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS

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?

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for

**Construction Stormwater Inspection Manual?** 

public review?

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

| Nar | me of MS4/Coalition Town of Wilton SPDES ID  N Y R   | 2 0 A 1      | 1 4           |
|-----|--|--------------|---------------|
|     | Minimum Control Measure 4. Construction Site Stormwater Ru   | noff Con     | <u>trol</u>   |
| The | e 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 or during this reporting period?   | ie acre or i | nore 4        |
| 2.  | How many construction projects disturbing at least one acre were active in y during this reporting period?   | our jurisd   | iction<br>2 2 |
| 3.  | What percent of active construction sites were inspected during this reporting   | g period?    | O NT          |
|     |  | 1 0          | 0 %           |
| 4.  | What percent of active construction sites were inspected more than once?   | 1 0          | O NT 0 %      |
| 5.  | Do all inspectors working on behalf of the MS4s contributing to this report to Construction Stormwater Inspection Manual?  • You                     |              | S<br>ONT      |
| 6.  | Does your MS4/Coalition provide public access to Stormwater Pollution Pre (SWPPPs) of construction projects that are subject to MS4 review and appro | oval?        | nns           |
|     | If your MS4 is Non-Traditional, are SWPPPs of construction projects made public review?  |              |               |
|     |  |              |               |

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$ 

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| Name of MS4/Coalition Village of Ballston Spa                  |          |          | Y     | R     | 2   | 0    | А       | 3   | 7  | 6      |
| 6. con't.:   |          |          |       |       |     |      |         |     |    |        |
| Submit additional pages as needed.                             |          |          |       |       |     |      |         |     |    |        |
| MS4/Coalition Office   |          |          |       |       |     |      |         |     |    |        |
| Department   |          |          |       |       |     |      |         |     |    |        |
| V i 1 1 a g e H a 1 1  |          |          |       |       |     |      |         |     |    |        |
| Address 6 6 Front Street                                       |          |          |       |       |     |      |         |     |    |        |
| City   | Zip      | <u> </u> |       |       |     |      | <u></u> |     |    |        |
| Ballston Spa NY  |          | 1 1      | 0     | 2     | 0   | _ [  |         |     |    |        |
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| Phone  |          |          |       |       |     |      |         |     |    |        |
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| ○ Other  |          |          |       |       |     |      |         |     |    |        |
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This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 2 \end{bmatrix}$ 

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID  $_{Name\ of\ MS4/Coalition}$  Town of Ballston Y R 2 0 Α 1 6. con't.: Submit additional pages as needed. MS4/Coalition Office Department 0 W f В 1 1 t 0 n В 1 d i D t а S u е р Address 3 2 3 C h 1 t R d а r 0 n 0 а Zip City В 1 S Ν Υ 1 2 0 2 а S t 0 n р а Phone 2 0 8 O Library Address City Zip Υ., Ν Phone 5 Other Address City Zip Ν Phone 5 1 8 O Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page. URL URL

This report is being submitted for the reporting period ending March 9, 2 0 2 1

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Town of Charlton NYR 2 0 A 0 3 6. con't.: Submit additional pages as needed. MS4/Coalition Office Department o w Ε i n n n е е r g Address 9 0 0 R 6 0 u t е 1 4 City Zip С 1 f Ν Y 2 i t k 1 0 6 0 n а r Phone 5 2 8 1 7 6 O Library Address City Zip Phone Other Address City Zip Phone O Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page. URL URL

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition  $\mid$  TOWN OF CLIFTON PARK YR 2 0 A 0 3 6. con't.: Submit additional pages as needed. MS4/Coalition Office Department Bu i 1 d d 1 D e|n|t n n е V е 0 p m Address 1 Т Η 1 1 Ρ 1 0 W n а а Z а City Zip С 1 f Ν Υ 2 i t Ρ k 1 0 6 0 а r Phone 7 2 8 1 6 ○ 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

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### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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| on!  | 4.      |     |       |            |     |      |      |     |     |      |       |     |     |     |     |     |    |     |          |          |      |      |      |     |     |     |      |          |    |   |
| 5. con't.:  Submit additional pages as needed.  MS4/Coalition Office  Department  B u i 1 d i n g a n d Z o n i n g  Address  P O B o x 1 0  City  G r e e n f i e 1 d C t r N Y 1 2 8 3 3 -  Phone  ( 5 1 8 ) 8 9 3 - 7 4 3 2  D Library  Address  City  City  Phone  ( 5 1 8 )   |         |     |       |            |     |      |      |     |     |      |       |     |     |     |     |     |    |     |          |          |      |      |      |     |     |     |      |          |    |   |
| 6. con't.:  Submit additional pages as needed.  MS4/Coalition Office  Department  B u i 1 d i n g a n d Z o n i n g  Address  P O B O X 1 0  City  G r e e n f i e 1 d C t r N Y 1 2 8 3 3 -  Phone  ( 5 1 8 ) 8 9 3 - 7 4 3 2  City  City  City  Address  City  Phone  ( 5 1 8 )  -   |         |     |       |            |     |      |      |     |     |      |       |     |     |     |     |     |    |     |          |          |      |      |      |     |     |     |      |          |    |   |
| 6. con't.:  Submit additional pages as needed.  MS4/Coalition Office  Department  Buillding and Zoning  Address  POBBOX 100  City Greenfield Ctr  Phone (518)893-7432  Library  Address  City Phone (518) - Url  Phone (518) - Url  Other  Address  EDP-LLP; 900 Route 14  City City Clifton Park  NY  Phone (518) - Url  Other  Address  EDP-LLP; 900 Route 14  City Clifton Park  NY  Phone (518) - Url  City Clifton Park  Phone (518) - Url  Phone (518) - Url  Phone (518) - Url  Phone (518) - Url  Phone (518) - Url  Phone (518) - Url  Phone (518) - Url  Phone (518) - Url  Phone (518) - Url  Phone (518) - Url  Phone (518) - Url  Phone (518) - Url  Phone (518) - Url  Phone (518) - Url  Phone (518) - Url  Please provide specific address where SWPPPs can be Url |         |     |       |            |     |      |      |     |     |      |       |     |     |     |     |     |    |     |          |          |      |      |      |     |     |     |      |          |    |   |
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| ∟<br>Pho   | ∟<br>ne |     |       |            |     |      |      |     |     |      |       |     |     |     |     |     |    |     |          |          |      |      |      |     |     |     |      |          |    |   |
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| UKI  |         |     |       |            |     |      |      |     |     |      |       |     |     |     |     |     |    |     |          |          |      |      |      |     |     |     |      |          |    |   |
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$ 

| Name       | of M        | S4/  | Coa | litio | on -  | Γov  | vn ( | of I | Ial | fmo | on  |      |     |     |     |     |     |    |       |      |    |      | N    | Y    | R   | 2   | 0  | А    | 3   | 7  | 5 |
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|            | City        | ,    |     |       |       |      |      |      |     |     |     |      |     |     |     | _   |     |    |       | _    |    | Zip  |      |      |     |     |    |      |     |    |   |
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|            | City        | ,    |     |       |       |      |      |      |     |     |     |      |     |     |     |     |     |    | 1     |      |    | Zip  |      |      |     |     |    |      |     |    |   |
|            | Ш           |      |     |       |       |      |      |      |     |     |     |      |     |     |     |     |     | N  | Y     |      |    |      |      |      |     |     | _  |      |     |    |   |
|            | Pho         |      |     | _     | \     |      |      |      |     |     |     |      |     |     |     |     |     |    |       |      |    |      |      |      |     |     |    |      |     |    |   |
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| Otl        | ner         |      |     |       |       |      |      |      |     |     |     |      |     |     |     |     |     |    |       |      |    |      |      |      |     |     |    |      |     |    |   |
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|            | City        | ,    |     |       |       |      |      |      |     |     |     |      |     |     |     |     |     |    | T     | . 7  |    | Zip  |      |      |     |     |    |      |     |    |   |
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This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 2 \end{bmatrix}$ 

| Name o | of M      | S4/       | Coa      | litio | $\mathbf{r}$ | OV   | vn   | of       | M     | alt      | a   |          |     |     |     |     |       |          |     |      |     |      | N    | Y    | R        | 2   | 0   | A    | 0         | 8             | 6       |
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# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

| of MS4/Coalition Village of Round Lake                    |          | SPDE   | SID   |      |    |      |     |   |
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| Round Lake Village  | Hal      | 1      |       |      |    | H    |     |   |
| Address   |          |        | 1     |      |    |      |     |   |
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| 3 1 Wesley Ave  |          |        |       |      |    |      |     |   |
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SPDES ID

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 & 1 \end{vmatrix}$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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## **MS4 Annual Report Form**

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MS4 Annual Report Form

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| RL            |        |       |          |       |    |      |       |             |          |      |     |          |          |             |            |     |          |     |      |      |      |     |      |     |    |   |
|               |        |       |          |       |    |      |       |             |          |      |     |          |          |             |            |     |          |     |      |      |      |     |      |     |    |   |
|               |        |       |          |       |    |      |       |             |          |      |     |          |          |             |            |     |          |     |      |      |      |     |      |     |    |   |
|               |        |       |          |       |    |      |       |             |          |      |     |          |          |             |            |     |          |     |      |      |      |     |      |     |    |   |
| RL            |        |       | <u> </u> |       |    |      |       |             |          |      |     |          |          |             |            |     |          |     |      |      |      |     |      |     |    |   |
|               |        |       |          |       |    |      |       |             |          |      |     |          |          |             |            |     |          |     |      |      |      |     |      |     |    |   |
| $\overline{}$ |        |       |          |       |    |      |       |             |          |      |     | _        |          |             |            |     |          |     |      |      |      |     |      |     |    |   |
|               |        | 1 1   |          |       |    |      |       |             |          |      |     |          |          |             |            |     |          |     |      |      |      |     |      |     |    |   |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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|------|---------------|-----|-----|-----|------|------|------|-----|------|------|-----|-----|----------------|----------|----------|------|------|-----|-----|-----|-----|-------|-----|----------|--------------|------|----------|--------|---------|
| RL   |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          | _ `  |      |     |     |     |     |       |     |          |              | ,    |          | _      | _       |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |          |              |      |          |        |         |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |          |              |      |          |        |         |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                | T        |          |      |      |     |     |     |     |       |     |          |              |      |          |        | Ħ       |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |          |              |      | _        | _      | _       |
| RL   |               |     |     |     |      |      |      |     |      |      |     |     |                | Τ        |          |      |      |     |     |     |     |       |     |          |              |      |          |        | Γ       |
|      | 1             |     |     |     |      |      |      |     |      |      |     |     |                | +        |          |      |      |     |     |     |     |       |     |          |              |      | $\vdash$ |        | H       |
|      | -             |     |     |     |      |      |      |     |      |      |     |     |                | <u> </u> |          |      |      |     |     |     |     |       |     |          |              |      | L        | L      | L       |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |          |              |      |          |        |         |
| RL   |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |          |              |      |          |        |         |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |          |              |      |          |        |         |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |          |              |      |          |        |         |
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|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |          |              |      |          |        |         |
| RL   |               |     |     |     |      |      |      |     |      |      |     |     |                | Τ        |          |      |      |     |     |     |     |       |     |          |              |      |          |        | Γ       |
|      | +             |     |     |     |      |      |      |     |      |      |     |     |                | <u> </u> |          |      |      |     |     |     |     |       |     |          |              |      | _        | _      | H       |
| +    |               |     |     |     |      |      |      |     |      |      |     | +   |                | <u> </u> | <u> </u> |      |      |     |     |     |     |       |     |          |              |      | L        | _      | L       |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |          |              |      |          |        |         |
| RL   |               |     |     |     |      | 1    |      |     |      | 1    |     |     |                | 1        |          |      |      | 1   |     |     |     |       | ı   |          |              |      | _        |        | Τ       |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |          |              |      |          | L      | L       |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          |      |      |     |     |     |     |       |     |          |              |      |          |        |         |
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| Цос  | an            | ını | ) F | lov | ow h |      | 1 04 | lor | toc  | ı fa | r o | 100 | h tr           | ·odi     | itia     | nal  | M    | Ç1  | one | d/o | r h | 0.870 | II  | ıDI<br>' | Zm           | roc  | od.      | ıra    | c i     |
|      | rove          |     |     |     |      |      |      | _   |      |      |     |     |                |          |          |      |      |     |     |     |     |       | IL  | ועי      | ر <b>p</b> ا |      | Yε       |        | ъ,<br>Г |
|      |               |     |     |     |      |      |      |     |      |      |     |     |                |          |          | U    |      |     |     | •   |     |       |     |          |              |      | -        |        | _       |
|      | es, l         |     |     | -   |      |      |      |     |      |      |     |     |                |          | g to     | th   | is r | ере | ort | cer | tif | ied   |     |          |              | lav  | v is     | ·<br>) | _       |
| equi | ival          | ent | to  | th  | e N  | YS   | M    | ode | el I | DI   | ÞΕ  | La  | $\mathbf{w}$ ? |          |          |      |      |     |     |     |     |       |     | • }      | es           |      | N        | o      |         |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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|                         |       | _   |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      | L        |     | L |
|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     |   |
| RL                      |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     | ı            |      |     |      | ı    |      |      |          |     |   |
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| RL                      |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     | Τ |
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| RL                      |       |     |     | 1    |     |      | 1     |     | 1   |           | 1   | 1    | 1      |     |      |     |      | 1         |     | ı            |      |     |      | ı    |      |      |          |     |   |
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|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     | Γ |
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| RL                      |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     | Τ |
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|                         |       |     |     |      |     |      |       |     |     |           | _   |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      | L        |     | L |
|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     |   |
| Has                     | an ]  | IDI | ÞΕ  | lav  | v b | eer  | ı ac  | dop | ted | l fo      | r e | ach  | ı tr   | adi | tio  | nal | M    | <b>S4</b> | and | <b>1/o</b> 1 | r ha | ave | ID   | DE   | E pi | roc  | edı      | ire | S |
| appı                    |       |     |     |      |     |      |       | _   |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      | •    |      | Ye       |     |   |
|                         |       |     |     |      |     |      |       |     |     |           |     |      |        |     |      |     |      |           |     |              |      |     |      |      |      |      |          |     |   |
| $\mathbf{f} \mathbf{V}$ | es, ł | as  | eve | ery  | tra | adi  | tioı  | nal | M   | <b>S4</b> | con | tri  | but    | ing | g to | thi | is r | epo       | ort | cer          | tifi | ied | tha  | it t | his  | lav  | v is     |     |   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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| RL     |          |        |          |       |      |       |      |          |     |     |     |               |               |    |      |     |     |      |     |      |          |      |     |    |          |
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| RL     |          |        |          |       |      |       |      |          |     |     |     |               |               |    |      |     |     |      |     |      |          |      |     |    |          |
|        |          |        |          |       |      |       |      |          |     |     |     |               |               |    |      |     |     |      |     |      |          |      |     |    |          |
|        |          |        |          |       |      |       |      | $\vdash$ |     |     |     | $\overline{}$ |               |    |      |     |     |      |     |      |          |      |     |    |          |
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|        |          |        |          |       |      |       |      |          |     |     |     |               |               |    |      |     |     |      |     |      |          |      |     |    |          |
| RL     |          |        |          |       |      |       |      |          |     |     |     |               |               |    |      |     |     |      |     |      |          |      |     |    |          |
|        |          |        |          |       |      |       |      |          |     |     |     |               |               |    |      |     |     |      |     |      |          |      |     |    |          |
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| RL     |          |        |          |       |      |       |      |          |     |     |     |               |               |    |      |     |     |      |     |      |          |      |     |    |          |
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| RL     |          |        |          |       |      |       |      |          |     |     |     |               |               |    |      |     |     |      |     |      |          |      |     |    | _        |
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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**MS4 Annual Report Form** 

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This report is being submitted for the reporting period ending March 9, 2 0 2 1

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|   | equivalent to the NTS whoder IDDE Law:   | equivalent to the NYS Model IDDE Law?                       |            |        |     | ı es    | L    | <b>_</b> 1/1/0 | υ | L |

| This report is being submitted for the reporting period ending March 9, 2 |  |  | L |
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| SPDES ID  |
|---|
| Name of MS4/Coalition Village of Ballston Spa  N Y R 2 0 A 3 7 6  |
| 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. Last inspection of all outfalls was completed in April of 2017. Village provides follow-up inspections to reported incidents. The Village sends staff in relevant positions to trainings with the ISWM. |
| B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.   |
| No illicit discharges were observed or reported at stormwater outfalls.  COVID-19 prevented in-person trainings in this reporting period which reduced staff training opportunities.  |
| C. How many times was this observation measured or evaluated in this reporting period?  (ex.: samples/participants/evaluates)   |
| 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 April 2017; Continue to follow-up on reported incidents and complaints. Send staff in relevant positions to in-person trainings with ISWM.  |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

|   | CDDEC ID   |
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| Name of MS4/Coalition Town of Ballston  | SPDES ID           N Y R 2 0 A 1 5 7                               |
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| 12. Evaluating Progress Toward Measurable Goals MCM 3   |  |
| Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMPlIII.C.1. Submit additional pages as needed.   |  |
| A. Briefly summarize the Measurable Goal identified in the SV   | WMPP in this reporting period.                                     |
| Continue to respond to and evaluate any public concerns regarding suspected illicit discharge. Due to staffing and COVID, the Town during dry weather. Town will work in the next reporting period to and maintain records of all outfall inspections, complaints, and co | was not able to inspect outfalls o perform dry weather inspections |
| B. Briefly summarize the observations that indicated the overa<br>Goal.   | all effectiveness of this Measurable                               |
| No suspected illicit discharges were reported, but the Town has a rillicit discharges if they are reported.   | mechanism in place to address                                      |
| C. How many times was this observation measured or evaluate   | ed in this reporting period?                                       |
| D. Has your MS4 made progress toward this measurable goal   |  |
| E. Is your MS4 on schedule to meet the deadline set forth in th   | ● Yes □ No<br>ne SWMPP?  |
| ·   | ● Yes □ No   |
| F. Briefly summarize the stormwater activities planned to mee<br>the next reporting cycle (including an implementation scheo  | 9  |
| Continue to respond to and evaluate any public concerns regarding suspected illicit discharge. Due to staffing and COVID, the Town during dry weather. Town will work to perform inspections and minspections, complaints, and confirmed violations.                      | was not able to inspect outfalls                                   |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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

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| Name of MS4/Coalition | Town of Charlton | N   | Y   | R  | 2 | 0 | А | 0 | 3 | 2 |

#### 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.

C. How many times was this observation measured or evaluated in this reporting period?

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D. Has your MS4 made progress toward this measurable goal during this reporting period?

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|     | Yes |     | 0 | No |

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E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

| Yes | $\bigcirc$ No |
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F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

As per 2/9/21 correspondence with EPA, the Town will increase IDDE training to 100% of relevant staff (Highway Dept.) Training is scheduled for May 2021. Town will continue other EDDE tasks of dry weather observations and stream testing.

This report is being submitted for the reporting period ending March 9, 2 0 2

|   | SPDES ID                              |
|---|---------------------------------------|
| Name of MS4/Coalition TOWN OF CLIFTON PARK  | N Y R 2 0 A 0 3 5                     |
| 12. Evaluating Progress Toward Measurable Goals MCM 3   |                                       |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed. |                                       |
| A. Briefly summarize the Measurable Goal identified in the S  | WMPP in this reporting period.        |
| Review and update SWMPP documentation. Continue to have Ir out by residents. Follow up with a Department Response.  | nvestigation Requests Forms filled    |
| B. Briefly summarize the observations that indicated the over Goal.   | rall effectiveness of this Measurable |
| Records are kept on the Investigation Requests Forms with the acneeded.   | ctions taken from the town if         |
| C. How many times was this observation measured or evaluate   | ted in this reporting period?         |
|   | (ex.: samples/participants/event      |
| D. Has your MS4 made progress toward this measurable goal   |                                       |
| E. Is your MS4 on schedule to meet the deadline set forth in t  | he SWMPP?  ● Yes ○ No                 |
| F. Briefly summarize the stormwater activities planned to me<br>the next reporting cycle (including an implementation sche  | eet the goals of this MCM during      |
| Continue Dry Weather Inspections.   |                                       |
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

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| Name of MS4/Coalition | Town of Greenfield | N   | Y         | R  | 2 | 0 | А | 1 | 2 | 3 |

#### 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 14 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.

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D. Has your MS4 made progress toward this measurable goal during this reporting period?

| $lacktriangle$ Yes $\bigcirc$ N |
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E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

| $\bullet$ Yes $\bigcirc$ No | ) |
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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.

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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

|  | SPDES ID          |   |
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| Name of MS4/Coalition Town of Halfmoon | N Y R 2 0 A 3 7 5 | 5 |

#### 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 was expected to be finished in 2020 but due to the COVID-19 Pandemic was delayed. It is anticipated to be complete by the end of 2021. The information obtained from this will

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 is nearly complete and was expected to be finished in 2020 but due to the COVID-19 Pandemic was delayed. It is anticipated to be complete by the end of 2021. The Stormwater Management Officer's contact information is

| C. | How many | v times was | s this obs | ervation | measured o | or evalu       | iated in 1 | this ren | orting                                | neriod? |
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D. Has your MS4 made progress toward this measurable goal during this reporting period?

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E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

| Yes | $\bigcirc$ No |
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| 168 | $\sim$ 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 was expected to be finished in 2020 but due to the COVID-19 Pandemic was delayed. It is anticipated to be complete by the end of 2021. 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.

Yes

□No

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

If 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   | N Y R 2 0 A 0 8 6   |
|---|---|
| 12. Evaluating Progress Toward Measurable Goals MCM 3   |   |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed.   | <u> </u>  |
| A. Briefly summarize the Measurable Goal identified in the S  | WMPP in this reporting period.                                  |
| The Town intends to inspect more than 20% of the outfalls in the meet the deadline in the MS4 permit. Record and investigate all in a timely manner. Maintain record of outcomes/ dispositions resuspected violations reported. Maintain an archive of outfall inspections. | complaints and suspected violations egarding all complaints and |
| B. Briefly summarize the observations that indicated the over Goal.   | all effectiveness of this Measurable                            |
| The Town has 40 known outfalls in the regulated MS4 and has in period. All complaints have been investigated and responded to it complaints, 0 were determined to be illicit discharges during froz   | n a timely manner. Of these                                     |
| C. How many times was this observation measured or evaluat  |   |
|   | (ex.: samples/participants/event.                               |
| D. Has your MS4 made progress toward this measurable goal   |   |
|   | ● 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).

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

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.

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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

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| Name of MS4/Coalition    | City of Mechanicville | N   | Y   | R  | 2 | 0 | А | 5 | 5 | 1 |
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#### 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.

In an effort to better understand, define, and track the City's stormwater infrastructure and watersheds, as well as develop a comprehensive preventative maintenance plan, a desktop catch basin inventory was performed.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The inventory was initially performed via desktop assessment using Google Earth street view, and is currently being truthed by City personnel. We are aware that 2 new basins were installed during 2021 with more installed between the year of the street view and 2021. Those will be added, however the inventory currently stands at 314 yet is likely to grow after it is reviewed by City personnel.

C. How many times was this observation measured or evaluated in this reporting period?

|       |      |      | 3     | 1    | 4    |          |
|-------|------|------|-------|------|------|----------|
| (ex.: | samp | les/ | 'narı | tici | nant | s/events |

D. Has your MS4 made progress toward this measurable goal during this reporting period?

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

| Yes | $\bigcirc$ 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 number of catch basins will be confirmed and a maintenance plan will be created in the next reporting cycle.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|   | SPDES ID                             |
|---|--------------------------------------|
| Name of MS4/Coalition City of Mechanicville   | N Y R 2 0 A 5 5 1                    |
| 12. Evaluating Progress Toward Measurable Goals MCM 3   |                                      |
| Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed. |                                      |
| A. Briefly summarize the Measurable Goal identified in the S  | WMPP in this reporting period.       |
| The City wanted to not only educate the public on what constitute invite them to be a partner in tracking suspected illicit discharges.                                     | <b>9</b> ·                           |
| B. Briefly summarize the observations that indicated the over Goal.   | all effectiveness of this Measurable |
| The City's stormwater website (mechanicvillestormwater.com) in report suspected illicit discharges. They have the option to do this   |                                      |
| C. How many times was this observation measured or evaluat  | red in this reporting period?        |
|   | (ex.: samples/participants/event     |
| D. Has your MS4 made progress toward this measurable goal   |                                      |
| E. Is your MS4 on schedule to meet the deadline set forth in the  | he SWMPP?<br>● Yes ○ No              |
| F. Briefly summarize the stormwater activities planned to me<br>the next reporting cycle (including an implementation sche  | 9                                    |
| The City will notify the public of this form during the next report   | ing cycle                            |
|   |                                      |
|   |                                      |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

| City of Manhaming III.   | DES ID   |
|--|--|
| Name of MS4/Coalition City of Mechanicville  | Y R 2 0 A 5 5 1  |
| 12. Evaluating Progress Toward Measurable Goals MCM 3  |  |
| Use this page to report on your progress and project plans toward achieving neidentified in your Stormwater Management Program Plan (SWMPP), including III.C.1. Submit additional pages as needed. | _  |
| A. Briefly summarize the Measurable Goal identified in the SWMPP in t  | this reporting period.   |
| The City reviewed the entirety of its Good Housekeeping Plan, and utilized i train staff on each measure included.   | t as an opportunity to   |
| B. Briefly summarize the observations that indicated the overall effective Goal.   | eness of this Measurable   |
| On March 29, 3 members of the DPW were trained on illicit discharges as we elimination measures.   | ell as detection and   |
|  |  |
| C. How many times was this observation measured or evaluated in this r   | reporting period?  |
|  | 3  |
| D. Has your MS4 made progress toward this measurable goal during thi   | <pre>(ex.: samples/participants/events s reporting period?</pre> |
| . 1 8  | ● Yes ○ No   |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWMPI   |  |
| F. Briefly summarize the stormwater activities planned to meet the goals the next reporting cycle (including an implementation schedule).  | ● Yes ○ No s of this MCM during                                  |
| The City will train the remainder of DPW field personnel in the next reporting   | g cycle.   |
|  |  |
|  |  |
|  |  |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| SPDES ID  |
|---|
| Name of MS4/Coalition City of Mechanic Ville N Y R 2 0 A 5 5 1  |
| 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.  |
| In an effort to reduce illegal dumping adjacent to the river, the City had signage produced to place at the end of every dead end road.   |
| B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.   |
| The signage states "Property of Mechanicville. Dumping not permitted" and is hoped to prevent illegal dumping at potential hot spots, which are also primarily adjacent to the Hudson River. All of the signs were installed, of which there were approximately 20. |
| C. How many times was this observation measured or evaluated in this reporting period?    2 0     (ex.: samples/participants/e)   |
| 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).  |
| This completes this commitment  |
|   |
|   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition   City of Mechanic ville   N Y R 2 0 0 A 5 5 1  | if submitting this form as part of a joint report on behalf of a  | a coantion leave SPDES ID blank.                                   |
|---|---|--|
| L2. Evaluating Progress Toward Measurable Goals MCM 3  Use this page to report on your progress and project plans toward achieving measurable goals dentified in your Stormwater Management Program Plan (SWMPP), including requirements in Part II.C.1. Submit additional pages as needed.  A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.  The City continues to actively investigate, follow up on, and work to eliminate illicit discharges.  B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.  During this reporting cycle, 13 illicit discharges were identified and followed up on. All but 1 have been resolved. Discharges are from sanitary sewer laterals, hydraulic spills, sanitary sewer overflows, broken sanitary lines, and dumping of cooking grease into the storm drain. The City used their newly developed postcards, warning forms, and violation forms to notify the persons responsible.  C. How many times was this observation measured or evaluated in this reporting period?  O. Has your MS4 made progress toward this measurable goal during this reporting period?  O. Has your MS4 on schedule to meet the deadline set forth in the SWMPP?  O. Yes O No  F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).  |   | SPDES ID   |
| 2. Evaluating Progress Toward Measurable Goals MCM 3  Use this page to report on your progress and project plans toward achieving measurable goals dentified in your Stormwater Management Program Plan (SWMPP), including requirements in Part II.C.1. Submit additional pages as needed.  A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.  The City continues to actively investigate, follow up on, and work to eliminate illicit discharges.  Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.  During this reporting cycle, 13 illicit discharges were identified and followed up on. All but 1 have been resolved. Discharges are from sanitary sewer laterals, hydraulic spills, sanitary sewer overflows, broken sanitary lines, and dumping of cooking grease into the storm drain. The City used their newly developed postcards, warning forms, and violation forms to notify the persons responsible.  C. How many times was this observation measured or evaluated in this reporting period?  O. Has your MS4 made progress toward this measurable goal during this reporting period?  O. Has your MS4 on schedule to meet the deadline set forth in the SWMPP?  O. S. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  O. Priefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).   | Jame of MS4/Coalition City of Mechanicville   | N Y R 2 0 A 5 5 1  |
| See this page to report on your progress and project plans toward achieving measurable goals dentified in your Stormwater Management Program Plan (SWMPP), including requirements in Part II.C.1. Submit additional pages as needed.  3. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.  3. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.  3. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.  3. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.  3. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.  4. During this reporting cycle, 13 illicit discharges were identified and followed up on. All but 1 have been resolved. Discharges are from sanitary sewer laterals, hydraulic spills, sanitary sewer overflows, broken sanitary lines, and dumping of cooking grease into the storm drain. The City used heir newly developed postcards, warning forms, and violation forms to notify the persons responsible.  3. How many times was this observation measured or evaluated in this reporting period?  4. Let your MS4 made progress toward this measurable goal during this reporting period?  5. Let your MS4 on schedule to meet the deadline set forth in the SWMPP?  6. Seriefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).  6. Che City will continue to actively fulfill the obligations of their IDDE program, and plans to create in informative flyer for local caterers notifying them not to use the storm drains for dumping food |   |  |
| dentified in your Stormwater Management Program Plan (SWMPP), including requirements in Part II.C.1. Submit additional pages as needed.  A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.  The City continues to actively investigate, follow up on, and work to eliminate illicit discharges.  Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.  During this reporting cycle, 13 illicit discharges were identified and followed up on. All but 1 have been resolved. Discharges are from sanitary sewer laterals, hydraulic spills, sanitary sewer overflows, broken sanitary lines, and dumping of cooking grease into the storm drain. The City used heir newly developed postcards, warning forms, and violation forms to notify the persons esponsible.  C. How many times was this observation measured or evaluated in this reporting period?  O. Has your MS4 made progress toward this measurable goal during this reporting period?  O. Has your MS4 on schedule to meet the deadline set forth in the SWMPP?  O Yes O No  O 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 actively fulfill the obligations of their IDDE program, and plans to create in informative flyer for local caterers notifying them not to use the storm drains for dumping food  | 2. Evaluating Progress Toward Measurable Goals MCM 3  |  |
| The City continues to actively investigate, follow up on, and work to eliminate illicit discharges.  3. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.  During this reporting cycle, 13 illicit discharges were identified and followed up on. All but 1 have been resolved. Discharges are from sanitary sewer laterals, hydraulic spills, sanitary sewer overflows, broken sanitary lines, and dumping of cooking grease into the storm drain. The City used their newly developed postcards, warning forms, and violation forms to notify the persons responsible.  3. How many times was this observation measured or evaluated in this reporting period?  4. How many times was this observation measured or evaluated in this reporting period?  5. Has your MS4 made progress toward this measurable goal during this reporting period?  6. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  6. Seriefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).  7. The City will continue to actively fulfill the obligations of their IDDE program, and plans to create an informative flyer for local caterers notifying them not to use the storm drains for dumping food  | dentified in your Stormwater Management Program Plan (SWM)  |  |
| B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.  During this reporting cycle, 13 illicit discharges were identified and followed up on. All but 1 have been resolved. Discharges are from sanitary sewer laterals, hydraulic spills, sanitary sewer overflows, broken sanitary lines, and dumping of cooking grease into the storm drain. The City used their newly developed postcards, warning forms, and violation forms to notify the persons responsible.  C. How many times was this observation measured or evaluated in this reporting period?  O. Has your MS4 made progress toward this measurable goal during this reporting period?  O. Has your MS4 on schedule to meet the deadline set forth in the SWMPP?  O. Yes O 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 actively fulfill the obligations of their IDDE program, and plans to create an informative flyer for local caterers notifying them not to use the storm drains for dumping food   | A. Briefly summarize the Measurable Goal identified in the S  | SWMPP in this reporting period.                                    |
| B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.  During this reporting cycle, 13 illicit discharges were identified and followed up on. All but 1 have been resolved. Discharges are from sanitary sewer laterals, hydraulic spills, sanitary sewer overflows, broken sanitary lines, and dumping of cooking grease into the storm drain. The City used their newly developed postcards, warning forms, and violation forms to notify the persons responsible.  C. How many times was this observation measured or evaluated in this reporting period?  O. Has your MS4 made progress toward this measurable goal during this reporting period?  O. Has your MS4 on schedule to meet the deadline set forth in the SWMPP?  O. Yes O 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 actively fulfill the obligations of their IDDE program, and plans to create an informative flyer for local caterers notifying them not to use the storm drains for dumping food   | The City continues to actively investigate, follow up on, and wor   | rk to eliminate illicit discharges                                 |
| During this reporting cycle, 13 illicit discharges were identified and followed up on. All but 1 have been resolved. Discharges are from sanitary sewer laterals, hydraulic spills, sanitary sewer overflows, broken sanitary lines, and dumping of cooking grease into the storm drain. The City used heir newly developed postcards, warning forms, and violation forms to notify the persons responsible.  C. How many times was this observation measured or evaluated in this reporting period?  | The City continues to actively investigate, follow up oil, and wor  | ik to chimilate inicit discharges.                                 |
| During this reporting cycle, 13 illicit discharges were identified and followed up on. All but 1 have been resolved. Discharges are from sanitary sewer laterals, hydraulic spills, sanitary sewer overflows, broken sanitary lines, and dumping of cooking grease into the storm drain. The City used heir newly developed postcards, warning forms, and violation forms to notify the persons esponsible.  C. How many times was this observation measured or evaluated in this reporting period?   |   |  |
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| During this reporting cycle, 13 illicit discharges were identified and followed up on. All but 1 have been resolved. Discharges are from sanitary sewer laterals, hydraulic spills, sanitary sewer overflows, broken sanitary lines, and dumping of cooking grease into the storm drain. The City used their newly developed postcards, warning forms, and violation forms to notify the persons responsible.  C. How many times was this observation measured or evaluated in this reporting period?    Lex.: samples/participants/O. Has your MS4 made progress toward this measurable goal during this reporting period?    Yes  |   |  |
| During this reporting cycle, 13 illicit discharges were identified and followed up on. All but 1 have been resolved. Discharges are from sanitary sewer laterals, hydraulic spills, sanitary sewer overflows, broken sanitary lines, and dumping of cooking grease into the storm drain. The City used their newly developed postcards, warning forms, and violation forms to notify the persons responsible.  C. How many times was this observation measured or evaluated in this reporting period?    Lex.: samples/participants/O. Has your MS4 made progress toward this measurable goal during this reporting period?    Yes  |   |  |
| During this reporting cycle, 13 illicit discharges were identified and followed up on. All but 1 have been resolved. Discharges are from sanitary sewer laterals, hydraulic spills, sanitary sewer overflows, broken sanitary lines, and dumping of cooking grease into the storm drain. The City used their newly developed postcards, warning forms, and violation forms to notify the persons responsible.  C. How many times was this observation measured or evaluated in this reporting period?   |   |  |
| been resolved. Discharges are from sanitary sewer laterals, hydraulic spills, sanitary sewer overflows, broken sanitary lines, and dumping of cooking grease into the storm drain. The City used their newly developed postcards, warning forms, and violation forms to notify the persons responsible.  C. How many times was this observation measured or evaluated in this reporting period?    Compare the cooking grease into the storm drain. The City used their newly developed postcards, warning forms, and violation forms to notify the persons responsible.  D. How many times was this observation measured or evaluated in this reporting period?    Compare the cooking grease into the storming to notify the persons responsible.    Compare the cooking grease into the storm drains for dumping food their newly developed postcards, and plans to create an informative flyer for local caterers notifying them not to use the storm drains for dumping food   |   | rall effectiveness of this Measurable                              |
| D. Has your MS4 made progress toward this measurable goal during this reporting period?  Yes O No  E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  Yes O 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 actively fulfill the obligations of their IDDE program, and plans to create an informative flyer for local caterers notifying them not to use the storm drains for dumping food   | been resolved. Discharges are from sanitary sewer laterals, hydra<br>overflows, broken sanitary lines, and dumping of cooking grease<br>their newly developed postcards, warning forms, and violation for | aulic spills, sanitary sewer e into the storm drain. The City used |
| D. Has your MS4 made progress toward this measurable goal during this reporting period?  Yes O No  E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  Yes O 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 actively fulfill the obligations of their IDDE program, and plans to create an informative flyer for local caterers notifying them not to use the storm drains for dumping food   | C. How many times was this observation measured or evalua   | ted in this reporting period?                                      |
| D. Has your MS4 made progress toward this measurable goal during this reporting period?  Yes O No  E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  Yes O 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 actively fulfill the obligations of their IDDE program, and plans to create an informative flyer for local caterers notifying them not to use the storm drains for dumping food   | or 110 Williams with this observation including of evaluation   |  |
| D. Has your MS4 made progress toward this measurable goal during this reporting period?  Yes O No  E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  Yes O 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 actively fulfill the obligations of their IDDE program, and plans to create an informative flyer for local caterers notifying them not to use the storm drains for dumping food   |   |  |
| Yes O No  The City will continue to actively fulfill the obligations of their IDDE program, and plans to create an informative flyer for local caterers notifying them not to use the storm drains for dumping food   |   | (ex.: samples/participants/e                                       |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  Yes O No  The City will continue to actively fulfill the obligations of their IDDE program, and plans to create an informative flyer for local caterers notifying them not to use the storm drains for dumping food  | O. Has your MS4 made progress toward this measurable goa  | during this reporting period?                                      |
| Yes O No  The City will continue to actively fulfill the obligations of their IDDE program, and plans to create an informative flyer for local caterers notifying them not to use the storm drains for dumping food   |   | ● Yes ○ No   |
| Yes O No  The City will continue to actively fulfill the obligations of their IDDE program, and plans to create an informative flyer for local caterers notifying them not to use the storm drains for dumping food   | Is your MSA on schodule to meet the deadline set forth in t   | the SWMPP?   |
| The City will continue to actively fulfill the obligations of their IDDE program, and plans to create an informative flyer for local caterers notifying them not to use the storm drains for dumping food   | 2. 18 your 19154 on schedule to meet the deadline set for the in t  |  |
| The City will continue to actively fulfill the obligations of their IDDE program, and plans to create an informative flyer for local caterers notifying them not to use the storm drains for dumping food   |   |  |
| an informative flyer for local caterers notifying them not to use the storm drains for dumping food   | •   | 9  |
| -   | an informative flyer for local caterers notifying them not to use the   | he storm drains for dumping food                                   |
|   |   |  |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0$ 

| If submitting this form as part of a joint report on behalf of a coalit   |                                |
|---|--------------------------------|
| TOWN OF MILTON  | SPDES ID N Y R 2 0 A 1 0 8     |
| Jame of MS4/Coalition TOWN OF MILTON  | N Y R 2 0 A 1 0 8              |
| 2. Evaluating Progress Toward Measurable Goals MCM 3  |                                |
| Use this page to report on your progress and project plans toward achie dentified in your Stormwater Management Program Plan (SWMPP), in II.C.1. Submit additional pages as needed.   | 2                              |
| A. Briefly summarize the Measurable Goal identified in the SWMI   | PP in this reporting period.   |
| Continue ORI outfall reconnaissance for outfalls inspected annually ut 4 outfalls in 2020, Fair Oaks Phase 1 to tributary of Kayaderosseras Cr Oaks Phase 2 to tributary of Kayaderosseras Creek inspected once, out Rowland Hollow Creek | eek inspected twice, Fair      |
| B. Briefly summarize the observations that indicated the overall ef   | fectiveness of this Measurable |
| County mapping systems continues to be improved / updated. Town we any new outfalls Town took ownership of in 2020, none noted. Also remapping efforts to update data.  |                                |
| C. How many times was this observation measured or evaluated in   | this reporting period?         |
|   |                                |
| D. Has your MS4 made progress toward this measurable goal duri  | (ex.: samples/participants/e   |
| b. 11as your 14154 made progress toward this measurable goar duri   | • Yes O No                     |
| E. Is your MS4 on schedule to meet the deadline set forth in the SV   | VMPP?                          |
|   | • Yes O No                     |
| F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule)  | 9                              |
| Dry weather inspections.  |                                |
| Complete inspections utilizing ORI Continue to update mapping in collaboration with County  |                                |
| Continue to update mapping in conductation with County  |                                |
|   |                                |

SPDES ID

# **MS4 Annual Report Form**

| FED. 4  | _   | _ |   |   |
|---|-----|---|---|---|
| This report is being submitted for the reporting period ending March 9. | , 2 | 0 | 2 | 1 |

| Name of MS4/Coalitic   | TOWN OF MOREAU  |                                   |                             |                    | N Y R          | 2 0 A        | 1 5 8           |
|--|---|-----------------------------------|-----------------------------|--------------------|----------------|--------------|-----------------|
| 12. Evaluating Pr  | ogress Toward Meas  | urable Goa                        | als MCM 3                   |                    |                |              |                 |
| Use this page to re identified in your S III.C.1. Submit add   | port on your progress a<br>Stormwater Manageme<br>ditional pages as neede<br>arize the Measurable | and project<br>ent Program<br>ed. | plans toward<br>Plan (SWMF  | PP), inclu         | ding requ      | irements i   |                 |
|  | outfall inspections us  |                                   |                             |                    |                | 81-          |                 |
|  |   |                                   |                             |                    |                |              |                 |
| B. Briefly summa<br>Goal.  | rize the observations   | that indica                       | ated the over               | all effect         | iveness o      | f this Mea   | surable         |
| rotational basis to e  | falls have been mappe<br>ischarge track down. T<br>ensure that all outfalls<br>and follow up      | are inspecte                      | ontinues to co              | indust ou          | tfall imam     |              |                 |
| C. How many time   | es was this observatio  | n measure                         | d or evaluate               | ed in this         | reporti        | g neriod?    |                 |
|  |   |                                   |                             |                    |                | 1            |                 |
| ). Has your MS4 i  | made progress toward  | d this mass                       | mushla 1                    | 1                  | (ex.           | : samples/pa | rticipants/eve  |
| y - 11.10 1 1  | nade progress toward  | u tills meas                      | surable goal (              | auring th          | us repor       | _            | d?<br>○ No      |
| E. Is your MS4 on  | schedule to meet the  | deadline s                        | et forth in the             | e SWMP             | p <sub>2</sub> | @ 1CS        | O NO            |
|  |   |                                   |                             |                    |                | • Yes        | ○ No            |
| The next reporting the next repo | ize the stormwater ac<br>ng cycle (including ar   | ctivities pla<br>n implemer       | nned to mee<br>tation sched | t the goa<br>ule). | ls of this     | MCM du       | ring            |
| The ISWM Program Form will be completed  | n mapping for Town or<br>eted following the rele<br>will be accomplished                          | utfalls has b                     | een complete                | d. An up           | of MCA         | Cananal Da   | etion<br>ermit. |
|  |   |                                   |                             |                    |                |              |                 |

9126383899

# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 \end{vmatrix}$ 

| Name of MS4/Coalitio                                       |  | SPDES ID  |
|--|--|---|
| rame of WiS4/Coamilo                                       | Village of Round Lake  | N Y R 2 0 A 0 9 9   |
|  | ogress Toward Measurable Goals M   |   |
| identified in your S                                       | port on your progress and project plans<br>Stormwater Management Program Plan<br>ditional pages as needed. | toward achieving measurable goals (SWMPP), including requirements in Part   |
| A. Briefly summa   | arize the Measurable Goal identified   | in the SWMPP in this reporting period.  |
| Saratoga County. I public through the outfalls have alread | Updates to this mapping will continue to above referenced online GIS Viewer (                              | partnership with the Town of Malta and through 2021 and will be available to the www.maphost.com/saratoga/); 100% of the year permit cycle (ref. GP-0-10-002), the nt for this MCM. |
| B. Briefly summa<br>Goal.                                  | arize the observations that indicated  | the overall effectiveness of this Measurable  |
| All outfalls were se                                       | creened in reporting year 9 (2011 - 201  | 2).   |
|  |  |   |
| C. How many tim  | nes was this observation measured or   | evaluated in this reporting period?   |
| C. How many tim  | es was this observation measured or  |   |
|  |  |   |
| D. Has your MS4  |  | (ex.: samples/participant ble goal during this reporting period?  Yes O No rth in the SWMPP?  |
| D. Has your MS4<br>E. Is your MS4 or<br>F. Briefly summa   | made progress toward this measural   | (ex.: samples/participant) ble goal during this reporting period?  ● Yes ○ No  rth in the SWMPP?  ● Yes ○ No  d to meet the goals of this MCM during                                |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

|                       |   | OI L |   | 11 |   |   |   |   |   |   |
|-----------------------|---|------|---|----|---|---|---|---|---|---|
| Name of MS4/Coalition | Saratoga County, Department of Public Works | N    | Y | R  | 2 | 0 | А | 2 | 0 | 9 |
|                       |   |      |   |    |   |   |   |   |   |   |

#### 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; 8 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 2019.

C. How many times was this observation measured or evaluated in this reporting period?

|  | (ex.: samples/par   | rticipants/eve | ents) |
|--|---------------------|----------------|-------|
| D. Has your MS4 made progress toward this measurable goal during thi   | is reporting period | 1?             |       |
|  | Yes                 | □No            |       |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWMPI | P?                  |                |       |
|  | 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 100% of all known/mapped outfalls have been dry-weather screened. Awaiting new Permitting to determine future measurable goal for Dry-Weather Outfall Screening; approximately 8 outfalls in Year-16 /2018-2019.

9126383899

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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

|  | SPDES ID          |
|--|-------------------|
| Name of MS4/Coalition City of Saratoga Springs | N Y R 2 0 A 2 1 6 |

#### 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 mapping of outfall locations and inspect outfalls every (5) years, min.
- Raise general awareness of illicit discharges and enforce local law to mitigate problems.
- Maintain mapping of the City's stormwater sewer system to facilitate IDDE program.
- Prioritize areas most susceptible to illicit discharges and closely monitor their condition.

# B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- (5) potential illicit discharges identified, investigated, and/or remediated.
- (0) new outfalls inventoried. (0) outfalls inspected.
- Provided information to raise public awareness of sources of stormwater pollution.
- Continued work to update municipal sewer system mapping.
- (1) stormwater sampling event with samples tested for fecal coliform.

| C. | How | many | times | was | this | obser | vation | measured | or | evaluated in | this rep | orting per |  |   |
|----|-----|------|-------|-----|------|-------|--------|----------|----|--------------|----------|------------|--|---|
|    |     |      |       |     |      |       |        | •        |    |              |          |            |  | 1 |

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

| 1 | ( |    |
|---|---|----|
|   | 1 | Į, |

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

| <b>● </b> ′ | Yes  | $\circ$ | Nο  |
|-------------|------|---------|-----|
|             | 1 69 | $\sim$  | INU |

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 the local law enforced.
- New outfalls will be inventoried and added to City map. Outfalls inspected every (5) years.
- Public education campaign will be used to raise awareness of illicit discharges.
- Municipal sewer system mapping will continue to be updated and maintained.
- Storm sewer system sampling and testing to identify and eliminate pollution.

SPDES ID

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition South Glens Falls  | N Y R 2 0 A 0 9 1                      |
|--|--|
|  |  |
| 12. Evaluating Progress Toward Measurable Goals MCM 3  |  |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM 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 Mc   | oreau.                                 |
|  |  |
|  |  |
|  |  |
| B. Briefly summarize the observations that indicated the over Goal.  | erall effectiveness of this Measurable |
| Continue to follow the MS4 permit.   |  |
|  |  |
|  |  |
|  |  |
| C. How many times was this observation measured or evaluation  | ated in this reporting period?         |
|  |  |
| D. Has your MS4 made progress toward this measurable goa   | (ex.: samples/participants/events      |
| D. Has your Mis I made progress toward this measurable got   | ○ Yes • No                             |
| E. Is your MS4 on schedule to meet the deadline set forth in   | the SWMPP?                             |
|  | • Yes O No                             |
| F. Briefly summarize the stormwater activities planned to m<br>the next reporting cycle (including an implementation sch   |  |
| Continue to check outfalls for Illicit discharges.   |  |
| Train employees.   |  |
| Work on getting paper maps onto GIS.   |  |
|  |  |

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#### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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

|                       |  | 311 | SPDESID |   |   |   |   |   |   |   |
|-----------------------|--|-----|---------|---|---|---|---|---|---|---|
| Name of MSA/Coalition | Town of Stillwater   | N   | Y       | R | 2 | 0 | A | 5 | 4 | 9 |
| Name of W134/Coantion | Mark Control of the C |     |         |   |   |   |   |   |   |   |

#### 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? |
|---|-----------------|-------|----------|-------------|----------|--------------|---------|-----------|---------|
| • | TTO IL TYTOO TO | ***** |          |             |          |              |         |           | -       |

| . How many times was this observation measured or evaluation in |                                    |
|---|------------------------------------|
|   |                                    |
|   | (ex.: samples/participants/events) |
|   |                                    |

- D. Has your MS4 made progress toward this measurable goal during this reporting period?

   Yes O 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 develoed 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

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#### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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

|                       |   | SFI | SPDESID |   |   |   |   |   |   |   |
|-----------------------|---|-----|---------|---|---|---|---|---|---|---|
| as to to to           | Village of Stillwater                     | N   | Y       | R | 2 | 0 | A | 5 | 4 | 7 |
| Name of MS4/Coalition | A. S. S. S. S. S. S. S. S. S. S. S. S. S. |     | -       |   |   |   |   |   |   |   |

# 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 SMO has CPMSM, CESSWI, and CPESC 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 |
|   | - this was auting paried?         |

- D. Has your MS4 made progress toward this measurable goal during this reporting period?
  - Yes O No
- E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
- Yes O 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 websit

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$ 

|   | SPDES ID                                  |
|---|---|
| Name of MS4/Coalition Town of Waterford   | N Y R 2 0 A 0 3 7                         |
| 12. Evaluating Progress Toward Measurable Goals MCM 3   |   |
| Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed. | e e                                       |
| A. Briefly summarize the Measurable Goal identified in the SV   | WMPP 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 overa Goal.  | all effectiveness of this Measurable      |
| The Town is within a new 5-year inspection period, with 100% of by 2020. No outfalls were inspected this reporting period due to C  | • •                                       |
| by 2020. No outrains were inspected this reporting period due to C  | COVID.                                    |
|   |   |
| C. How many times was this observation measured or evaluate   | ed 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  |   |
|   | ● Yes ○ No                                |
| F. Briefly summarize the stormwater activities planned to med<br>the next reporting cycle (including an implementation sched  | e e                                       |
| The Town will continue to adhere to the required outfall inspection County Intermunicipal Stormwater Management Program assisting   | ,   |
|   |   |
|   |   |

This report is being submitted for the reporting period ending March 9, 2 0 2

|   | SPDES ID                             |
|---|--------------------------------------|
| Name of MS4/Coalition Town of Waterford   | N Y R 2 0 A 0 3 7                    |
| 12. Evaluating Progress Toward Measurable Goals MCM 3   |                                      |
| Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed. |                                      |
| A. Briefly summarize the Measurable Goal identified in the S  | WMPP in this reporting period.       |
| The Town wanted to not only educate the public on what constitu invite them to be a partner in tracking suspected illicit discharges.                                       |                                      |
| B. Briefly summarize the observations that indicated the overa Goal.  | all effectiveness of this Measurable |
| The Town's stormwater website (waterfordstormwater.com) inclureport suspected illicit discharges. They have the option to do this   |                                      |
| C. How many times was this observation measured or evaluat  | red in this reporting period?        |
|   | (ex.: samples/participants/event     |
| D. Has your MS4 made progress toward this measurable goal   |                                      |
| E. Is your MS4 on schedule to meet the deadline set forth in the  | he SWMPP?<br>● Yes ○ No              |
| F. Briefly summarize the stormwater activities planned to me<br>the next reporting cycle (including an implementation sche  | et the goals of this MCM during      |
| The Town will notify the public of this form during the next report   | rting cycle                          |
|   |                                      |
|   |                                      |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| N CMCA/C 1: Town of Waterford   | SPDES ID    N   Y   R   2   0   A   0   3   7                                |
|---|--|
| Name of MS4/Coalition Town of Waterford   | N Y R 2 0 A 0 3 7  |
| 12. Evaluating Progress Toward Measurable Goals MCM 3   |  |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.   |  |
| A. Briefly summarize the Measurable Goal identified in the S  | WMPP in this reporting period.   |
| In an effort to educate persons suspected of being, or confirmed t discharges, the Town created a series of educational outreach ma   |  |
| B. Briefly summarize the observations that indicated the over Goal.   | call effectiveness of this Measurable  |
| Understanding that many people don't know about stormwater reseries of outreach materials to distribute to IDDE offenders in ord stormwater program flyer to accompany the IDDE informative per 3) IDDE violation letter 4) IDDE program tracking spreadsheet. In utilized during the reporting year. | der of the following: 1) general ostcard 2) IDDE warning letter and          |
| C. How many times was this observation measured or evaluate   | ted in this reporting period?  |
|   |  |
| D. Has your MS4 made progress toward this measurable goal   | (ex.: samples/participants/even  I during this reporting period?  ● Yes ○ No |
| E. Is your MS4 on schedule to meet the deadline set forth in t  |  |
| F. Briefly summarize the stormwater activities planned to me<br>the next reporting cycle (including an implementation sche  |  |
| The Town will continue to utilize and track these forms as they re  | elate to individual illicit discharges                                       |
|   |  |
|   |  |

This report is being submitted for the reporting period ending March 9, 2 0 2

|   | SPDES ID                              |
|---|---------------------------------------|
| Name of MS4/Coalition Village of Waterford  | N Y R 2 0 A 4 6 9                     |
| 12. Evaluating Progress Toward Measurable Goals MCM 3   |                                       |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed. |                                       |
| A. Briefly summarize the Measurable Goal identified in the S  | WMPP in this reporting period.        |
| 100% of dry weather screening of all outfalls annually  |                                       |
| B. Briefly summarize the observations that indicated the over Goal.   | rall effectiveness of this Measurable |
| This reporting year the goal was unmet  |                                       |
| C. How many times was this observation measured or evaluation   | ted in this reporting period?         |
| D. Has worm MC4 made musquess forward this measurable good  | (ex.: samples/participants/events     |
| D. Has your MS4 made progress toward this measurable goal   | Yes No                                |
| E. Is your MS4 on schedule to meet the deadline set forth in t  |                                       |
| F. Briefly summarize the stormwater activities planned to me<br>the next reporting cycle (including an implementation sche  |                                       |
| Unknown. At this time the Village has no full-time staff, officials thsi task. The Village may contact Saratoga CCE ISWM Program  | ·                                     |

| This report is being submitted for the reporting period ending March 9, | 2 | 0   | 2 | 1 |
|---|---|-----|---|---|
|   | 1 | 1 1 |   | 1 |

|   | 2 0 A 1 1 4                     |
|---|---------------------------------|
| 12. Evaluating Progress Toward Measurable Goals MCM 3   |                                 |
| Use this page to report on your progress and project plans toward achieving measura identified in your Stormwater Management Program Plan (SWMPP), including requ III.C.1. Submit additional pages as needed. | •                               |
| A. Briefly summarize the Measurable Goal identified in the SWMPP in this rep  | porting period.                 |
| Continue program of outfall inspections and data collection for IDDE;<br>Continue performing dry weather inspections on outfalls.   |                                 |
| B. Briefly summarize the observations that indicated the overall effectiveness o Goal.  | of this Measurable              |
| No illicit discharges found at outfall locations inspected.   |                                 |
|   |                                 |
| C. How many times was this observation measured or evaluated in this reporting  | ng period?                      |
| (ex   | .: samples/participants/events, |
| D. Has your MS4 made progress toward this measurable goal during this repor   | $\bullet$ $\sim$ $\sim$         |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?   | ● Yes ○ No                      |
|   | ● Yes ○ No                      |
| F. Briefly summarize the stormwater activities planned to meet the goals of this the next reporting cycle (including an implementation schedule).   | s MCM during                    |
| Continue with outfall inspections Continue performing inspections with reports and photographs when necessary.  |                                 |
|   |                                 |

Name of MS4/Coalition Village of Ballston Spa

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SPDES ID

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#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2

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

| <u>Minimum</u>                         | Control Mea         | sure 5. Post-     | -Constructio     | on Stormwater                      | <u>Management</u>          |
|--|---------------------|-------------------|------------------|------------------------------------|----------------------------|
| The information in th                  | nis section is beir | ng reported (chec | ek one):         |                                    |                            |
| On behalf of an ind On behalf of a coa | dividual MS4        |                   |                  |                                    |                            |
| 1. How many and MS4/Coalition is       | • • •               |                   |                  | nagement practice eporting period? | es has your                |
|  |                     | #<br>Inventoried  | #<br>Inspections | # Times<br>Maintained              |                            |
| ○ Alternative Practic                  | ees                 | 0                 |                  |                                    |                            |
| O Filter Systems                       |                     | 0                 |                  |                                    |                            |
| O Infiltration Basins                  |                     | 0                 |                  |                                    |                            |
| Open Channels                          |                     | 0                 |                  |                                    |                            |
| ○ Ponds                                |                     | 0                 |                  |                                    |                            |
| ○ Wetlands                             |                     | 0                 |                  |                                    |                            |
| Other                                  |                     | 0                 |                  |                                    |                            |
| 2. Do you use an BMPs, inspecti        |                     | ` •               | base, spreads    | heet) to track pos                 | t-construction<br>☐Yes ✓No |
| 3. What types of a Development/E       |                     | -                 |                  | -                                  | mpact                      |
| O Building Codes                       | O Municipal C       | Comprehensive P   | lans             |                                    |                            |
| Overlay Districts                      | Open Space          | Preservation Pro  | ogram            |                                    |                            |
| ○ Zoning                               | O Local Law o       | or Ordinance      |                  |                                    |                            |
| ○ None                                 | O Land Use R        | egulation/Zoning  | ,                |                                    |                            |
| O Watershed Plans                      | Other Comp          | rehensive Plan    |                  |                                    |                            |
| • Other:                               |                     |                   |                  |                                    |                            |

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Board

P | 1 | a | n | n | i | n | g |

Name of MS4/Coalition Town of Ballston

SPDES ID

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# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| The information in t                  | his section is bei | ng reported (che         | eck one):        |  |          |
|---------------------------------------|--------------------|--------------------------|------------------|--|----------|
| On behalf of an in On behalf of a coa | alition            |                          |                  |  |          |
| How n                                 | nany MS4s cont     | tributed to this         | report?          |  |          |
| •                                     | • • •              |                          |                  | nagement practices eporting period?                  | has your |
|                                       |                    | #<br>Inventoried         | #<br>Inspections | # Times<br>Maintained                                |          |
| Alternative Praction                  | ces                |                          |                  |  |          |
| ○ Filter Systems                      |                    |                          |                  |  |          |
| ○ Infiltration Basins                 |                    |                          |                  |  |          |
| Open Channels                         |                    |                          |                  |  |          |
| <b>Ponds</b>                          |                    | 3 0                      | 1 5 0            | 1 5 0  |          |
| ○ Wetlands                            |                    |                          |                  |  |          |
| Other                                 |                    |                          |                  |  |          |
| BMPs, inspect  3. What types of       | ions and maint     | tanance?  practices have | e been used to   | heet) to track post-<br>implement Low In<br>nciples? | ●Yes □1  |
| Building Codes                        | • Municipal C      | Comprehensive F          | Plans            |  |          |
| Overlay Districts                     | Open Space         | Preservation Pr          | ogram            |  |          |
|                                       | • Local Law of     | or Ordinance             |                  |  |          |
| <b>D</b> Zoning                       |                    |                          |                  |  |          |
| ● Zoning  ○ None                      | Land Use R         | egulation/Zonin          | g                |  |          |

#### Year 18/2020-2021 Combined MS4 Annual Report

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0

|   |                  |         |             |        |             | SPL   | DES ID  |      |           |    |           |
|---|------------------|---------|-------------|--------|-------------|-------|---------|------|-----------|----|-----------|
| Name of MS4/Coalition Town of Char                                  | lton             |         |             |        |             | N     | YR      | 2    | 0 A       | 0  | 3 2       |
|   |                  |         |             |        |             |       |         |      |           |    |           |
| Minimum Control Mea   | sure 5.          | Post    | t-Const     | ructio | on Storr    | nwa   | ater N  | Mai  | nage      | me | <u>nt</u> |
|   |                  |         |             |        |             |       |         |      |           |    |           |
| The information in this section is being                            | ng reporte       | ed (che | eck one):   |        |             |       |         |      |           |    |           |
| • On behalf of an individual MS4                                    |                  |         |             |        |             |       |         |      |           |    |           |
| On behalf of a coalition  How many MS4s cont                        | ributed t        | o this  | report?     | 1      |             |       |         |      |           |    |           |
| •   |                  |         | •           |        |             |       |         |      |           |    |           |
| 1. How many and what type of pos<br>MS4/Coalition inventoried, insp |                  |         |             |        |             |       |         | has  | s your    |    |           |
| 112 ii Countrol III entolleu, iiisp                                 |                  | u 111u1 | #           |        | # Tin       | •     | ,       |      |           |    |           |
|   | #<br>Inventoried |         | Inspections |        | Mainta      |       |         |      |           |    |           |
| Alternative Practices   |                  | 1       |             | 0      |             | 0     |         |      |           |    |           |
| • Filter Systems  |                  | 1       |             | 1      |             | 0     |         |      |           |    |           |
| ● Infiltration Basins   |                  | 2       |             | 0      |             | 0     |         |      |           |    |           |
| Open Channels   | 6                | 5       | 6           | 5      |             | 0     |         |      |           |    |           |
| Ponds   |                  | 2       |             | 2      |             | 0     |         |      |           |    |           |
| ○ Wetlands  |                  |         |             |        |             |       |         |      |           |    |           |
| Other   |                  |         |             |        |             |       |         |      |           |    |           |
|   |                  |         |             |        |             |       |         |      |           |    |           |
| 2. Do you use an electronic tool                                    | ` _              |         | abase, sp   | oreads | sheet) to t | rack  | k post- | -coı |           |    |           |
| BMPs, inspections and maint   |                  |         |             |        |             |       |         |      | $\circ$ Y | es | • No      |
| 3. What types of non-structural Development/Better Site Desi        | _                |         |             |        | _           | ent L | Low Ir  | npa  | ict       |    |           |

| O Building Codes         | <ul> <li>Municipal Comprehensive Plans</li> </ul> |  |  |  |  |  |
|--------------------------|---|--|--|--|--|--|
| Overlay Districts        | Open Space Preservation Program                   |  |  |  |  |  |
| <ul><li>Zoning</li></ul> | O Local Law or Ordinance                          |  |  |  |  |  |
| ○ None                   | ■ Land Use Regulation/Zoning                      |  |  |  |  |  |
| O Watershed Plans        | Other Comprehensive Plan                          |  |  |  |  |  |
| • Other:                 |   |  |  |  |  |  |
| 2 c o n                  | s ease total 405 ac.                              |  |  |  |  |  |

This report is being submitted for the reporting period ending March 9, 2 0 2

| II Submitte  | ag ans form as pa                                | ri or a joint   | report on oe  | 11411 01 | or                   | DDEC ID         | D Juni.                         |
|--|--|-----------------|---------------|----------|----------------------|-----------------|---------------------------------|
| Name of MS4/Coalition TOWN OF CLIFTON PARK                                     |  |                 |               |          |                      | PDES ID I Y R 2 | 0 A 0 3 5                       |
| Minimum  | Control Meas                                     | sure 5. P       | ost-Const     | ructio   | on Stormw            | vater Ma        | <u>nagement</u>                 |
| The information in the   | Ì  | g reported (    | (check one):  |          |                      |                 |                                 |
| <ul><li>On behalf of an inc</li><li>On behalf of a coa</li><li>How m</li></ul> |  | ibuted to t     | his report?   |          | 1                    |                 |                                 |
| 1. How many and MS4/Coalition i  | what type of pos<br>nventoried, inspe            |                 |               |          | _                    |                 | your                            |
|  |  | #<br>Inventorie | #<br>d Inspec | tions    | # Times<br>Maintaine | d               |                                 |
| • Alternative Practic  | ees  | 9               |               | 7        | 0                    |                 |                                 |
| • Filter Systems   |  | 6               |               | 4        | 0                    |                 |                                 |
| ● Infiltration Basins  |  | 4 5             |               | 9        | 0                    |                 |                                 |
| <ul><li>Open Channels</li></ul>  |  | 5               |               | 5        | 0                    |                 |                                 |
| Ponds  |  | 8 1             |               | 3        | 0                    |                 |                                 |
| O Wetlands   |  |                 |               |          |                      |                 |                                 |
| Other  |  |                 |               |          |                      |                 |                                 |
| 2. Do you use an BMPs, inspecti  | electronic tool (                                |                 | database, s   | preads   | heet) to trac        | ck post-cor     | <b>1struction</b><br>● Yes ○ No |
| 3. What types of Development/E   | non-structural <sub>]</sub><br>Better Site Desig |                 |               |          |                      | Low Impa        | ict                             |
| <ul><li>Building Codes</li></ul>   | <ul><li>Municipal Co</li></ul>                   | omprehensiv     | ve Plans      |          |                      |                 |                                 |
| <ul><li>Overlay Districts</li></ul>  | Open Space I                                     | Preservation    | n Program     |          |                      |                 |                                 |
| <ul><li>Zoning</li></ul>   | O Local Law or                                   | Ordinance       | :             |          |                      |                 |                                 |
| ○ None   | ● Land Use Re                                    | gulation/Zc     | oning         |          |                      |                 |                                 |
| O Watershed Plans  | Other Compr                                      | ehensive Pl     | lan           |          |                      |                 |                                 |
| Other:   |  |                 |               |          |                      |                 |                                 |

SPDES ID

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0

| Name of MS4/Coalition  | Town of Green                         | field            |                    | N Z                 | R 2 0 A 1 2 3                   |  |  |  |  |  |
|--|---------------------------------------|------------------|--------------------|---------------------|---------------------------------|--|--|--|--|--|
| <u>Minimum</u>   | Control Meas                          | ure 5. Post-     | <u>Constructio</u> | n Stormwat          | er Management                   |  |  |  |  |  |
| The information in th  | is section is being                   | reported (check  | c one):            |                     |                                 |  |  |  |  |  |
| <ul><li>On behalf of an ind</li><li>On behalf of a coa</li><li>How m</li></ul> |                                       | buted to this re | eport?             |                     |                                 |  |  |  |  |  |
| 1. How many and  | ·                                     | -construction s  | tormwater mai      |                     | •                               |  |  |  |  |  |
|  | •                                     | #<br>Inventoried | # Inspections      | # Times  Maintained | •                               |  |  |  |  |  |
| ○ Alternative Practic  |                                       | Inventoried      | Inspections        | Maintaineu          |                                 |  |  |  |  |  |
|  | es                                    |                  |                    |                     |                                 |  |  |  |  |  |
| O Filter Systems   |                                       |                  |                    |                     |                                 |  |  |  |  |  |
| O Infiltration Basins  |                                       |                  |                    |                     |                                 |  |  |  |  |  |
| <ul><li>Open Channels</li></ul>  |                                       | 1 3              | 1 3                | 1 3                 |                                 |  |  |  |  |  |
| Ponds  |                                       | 2                | 2                  | 2                   |                                 |  |  |  |  |  |
| O Wetlands   |                                       |                  |                    |                     |                                 |  |  |  |  |  |
| Other  |                                       | 7                | 7                  | 7                   |                                 |  |  |  |  |  |
| 2. Do you use an o<br>BMPs, inspecti   | electronic tool (done and mainta      | 0                | oase, spreadsh     | neet) to track ]    | post-construction<br>○ Yes • No |  |  |  |  |  |
| 3. What types of a Development/B   | non-structural p<br>Better Site Desig |                  |                    | -                   | w Impact                        |  |  |  |  |  |
| <ul><li>Building Codes</li></ul>   | <ul><li>Municipal Co</li></ul>        | mprehensive Pla  | ins                |                     |                                 |  |  |  |  |  |
| <ul><li>Overlay Districts</li></ul>  | Open Space P                          | reservation Prog | gram               |                     |                                 |  |  |  |  |  |
| <ul><li>Zoning</li></ul>   | O Local Law or                        | Ordinance        |                    |                     |                                 |  |  |  |  |  |
| ○ None   | • Land Use Reg                        | gulation/Zoning  |                    |                     |                                 |  |  |  |  |  |
| O Watershed Plans  | • Other Comprehensive Plan            |                  |                    |                     |                                 |  |  |  |  |  |
| Other:   |                                       |                  |                    |                     |                                 |  |  |  |  |  |

This report is being submitted for the reporting period ending March 9, 2 0 2

| Name of MS4/Coalition   | Town of Halfn                  | N Y F            | R 2 0 A 3 7 5    |                       |                               |
|---|--------------------------------|------------------|------------------|-----------------------|-------------------------------|
|   |                                |                  |                  |                       |                               |
| <u>Minimum</u>  | Control Meas                   | sure 5. Post     | t-Constructio    | on Stormwater         | Management                    |
|   |                                |                  |                  |                       |                               |
| The information in th   |                                | g reported (che  | eck one):        |                       |                               |
| <ul><li>On behalf of an inc</li><li>On behalf of a coal</li></ul> |                                |                  |                  |                       |                               |
| How m   | any MS4s contr                 | ributed to this  | report?          |                       |                               |
| 1. How many and w<br>MS4/Coalition in                             |                                |                  |                  | _                     | es has your                   |
|   |                                | #<br>Inventoried | #<br>Inspections | # Times<br>Maintained |                               |
| ○ Alternative Practic   | es                             |                  | Inspections      |                       |                               |
| ○ Filter Systems  | •                              |                  |                  |                       |                               |
| ○ Infiltration Basins   |                                |                  |                  |                       |                               |
| Open Channels   |                                |                  |                  |                       |                               |
| ○ Ponds   |                                |                  |                  |                       |                               |
| ○ Wetlands  |                                |                  |                  |                       |                               |
| ○ Other   |                                |                  |                  |                       |                               |
|   |                                |                  |                  |                       |                               |
| 2. Do you use an o BMPs, inspecti                                 | •                              | ` '              | abase, spreads   | heet) to track pos    | st-construction<br>○ Yes • No |
| 3. What types of i  |                                |                  | ze heen used to  | implement Low         |                               |
| Development/B   |                                | -                |                  | -                     | impact                        |
| Building Codes  | <ul><li>Municipal Co</li></ul> | omprehensive I   | Plans            |                       |                               |
| Overlay Districts   | Open Space I                   | Preservation Pr  | rogram           |                       |                               |
| Zoning  | • Local Law or                 | Ordinance        |                  |                       |                               |
| ○ None  | • Land Use Re                  | egulation/Zonin  | g                |                       |                               |
| ○ Watershed Plans   | Other Compr                    | rehensive Plan   |                  |                       |                               |
| Other:  |                                |                  |                  |                       |                               |
|   |                                |                  |                  |                       |                               |

 ${\scriptstyle Name\ of\ MS4/Coalition} \boxed{\text{Town\ of\ Malta}}$ 

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SPDES ID

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#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2

| The information in the                | his sec   | tio | n is  | being  | rep  | orted        | (che | ck one | e):        |      |      |            |             |       |      |      |      |         |                 |
|---------------------------------------|-----------|-----|-------|--------|------|--------------|------|--------|------------|------|------|------------|-------------|-------|------|------|------|---------|-----------------|
| On behalf of an in On behalf of a coa | alition   |     |       |        | bute | ed to t      | his  | report | t? [       |      |      | ]          |             |       |      |      |      |         |                 |
| 1. How many and MS4/Coalition i       |           | -   |       | _      |      |              |      |        |            |      |      | _          |             | _     |      | s ha | ıs y | our     |                 |
|                                       |           |     |       | ]      | [nve | #<br>entorie | d    | Ins    | #<br>pecti | ions |      | # 7<br>Mai | Γim<br>ntai |       |      |      |      |         |                 |
| ○ Alternative Praction                | ces       |     |       |        |      |              |      |        |            |      |      |            |             |       |      |      |      |         |                 |
| ○ Filter Systems                      |           |     |       |        |      |              | Ī    |        |            |      |      |            |             |       |      |      |      |         |                 |
| ○ Infiltration Basins                 |           |     |       |        |      | 2            |      |        |            | 1    |      |            |             |       |      |      |      |         |                 |
| Open Channels                         |           |     |       |        |      |              |      |        |            |      |      |            |             |       |      |      |      |         |                 |
| ○ Ponds                               |           |     |       |        |      |              |      |        |            |      |      |            |             |       |      |      |      |         |                 |
| ○ Wetlands                            |           |     |       |        |      |              |      |        |            |      |      |            |             |       |      |      |      |         |                 |
| Other                                 |           |     |       |        |      |              |      |        |            |      |      |            |             |       |      |      |      |         |                 |
| 2. Do you use an<br>BMPs, inspect     |           |     |       |        | _    |              | dat  | abase  | , sp       | rea  | dshe | et) t      | o tr        | ack   | post | t-co |      | ru<br>Y | <b>n</b><br>□No |
| 3. What types of Development/l        |           |     |       | -      |      |              |      |        |            |      |      | -          |             | nt Lo | w I  | mp   | act  |         |                 |
| <ul><li>Building Codes</li></ul>      | • N       | lun | icipa | ıl Coı | npr  | ehensi       | ve I | Plans  |            |      |      |            |             |       |      |      |      |         |                 |
| Overlay Districts                     | $\circ$ O | pei | n Spa | ace Pi | rese | rvatio       | ı Pr | ogram  |            |      |      |            |             |       |      |      |      |         |                 |
| Zoning                                | ● L       | oca | ıl La | w or   | Ord  | linance      | ;    |        |            |      |      |            |             |       |      |      |      |         |                 |
| ○ None                                | ● L       | anc | d Us  | e Reg  | ula  | tion/Z       | onin | g      |            |      |      |            |             |       |      |      |      |         |                 |
| O Watershed Plans                     | $\circ$ O | the | er Co | mpre   | hen  | sive P       | lan  |        |            |      |      |            |             |       |      |      |      |         |                 |
| Other:                                |           |     |       |        |      |              |      |        |            |      |      |            |             |       |      |      |      |         |                 |
|                                       |           |     |       |        |      |              |      |        |            |      |      |            |             |       |      |      |      |         |                 |

This report is being submitted for the reporting period ending March 9, 2 0

| Name of MS4/Coalition   | f MS4/Coalition City of Mechanicville |           |       |       |        |       |              |      |       | N     | Y R   | 2     | 0 7  | 5     | 5      | 1     |      |            |    |
|---|---------------------------------------|-----------|-------|-------|--------|-------|--------------|------|-------|-------|-------|-------|------|-------|--------|-------|------|------------|----|
| i valide of 1115 i/ Coartelof                                       | *                                     |           |       |       |        |       |              |      |       |       |       |       |      | -     |        |       | -    |            |    |
| <u>Minimum</u>  | Contr                                 | ol Mea    | asur  | e 5.  | Pos    | st-(  | Con          | str  | uct   | ion   | Sto   | rm    | wa   | ter   | Mai    | nag   | eme  | <u>ent</u> |    |
|   |                                       |           |       |       |        |       |              |      |       |       |       |       |      |       |        |       |      |            |    |
| The information in the  | nis sectio                            | on is bei | ng re | porte | ed (cl | neck  | one)         | ):   |       |       |       |       |      |       |        |       |      |            |    |
| <ul><li>On behalf of an income</li><li>On behalf of a coa</li></ul> |                                       | MS4       |       |       |        |       |              |      |       |       |       |       |      |       |        |       |      |            |    |
|   | nany MS                               | S4s con   | tribu | ted t | o thi  | s rej | ort          | ? [  |       |       |       |       |      |       |        |       |      |            |    |
| 1. How many and   | what tv                               | ne of no  | st-co | netr  | netio  | n st  | orm          | wai  | ter n | ทดทด  | agen  | nent  | nra  | ctice | s has  | . vou | r    |            |    |
| MS4/Coalition i   |                                       |           |       |       |        |       |              |      |       |       |       |       |      |       | 3 1143 | you   | •    |            |    |
|   |                                       |           | _     | #     |        |       |              | #    |       |       |       | Time  |      |       |        |       |      |            |    |
|   |                                       |           | Inv   | vento | ried   |       | Insp         | ecti | ons   |       | Mai   | ntaiı | nea  |       |        |       |      |            |    |
| ○ Alternative Practic   | es                                    |           |       | +     |        |       |              |      |       |       |       |       |      |       |        |       |      |            |    |
| ○ Filter Systems  |                                       |           |       | +     |        |       |              |      | _     |       |       |       |      |       |        |       |      |            |    |
| ○ Infiltration Basins   |                                       |           |       | +     |        |       |              |      |       |       |       |       |      |       |        |       |      |            |    |
| Open Channels   |                                       |           |       |       |        |       |              |      | _     |       |       |       |      |       |        |       |      |            |    |
| <ul><li>Ponds</li></ul>   |                                       |           |       |       | 3      |       |              |      | 3     |       |       |       | 0    |       |        |       |      |            |    |
| ○ Wetlands  |                                       |           |       |       |        |       |              |      |       |       |       |       |      |       |        |       |      |            |    |
| Other   |                                       |           |       |       |        |       |              |      |       |       |       |       |      |       |        |       |      |            |    |
| 2. Do you use an  | electro                               | nic tool  | (e σ  | GIS   | eh 2   | ıtah  | 9 <b>5</b> 6 | sni  | read  | lche  | et) t | o tr  | ack  | nosi  | t_cor  | ıctrı | ctio | n          |    |
| BMPs, inspect   |                                       |           | ` _   |       |        | ••••  | ,            | SP.  | ·     | 15110 | , .   | .0 11 | ucii | Pos   |        | O Y   |      | • 1        | Vо |
| 3. What types of  | non-str                               | uctura    | l pra | ctic  | es ha  | ive l | oeen         | ı us | ed t  | to in | nple  | mer   | ıt L | ow I  | mpa    | ct    |      |            |    |
| Development/H   | 3etter S                              | ite Desi  | ign/( | Gree  | n In   | fras  | tru          | ctu  | re p  | rinc  | iple  | s?    |      |       |        |       |      |            |    |
| O Building Codes  | O Mui                                 | nicipal C | Comp  | rehei | nsive  | Pla   | ns           |      |       |       |       |       |      |       |        |       |      |            |    |
| Overlay Districts   | Ope                                   | n Space   | Pres  | ervat | tion I | Progr | am           |      |       |       |       |       |      |       |        |       |      |            |    |
| ○ Zoning  | O Loc                                 | al Law o  | or Or | dinaı | nce    |       |              |      |       |       |       |       |      |       |        |       |      |            |    |
| ○ None  | O Lan                                 | d Use R   | egula | ation | /Zoni  | ing   |              |      |       |       |       |       |      |       |        |       |      |            |    |
| O Watershed Plans   | Oth                                   | er Comp   | rehe  | nsive | Plar   | 1     |              |      |       |       |       |       |      |       |        |       |      |            |    |
| Other:  |                                       |           |       |       |        |       |              |      |       |       |       |       |      |       |        |       |      |            |    |
|   |                                       |           |       |       |        |       |              |      |       |       |       |       |      |       |        |       |      |            |    |

SPDES ID

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2

| Name of MS4/Coalition   | ume of MS4/Coalition TOWN OF MILTON |                           |                  |                    |        |      |             | 0 A           | 1           | 0 8       |
|---|-------------------------------------|---------------------------|------------------|--------------------|--------|------|-------------|---------------|-------------|-----------|
| Minimum   | Control Mea                         | sure 5. Post              | -Constructio     | n Storm            | wate:  | r N  | <u> Ian</u> | age           | <u>me</u> i | <u>nt</u> |
| The information in the On behalf of an income On behalf of a coar | dividual MS4<br>lition              |                           |                  | 1                  |        |      |             |               |             |           |
| How many and MS4/Coalition i                                      | • • •                               | st-construction           | stormwater ma    | _                  | _      | ces  | has         | your          |             |           |
|   |                                     | #<br>Inventoried          | #<br>Inspections | # Time<br>Maintair |        |      |             |               |             |           |
| O Alternative Practic   | es                                  |                           |                  |                    |        |      |             |               |             |           |
| O Filter Systems  |                                     |                           |                  |                    |        |      |             |               |             |           |
| O Infiltration Basins   |                                     |                           | 2                |                    | 1      |      |             |               |             |           |
| Open Channels   |                                     |                           |                  |                    |        |      |             |               |             |           |
| ○ Ponds   |                                     |                           | 4                |                    |        |      |             |               |             |           |
| O Wetlands  |                                     |                           |                  |                    |        |      |             |               |             |           |
| Other   |                                     |                           | 1                |                    |        |      |             |               |             |           |
| 2. Do you use an BMPs, inspecti                                   |                                     | ` ` '                     | abase, spreadsh  | neet) to tr        | ack po | ost- | con         | struc<br>O Ye |             | n<br>● No |
| 3. What types of a Development/E                                  |                                     | -                         |                  | -                  | ıt Low | ' In | ıpa         | et            |             |           |
| <ul><li>Building Codes</li></ul>                                  | O Municipal C                       | Comprehensive P           | Plans            |                    |        |      |             |               |             |           |
| Overlay Districts   | Open Space                          | Preservation Preservation | ogram            |                    |        |      |             |               |             |           |
| <ul><li>Zoning</li></ul>  | O Local Law or Ordinance            |                           |                  |                    |        |      |             |               |             |           |
| ○ None  | ● Land Use Regulation/Zoning        |                           |                  |                    |        |      |             |               |             |           |
| <ul><li>Watershed Plans</li></ul>                                 | Other Comp                          | rehensive Plan            |                  |                    |        |      |             |               |             |           |
| Other:  |                                     |                           |                  |                    |        |      |             |               |             |           |

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 2 & 1 \end{bmatrix}$ 

| Name of MS4/Coaliti   | on TOWN OF M                          | IOREAU                          |                   | N Y                    | R 2 0 A 1  | 5 8       |
|---|---------------------------------------|---------------------------------|-------------------|------------------------|------------|-----------|
|   |                                       |                                 |                   |                        |            |           |
| <u>Minimun</u>  | 1 Control Mea                         | sure 5. Pos                     | t-Constructi      | on Stormwater          | Manageme   | <u>nt</u> |
|   |                                       |                                 |                   |                        |            |           |
| The information in  |                                       | ng reported (che                | eck one):         |                        |            |           |
| <ul><li>On behalf of an i</li><li>On behalf of a co</li></ul> | ndividual MS4 palition                |                                 |                   |                        |            |           |
|   | many MS4s contr                       | ributed to this                 | report?           |                        |            |           |
| 1. How many and   | l what type of pos                    | st-construction                 | stormwater me     | nagament nye etics     |            |           |
| MS4/Coalition   | inventoried, insp                     | ected and main                  | ntained in this r | eporting period?       | s nas your |           |
|   |                                       | #<br>Inventoried                | #                 | # Times                |            |           |
| O Alternative Practi  | CAC                                   | inventoried                     | Inspections       | Maintained             |            |           |
| O Filter Systems  | ccs                                   |                                 |                   |                        |            |           |
| <ul><li>Infiltration Basins</li></ul>                         |                                       |                                 |                   |                        |            |           |
|   | Ž.                                    | 0                               | 4                 | 4                      |            |           |
| Open Channels   |                                       |                                 |                   |                        |            |           |
| O Ponds   |                                       |                                 |                   |                        |            |           |
| ○ Wetlands  |                                       |                                 |                   |                        |            |           |
| Other   |                                       |                                 |                   |                        |            |           |
| 2. Do you use an  | electronic tool (                     | e.o. GIS data                   | hasa samaadak     | 100t) to to -1         |            |           |
| BMPs, inspecti  | ions and mainta                       | nance?                          | base, spreausi    | ieet) to track post    |            | No        |
| 3. What types of Development/E                                | non-structural p<br>Better Site Desig | oractices have<br>n/Green Infra | been used to i    | mplement Low Inciples? |            | 7110      |
| Building Codes  | O Municipal Cor                       | mprehensive Pla                 | ans               |                        |            |           |
| Overlay Districts   | Open Space Pr                         |                                 |                   |                        |            |           |
| Zoning  | • Local Law or                        |                                 | -                 |                        |            |           |
| None  | O Land Use Reg                        |                                 |                   |                        |            |           |
| Watershed Plans   | Other Compreh                         | C                               |                   |                        |            |           |
| Other:  | •                                     |                                 |                   |                        |            |           |
|   |                                       |                                 |                   |                        |            |           |

SPDES ID

1048119251

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 2 \begin{vmatrix} 1 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition   | Village of Round Lake                               |                      | 1 Y R 2 0 A 0 9 9 |                                  |
|---|---|----------------------|-------------------|----------------------------------|
| Minimum   | Control Measure 5                                   | . Post-Constru       | action Stormy     | vater Management                 |
|   |   |                      |                   |                                  |
| The information in th   | nis section is being report                         | ed (check one):      |                   |                                  |
| <ul><li>On behalf of an in</li><li>On behalf of a coa</li><li>How n</li></ul> |   | to this report?      |                   |                                  |
|   | what type of post-const<br>inventoried, inspected a |                      |                   |                                  |
|   | #<br>Invento  | #<br>oried Inspectio | # Times           | d                                |
| O Alternative Practic   |   |                      |                   | ]                                |
| O Filter Systems  |   |                      |                   | 1                                |
| O Infiltration Basins   |   |                      |                   | -                                |
| Open Channels   |   |                      |                   | 1                                |
| O Ponds   |   |                      |                   | Ī                                |
| O Wetlands  |   |                      |                   |                                  |
| O Other   |   |                      |                   | j                                |
| 7   | electronic tool (e.g. Gl<br>ions and maintanance    |                      | eadsheet) to trac | ck post-construction  O Yes • No |
|   | non-structural practic<br>Better Site Design/Gre    |                      |                   | Low Impact                       |
| O Building Codes  | Municipal Comprehe                                  | ensive Plans         |                   |                                  |
| Overlay Districts   | Open Space Preserva                                 | tion Program         |                   |                                  |
| ○ Zoning  | • Local Law or Ordina                               | nce                  |                   |                                  |
| ○ None  | • Land Use Regulation                               | n/Zoning             |                   |                                  |
| O Watershed Plans   | Other Comprehensiv                                  | e Plan               |                   |                                  |
| Other:  |   |                      |                   |                                  |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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

|                       |   | <u> </u>   | SPD. | ES II | ) |   |   |   |  |  |
|-----------------------|---|------------|------|-------|---|---|---|---|--|--|
| Name of MS4/Coalition | N | YF         | 2 2  | 0     | A | 2 | 0 | 9 |  |  |
|                       |   | •          | -    |       |   |   | , |   |  |  |
| 3.51                  |   | <b>~</b> . |      |       |   |   |   |   |  |  |

#### Minimum Control Measure 5. Post-Construction Stormwater Management

| The information in this section is being                                    | g reported (chec | k one):          |                       |             |
|---|------------------|------------------|-----------------------|-------------|
| On behalf of an individual MS4 On behalf of a coalition How many MS4s contr | ibuted to this r | report?          |                       |             |
| 1. How many and what type of pos<br>MS4/Coalition inventoried, inspe        | t-construction   | stormwater man   | -                     | es has your |
|   | #<br>Inventoried | #<br>Inspections | # Times<br>Maintained |             |
| O Alternative Practices   |                  |                  |                       |             |
| O Filter Systems  |                  |                  |                       |             |
| ● Infiltration Basins   | 0                | 0                | 0                     |             |
| Open Channels   |                  |                  |                       |             |
| Ponds   | 0                | 0                | 0                     |             |
| ○ Wetlands  |                  |                  |                       |             |
| ○ Other   |                  |                  |                       |             |
| 2. Do you use an electronic tool (BMPs, inspections and mainta              | anance?          | · -              | , <u>-</u>            | ●Yes □No    |
| 3. What types of non-structural Development/Better Site Designment          | -                |                  | -                     | Impact      |
| O Building Codes O Municipal Co   | omprehensive Pl  | lans             |                       |             |
| Overlay Districts Open Space 1  | Preservation Pro | gram             |                       |             |
| ○ Zoning ○ Local Law or   | Ordinance        |                  |                       |             |
| ○ None ○ Land Use Re  | egulation/Zoning |                  |                       |             |
| ○ Watershed Plans ○ Other Compr   | ehensive Plan    |                  |                       |             |
| ● Other:    E   d   u   c   a   t   i   o   n   / □                         | r a i n          | i n g P          | r o g r a r           | n s         |

1048119251

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|   |                        |                  |                  | SPDES ID              |                            |
|---|------------------------|------------------|------------------|-----------------------|----------------------------|
| Name of MS4/Coalition   | City of Saratoga Sprin | ıgs              |                  | N Y R                 | 2 0 A 2 1 6                |
| Minimum (   | Control Mea            | sure 5. Post     | -Constructio     | on Stormwater ]       | <u>Management</u>          |
| The information in th   | is section is bein     | g reported (che  | ck one):         |                       |                            |
| <ul><li>On behalf of an ind</li><li>On behalf of a coal</li><li>How m</li></ul> |                        | ributed to this  | report?          |                       |                            |
| 1. How many and was MS4/Coalition in  |                        |                  |                  |                       | has your                   |
|   |                        | #<br>Inventoried | #<br>Inspections | # Times<br>Maintained |                            |
| O Alternative Practic   | es                     | 7                |                  |                       |                            |
| O Filter Systems  |                        | 6                |                  |                       |                            |
| O Infiltration Basins   | •                      | 1 4              |                  |                       |                            |
| Open Channels   |                        | 1                |                  |                       |                            |
| ○ Ponds   |                        | 5                |                  |                       |                            |
| O Wetlands  |                        |                  |                  |                       |                            |
| Other   |                        |                  |                  |                       |                            |
| 2. Do you use an o  |                        | . •              | abase, spreads   | sheet) to track post  | t-construction  ○ Yes • No |
| 3. What types of Development/B  |                        |                  |                  |                       | mpact                      |
| O Building Codes  | Municipal C            | Comprehensive F  | Plans            |                       |                            |
| Overlay Districts   | Open Space             | Preservation Pr  | ogram            |                       |                            |
| ○ Zoning  | O Local Law o          | or Ordinance     |                  |                       |                            |
| ○ None  | ● Land Use R           | egulation/Zonin  | g                |                       |                            |
| O Watershed Plans   | Other Comp             | rehensive Plan   |                  |                       |                            |
| Other:  |                        | ·                |                  |                       |                            |

SPDES ID

# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2

| Name of MS4/Coalition  | South Glens Falls                |   |                  | N Y                                 | R 2 0 A 0    | 9 1        |
|--|----------------------------------|---|------------------|-------------------------------------|--------------|------------|
| Minimum  | Control Mea                      | asure 5. Post                             | -Constructio     | on Stormwater                       | r Manageme   | <u>ent</u> |
| The information in the   | nis section is bei               | ng reported (che                          | ck one):         |                                     |              |            |
| On behalf of an in On behalf of a coa How n                            |                                  | tributed to this                          | report?          |                                     |              |            |
| 1. How many and MS4/Coalition i  | • • •                            |   |                  | nnagement praction praction period? | ces has your |            |
|  |                                  | #<br>Inventoried                          | #<br>Inspections | # Times<br>Maintained               |              |            |
| ○ Alternative Praction   | ces                              |   | Inspections      |                                     |              |            |
| ○ Filter Systems   |                                  |   |                  |                                     |              |            |
| ■ Infiltration Basins  |                                  | 5   | 2                | 4                                   |              |            |
| Open Channels  |                                  |   |                  |                                     |              |            |
| ○ Ponds  |                                  |   |                  |                                     |              |            |
| ○ Wetlands   |                                  |   |                  |                                     |              |            |
| Other  |                                  |   |                  |                                     |              |            |
| <ol> <li>Do you use an BMPs, inspect</li> <li>What types of</li> </ol> | ions and maint<br>non-structural | tanance?<br>practices hav                 | e been used to   | implement Low                       | • Yes        | on<br>O No |
| <b>Development/I</b> Building Codes                                    |                                  | i <b>gn/Green Infi</b><br>Comprehensive F | •                | nciples?                            |              |            |
| Overlay Districts  | •                                | Preservation Pr                           |                  |                                     |              |            |
| <ul><li>Zoning</li></ul>   | <ul><li>Local Law of</li></ul>   |   | ogram            |                                     |              |            |
| O None   |                                  | egulation/Zoning                          | σ                |                                     |              |            |
| ○ Watershed Plans  |                                  | orehensive Plan                           | Ð                |                                     |              |            |
| Other:   |                                  |   |                  |                                     |              |            |

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

|  | SPDES ID        |   |
|--|-----------------|---|
| Name of MS4/Coalition Town of Stillwater | N Y R 2 0 A 5 4 | 9 |
| Name of W54/Coartion                     |                 |   |

| The information in th  | is section is bei               | ng reported (cl                | neck one):                              |                                    |                       |  |
|--|---------------------------------|--------------------------------|---|------------------------------------|-----------------------|--|
| <ul><li>On behalf of an inc</li><li>On behalf of a coa</li><li>How m</li></ul>       |                                 | tributed to thi                | s report?                               |                                    |                       |  |
| 1. How many and MS4/Coalition in   | what type of ponventoried, ins  | ost-construction pected and ma | on stormwater ma<br>nintained in this r | anagement prac<br>reporting period | ctices has your<br>d? |  |
|  |                                 | #<br>Inventoried               | #<br>Inspections                        | # Times<br>Maintained              |                       |  |
| ○ Alternative Practic  | es                              |                                |   |                                    |                       |  |
| O Filter Systems   |                                 |                                |   |                                    |                       |  |
| O Infiltration Basins  |                                 |                                |   |                                    |                       |  |
| <ul><li>Open Channels</li></ul>  |                                 | 1 0                            | 1                                       | 1 0                                |                       |  |
| ○ Ponds  |                                 |                                |   |                                    |                       |  |
| ○ Wetlands   |                                 |                                |   |                                    |                       |  |
| • Other  |                                 |                                |   |                                    |                       |  |
| <ol> <li>Do you use an BMPs, inspect</li> <li>What types of Development/I</li> </ol> | ions and mair<br>non-structura  | itanance?<br>al practices h    |   | o implement L                      | • Yes                 |  |
| O Building Codes   | O Municipal Comprehensive Plans |                                |   |                                    |                       |  |
| Overlay Districts  | Open Space Preservation Program |                                |   |                                    |                       |  |
| O Tenha  | O Local Law or Ordinance        |                                |   |                                    |                       |  |
| ○ Zoning   | ○ Land Use Regulation/Zoning    |                                |   |                                    |                       |  |
| ○ None   | O Land Use                      | Regulation/Zor                 | ning                                    |                                    |                       |  |

N Y R 2 0 A 5 4 7

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

| The information in this  | s section is bei                           | ng reported (chec                   | ck one):                         |   |            |  |
|--|--|-------------------------------------|----------------------------------|---|------------|--|
| <ul> <li>On behalf of an indi</li> <li>On behalf of a coali</li> </ul> | ividual MS4<br>tion                        | tributed to this                    |                                  |   |            |  |
| 1. How many and w<br>MS4/Coalition in                                  | what type of po<br>eventoried, ins         | ost-construction<br>pected and mair | stormwater man                   | magement practices has eporting period? | your       |  |
|  |  | #<br>Inventoried                    | #<br>Inspections                 | # Times<br>Maintained                   |            |  |
| O Alternative Practice   | es   |                                     |                                  |   |            |  |
| O Filter Systems   |  |                                     |                                  |   |            |  |
| O Infiltration Basins  |  |                                     |                                  |   |            |  |
| Open Channels  |  |                                     |                                  |   |            |  |
| ○ Ponds  |  |                                     |                                  |   |            |  |
| ○ Wetlands   |  |                                     |                                  |   |            |  |
| Other  |  |                                     |                                  |   |            |  |
| BMPs, inspecti   | ons and main                               | ntanance?                           |                                  | sheet) to track post-co                 | O res O No |  |
| 3. What types of Development/I   | non-structur<br>Better Site De             | al practices ha<br>sign/Green Inf   | ve been used t<br>frastructure p | o implement Low Imparinciples?          | ict        |  |
| <ul><li>Building Codes</li></ul>                                       | O Municipal Comprehensive Plans            |                                     |                                  |   |            |  |
| Overlay Districts  | Open Space Preservation Program            |                                     |                                  |   |            |  |
| <ul><li>Zoning</li></ul>   | <ul> <li>Local Law or Ordinance</li> </ul> |                                     |                                  |   |            |  |
|  | ● Land Use Regulation/Zoning               |                                     |                                  |   |            |  |
| ○ None   | • Land Use                                 | Regulation/Zoni                     | ing                              |   |            |  |

N V P 2 O A O 3 7

# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0

| Name of MS4/Coalition Town of Waterford                      |   |                                       | N Y R 2 0 A 0 3 7 |                     |                            |  |  |
|--|---|---------------------------------------|-------------------|---------------------|----------------------------|--|--|
| <u>Minimum</u>   | Control M   | easure 5. Post                        | t-Constructio     | on Stormwater       | <u>Management</u>          |  |  |
| The information in th  | nis section is b                                  | eing reported (che                    | eck one):         |                     |                            |  |  |
| On behalf of an inc  |   |                                       |                   |                     |                            |  |  |
| ○ On behalf of a coa<br>How m                                |   | ontributed to this                    | report?           |                     |                            |  |  |
| 1. How many and MS4/Coalition i                              |   | post-construction<br>spected and main |                   |                     | s has your                 |  |  |
|  |   | #                                     | #<br>Inspections  | # Times             |                            |  |  |
| ○ Alternative Practic  | 200   | Inventoried                           | Inspections       | Maintained          |                            |  |  |
| <ul><li>Alternative Tractic</li><li>Filter Systems</li></ul> | .cs   |                                       |                   |                     |                            |  |  |
| <ul><li>Infiltration Basins</li></ul>                        |   |                                       |                   |                     |                            |  |  |
| Open Channels  |   |                                       |                   |                     |                            |  |  |
| <ul><li>Open Channels</li><li>Ponds</li></ul>                |   |                                       |                   |                     |                            |  |  |
| <ul><li>Yetlands</li></ul>                                   |   |                                       |                   |                     |                            |  |  |
| Other  |   |                                       |                   |                     |                            |  |  |
| O Other  |   |                                       |                   |                     |                            |  |  |
| 2. Do you use an BMPs, inspecti                              |   | ` U                                   | abase, spreads    | heet) to track post | t-construction  ● Yes ○ No |  |  |
| 3. What types of Development/E                               |   | al practices havesign/Green Infi      |                   | -                   | mpact                      |  |  |
| O Building Codes   | <ul> <li>Municipal Comprehensive Plans</li> </ul> |                                       |                   |                     |                            |  |  |
| Overlay Districts  | Open Space Preservation Program                   |                                       |                   |                     |                            |  |  |
| ○ Zoning   | ○ Local Law or Ordinance                          |                                       |                   |                     |                            |  |  |
| ○ None   | ○ Land Use Regulation/Zoning                      |                                       |                   |                     |                            |  |  |
| O Watershed Plans  | Other Cor   | mprehensive Plan                      |                   |                     |                            |  |  |
| Other:   |   |                                       |                   |                     |                            |  |  |
|  |   |                                       |                   |                     |                            |  |  |

Name of MS4/Coalition Village of Waterford

6

SPDES ID

YR

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## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0

| Minimum  | Contr      | ol N   | <u> Ieas</u> | ur   | e 5.       | Pos    | t-C   | <u>ons</u> | tru       | ctic | <u>n</u> | Sto        | orn         | nw  | ate  | er I | <u>Ma</u>      | na   | ge        | me | <u>ent</u> |
|--|------------|--------|--------------|------|------------|--------|-------|------------|-----------|------|----------|------------|-------------|-----|------|------|----------------|------|-----------|----|------------|
| The information in the                             | nis sectio | on is  | being        | rep  | orte       | d (che | eck o | one):      |           |      |          |            |             |     |      |      |                |      |           |    |            |
| On behalf of an ind<br>On behalf of a coa<br>How m | lition     |        |              | but  | ed to      | this   | rep   | ort?       |           |      |          |            |             |     |      |      |                |      |           |    |            |
| 1. How many and MS4/Coalition i                    | _          | _      | _            |      |            |        |       |            |           |      |          | _          |             | _   |      |      | s has          | s yo | ur        |    |            |
|  |            |        |              | Inve | #<br>entor | ried   | I     | #<br>nspe  | ‡<br>ctio | ns   |          | # '<br>Mai | Tim<br>inta |     | d    |      |                |      |           |    |            |
| ○ Alternative Practic                              | es         |        |              |      |            |        |       |            |           |      |          |            |             |     |      |      |                |      |           |    |            |
| ○ Filter Systems                                   |            |        |              |      |            |        |       |            |           |      |          |            |             |     |      |      |                |      |           |    |            |
| ○ Infiltration Basins                              |            |        |              |      |            |        | ĺ     |            |           |      |          |            |             |     |      |      |                |      |           |    |            |
| Open Channels                                      |            |        |              |      |            |        |       |            |           |      |          |            |             |     |      |      |                |      |           |    |            |
| ○ Ponds  |            |        |              |      |            |        | ĺ     |            |           |      |          |            |             |     | ĺ    |      |                |      |           |    |            |
| ○ Wetlands   |            |        |              |      |            |        |       |            |           |      |          |            |             |     |      |      |                |      |           |    |            |
| Other  |            |        |              |      |            |        |       |            |           |      |          |            |             |     |      |      |                |      |           |    |            |
| 2. Do you use an BMPs, inspect                     |            |        | •            | _    |            | , dat  | taba  | se, s      | spro      | eads | he       | et) 1      | to t        | rac | ek p | ost  | t- <b>co</b> 1 |      | ruc<br>]Y |    | n<br>No    |
| 3. What types of Development/F                     |            |        | _            |      |            |        |       |            |           |      |          | _          |             | nt  | Lo   | w I  | mpa            | act  |           |    |            |
| ○ Building Codes                                   | ○ Mu       | nicipa | al Co        | mpr  | ehen       | sive   | Plan  | S          |           |      |          |            |             |     |      |      |                |      |           |    |            |
| Overlay Districts                                  | O Ope      | en Sp  | ace P        | rese | rvati      | on P   | rogra | am         |           |      |          |            |             |     |      |      |                |      |           |    |            |
| ○ Zoning   | O Loc      | al La  | w or         | Ord  | linan      | ce     |       |            |           |      |          |            |             |     |      |      |                |      |           |    |            |
| None   | O Lan      | d Us   | e Reg        | gula | tion/.     | Zonir  | ng    |            |           |      |          |            |             |     |      |      |                |      |           |    |            |
| ○ Watershed Plans                                  | Oth        | er Co  | ompre        | hen  | sive       | Plan   |       |            |           |      |          |            |             |     |      |      |                |      |           |    |            |
| Other:   |            |        |              |      |            |        |       |            |           |      |          |            |             |     |      |      |                |      |           |    |            |

This report is being submitted for the reporting period ending March 9, 2 0 2

|  |                               |                  |                  | SPDES I                            | D                      |            |
|--|-------------------------------|------------------|------------------|------------------------------------|------------------------|------------|
| Name of MS4/Coalition                              | Town of Wilto                 | on               |                  | N Y I                              | R 2 0 A 1              | 1 1 4      |
|  |                               |                  |                  | on Stormwater                      | Managem                | <u>ent</u> |
| The information in the                             |                               | g reported (che  | ck one):         |                                    |                        |            |
| ● On behalf of an ind  ○ On behalf of a coa  How m |                               | ributed to this: | report?          |                                    |                        |            |
| 1. How many and MS4/Coalition is                   | • • •                         |                  |                  | nagement practice eporting period? | es has your            |            |
|  |                               | #<br>Inventoried | #<br>Inspections | # Times<br>Maintained              |                        |            |
| Alternative Practic                                | es                            |                  |                  |                                    |                        |            |
| ○ Filter Systems                                   |                               |                  |                  |                                    |                        |            |
| ○ Infiltration Basins                              |                               |                  | 4                |                                    |                        |            |
| Open Channels                                      |                               |                  |                  |                                    |                        |            |
| ○ Ponds  |                               |                  |                  |                                    |                        |            |
| ○ Wetlands   |                               |                  |                  |                                    |                        |            |
| Other  |                               |                  |                  |                                    |                        |            |
| 2. Do you use an BMPs, inspecti                    |                               | ` ` '            | abase, spreads   | heet) to track pos                 | st-constructi<br>● Yes |            |
| 3. What types of a Development/E                   |                               | -                |                  | -                                  | Impact                 |            |
| ○ Building Codes                                   | <ul><li>Municipal C</li></ul> | omprehensive P   | Plans            |                                    |                        |            |
| Overlay Districts                                  | Open Space                    | Preservation Pro | ogram            |                                    |                        |            |
| ○ Zoning   | O Local Law o                 | r Ordinance      |                  |                                    |                        |            |
| ○ None   | ● Land Use Re                 | egulation/Zoning | g                |                                    |                        |            |
| ○ Watershed Plans                                  | Other Comp                    | rehensive Plan   |                  |                                    |                        |            |
| Other:   |                               |                  |                  |                                    |                        | 7          |

This report is being submitted for the reporting period ending March 9, 2 0

|     |  | SP      | DES   | ID    |      |             |      |           |            |
|-----|--|---------|-------|-------|------|-------------|------|-----------|------------|
| Nan | ne of MS4/Coalition Village of Ballston Spa  | N       | Y     | R .   | 2    | 0 A         | 3    | 7         | 6          |
| 4a. | Are the MS4s contributing to this report involved in a regional/water  | rshed   | wide  | pla   | nni  | ng ef<br>∐Y |      |           | No         |
| 4b. | Does the MS4 have a banking and credit system for stormwater man   | agemo   | ent p | ract  | ice  | s?<br>□ Y   | es   | <b>V</b>  | No         |
| 4c. | Do the SWMP Plans for each MS4 contributing to this report includ and approval of banking and credit of alternative siting of a stormward of the stormward of t | -       |       |       |      |             | tice | ?         | No         |
| 4d. | How many stormwater management practices have been implemented reporting period?   | ed as p | art ( | of th | is s | syster      | n in | thi<br>0  | . <b>S</b> |
| 5.  | What percent of municipal officials/MS4 staff responsible for progratraining on Low Impace Development (LID), Better Site Design (BSI Infrastructure principles in this reporting period?  | •       |       |       |      |             | end  | <b>ed</b> | %          |
|     |  |         |       |       |      | 1           | 1 1  | - 1       | •          |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|             | SPDES ID   |         |       |            |
|-------------|--|---------|-------|------------|
| Nan         | me of MS4/Coalition Town of Ballston   | ) A 1   | 5     | 7          |
| <b>4</b> a. | a. Are the MS4s contributing to this report involved in a regional/watershed wide plannin  | _       | _     | <b>N</b> T |
| 4b.         | l<br>Does the MS4 have a banking and credit system for stormwater management practices.  | •Yes    | Ш     | No         |
|             | ·  | 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 [ |         |       | No         |
|             | Lillary many staumystau managament nuastices have been implemented as neut of this su  |         | 41. ! |            |
| 4d.         | l. How many stormwater management practices have been implemented as part of this sy reporting period?   | ystem 1 | n tni | S          |

This report is being submitted for the reporting period ending March 9, 2 0 2

|     | SPDES ID  |                       |                     |                   |    |
|-----|---|-----------------------|---------------------|-------------------|----|
| Naı | me of MS4/Coalition Town of Charlton N Y R 2  | 0 A                   | . 0                 | 3                 | 2  |
| 4a  | . Are the MS4s contributing to this report involved in a regional/watershed wide planni   | ing ef<br>○ Y         |                     | : <b>?</b><br>● ] | No |
| 4b  | Does the MS4 have a banking and credit system for stormwater management practice  |                       | _                   | _                 |    |
|     |   | $\circ$ Y             | es                  |                   | No |
|     |   |                       |                     |                   |    |
| 4c  | . Do the SWMP Plans for each MS4 contributing to this report include a protocol for ex  |                       |                     |                   |    |
| 4c  | . Do the SWMP Plans for each MS4 contributing to this report include a protocol for evand approval of banking and credit of alternative siting of a stormwater management   | prac                  |                     | ?                 |    |
|     |   | prac<br>O Y           | etice'<br>es        | <b>?</b><br>● ]   | No |
|     | and approval of banking and credit of alternative siting of a stormwater management   | prac<br>O Y           | etice'<br>es        | <b>?</b><br>● ]   | No |
|     | and approval of banking and credit of alternative siting of a stormwater management. How many stormwater management practices have been implemented as part of this sereporting period?  What percent of municipal officials/MS4 staff responsible for program implementation | prac<br>○ Y<br>systen | etice<br>es<br>m in | ? • : this        | No |
| 4d  | and approval of banking and credit of alternative siting of a stormwater management.  How many stormwater management practices have been implemented as part of this serior reporting period?   | prac<br>○ Y<br>systen | etice<br>es<br>m in | this              | No |

This report is being submitted for the reporting period ending March 9, 2 0 2

|  |   | SPD               | ES II          | )         |           |          |            |           |     |    |  |  |  |
|--|---|-------------------|----------------|-----------|-----------|----------|------------|-----------|-----|----|--|--|--|
| Naı  | me of MS4/Coalition TOWN OF CLIFTON PARK  | N                 | YF             | 2         |           | 0 2      | A          | 0         | 3   | 5  |  |  |  |
|  | . Are the MS4s contributing to this report involved in a regional/watershe  | ed w              | ide p          | lan       | ni        | ng (     |            |           |     | No |  |  |  |
| 4b   | 4b. Does the MS4 have a banking and credit system for stormwater management practices?  |                   |                |           |           |          |            |           |     |    |  |  |  |
|  |   |                   |                |           |           | 0        | Yes        | S         |     | 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? |   |                   |                |           |           |          |            |           |     |    |  |  |  |
|  | and approval of banking and credit of alternative siting of a stormwater  |                   |                |           |           |          |            |           | •   |    |  |  |  |
|  |   |                   |                |           |           | pra      | cti        | ice?      |     | No |  |  |  |
|  | and approval of banking and credit of alternative siting of a stormwater.  How many stormwater management practices have been implemented a | ma                | nage           | mei       | nt        | pra<br>O | cti<br>Yes | ice?<br>s |     |    |  |  |  |
|  | and approval of banking and credit of alternative siting of a stormwater  | ma                | nage           | mei       | nt        | pra<br>O | cti<br>Yes | ice?<br>s |     |    |  |  |  |
|  | and approval of banking and credit of alternative siting of a stormwater.  How many stormwater management practices have been implemented a | ma<br>s pa<br>mpl | nage<br>ert of | me<br>thi | nt<br>s s | pra      | Yes        | ice?      | thi |    |  |  |  |

This report is being submitted for the reporting period ending March 9, 2 0 2

|   | SPDES ID   |
|---|--|
| Name of MS4/Coalition Town of Greenfield  | N Y R 2 0 A 1 2 3  |
| 4a. Are the MS4s contributing to this report involved in a regi   | ional/watershed wide planning effort?<br>○ Yes ● No  |
| 4b. Does the MS4 have a banking and credit system for storm   | water management practices?<br>○ Yes ● No  |
|   | ○ res • No   |
| 4a Da the SWMD Plans for each MS4 contributing to this you  | autinaluda a pueta sal fau avaluation  |
| 4c. Do the SWMP Plans for each MS4 contributing to this rep and approval of banking and credit of alternative siting of | •  |
| · ·   | •  |
| · ·   | a stormwater management practice?  ○ Yes • No  |
| and approval of banking and credit of alternative siting of   | a stormwater management practice?  ○ Yes • No  |
| and approval of banking and credit of alternative siting of 4d. How many stormwater management practices have been in   | a stormwater management practice?  • Yes • No  mplemented as part of this system in this  • o  for program implementation attended |

This report is being submitted for the reporting period ending March 9, 2 0

|     |   | SP     | DES  | ID    |      |               |                  |     |    |  |  |  |
|-----|---|--------|------|-------|------|---------------|------------------|-----|----|--|--|--|
| Nar | me of MS4/Coalition Town of Halfmoon  | N      | Y    | R     | 2    | 0 A           | 3                | 7   | 5  |  |  |  |
| 4a. | . Are the MS4s contributing to this report involved in a regional/water   | shed v | vide | e pla | ann  | ing ef<br>○ Y |                  |     | No |  |  |  |
| 4b. | 4b. Does the MS4 have a banking and credit system for stormwater management practices?  |        |      |       |      |               |                  |     |    |  |  |  |
|     |   |        |      |       |      | $\circ$ Y     | es               |     | No |  |  |  |
| 4c. | Do the SWMP Plans for each MS4 contributing to this report include and approval of banking and credit of alternative siting of a stormwa  | _      |      |       |      |               |                  |     |    |  |  |  |
|     |   |        |      |       |      | $\circ$ Y     | es               |     | No |  |  |  |
| 4d. | . How many stormwater management practices have been implemente   | d as p | art  | of t  | his  | systei        | m in             | thi | is |  |  |  |
|     | reporting period?   |        |      |       |      |               |                  | 0   |    |  |  |  |
| 5.  | What percent of municipal officials/MS4 staff responsible for progra<br>training on Low Impace Development (LID), Better Site Design (BSD | _      |      |       |      |               | end <sup>,</sup> | ed  |    |  |  |  |
|     | Infrastructure principles in this reporting period?   | , and  | Jul  | · · · | J101 |               |                  | 0   | %  |  |  |  |

This report is being submitted for the reporting period ending March 9, 2 0 2

|     |  |           | SPD  | ES ID  |      |              |       |                 |    |
|-----|--|-----------|------|--------|------|--------------|-------|-----------------|----|
| Nan | ne of MS4/Coalition Town of Malta  |           | N    | YR     | 2    | 0 A          | 0     | 8               | 6  |
| 4a. | Are the MS4s contributing to this report involved in a regional  | /watershe | ed w | ide pl | ann  | ing ef<br>∐Y |       | ?<br><b>●</b> ] | No |
| 4b. | Does the MS4 have a banking and credit system for stormwater   | r manage  | men  | ıt pra | ctic | es?          | es    | •               | No |
| 4c. | Do the SWMP Plans for each MS4 contributing to this report is and approval of banking and credit of alternative siting of a storage of the st | -         | •    |        |      |              | tice' | ?               | No |
| 4d. | How many stormwater management practices have been imple reporting period?   | mented a  | s pa | rt of  | this | syster       | n in  | this            | S  |
| 5.  | What percent of municipal officials/MS4 staff responsible for p<br>training on Low Impace Development (LID), Better Site Design  | O         | •    |        |      |              | ende  | ed              |    |
|     | Infrastructure principles in this reporting period?  |           |      |        |      | 1            | 0     | 0               | %  |

This report is being submitted for the reporting period ending March 9, 2 0 2

|     |  | SPDES ID             |                  |      |    |
|-----|--|----------------------|------------------|------|----|
| Nar | me of MS4/Coalition City of Mechanicville  | N Y R 2              | 0 A 5            | 5 5  | 1  |
|     |  |                      |                  |      |    |
| 4a. | . Are the MS4s contributing to this report involved in a regional/wate   | ershed wide planni   | ng effoi         | t?   |    |
|     |  |                      | $\bigcirc$ Yes   |      | No |
| 4b  | . Does the MS4 have a banking and credit system for stormwater man   | nagement practice    | s?               |      |    |
|     |  |                      | $\bigcirc \ Yes$ |      | No |
| 4c. | . Do the SWMP Plans for each MS4 contributing to this report includ and approval of banking and credit of alternative siting of a stormw | _                    |                  | e?   | No |
| 4d  | . How many stormwater management practices have been implement   | ed as part of this s | vstem i          | n th | is |
|     | reporting period?  | •                    |                  | 0    |    |
| 5.  | What percent of municipal officials/MS4 staff responsible for progratraining on Low Impace Development (LID), Better Site Design (BSI    |                      |                  | led  |    |
|     | Infrastructure principles in this reporting period?  | ,                    |                  | 0    | %  |

This report is being submitted for the reporting period ending March 9, 2 0

19, 2 0 2 1 PDES ID 11 1

|     | SPDES ID   |            |       |     |    |
|-----|--|------------|-------|-----|----|
| Naı | me of MS4/Coalition TOWN OF MILTON N Y R 2 0   | A          | 1     | 0   | 8  |
| 4a  | . Are the MS4s contributing to this report involved in a regional/watershed wide plannin   | g ef       | fort  | ?   |    |
|     |  | Y          | es    | 0   | No |
| 4b  | o. Does the MS4 have a banking and credit system for stormwater management practices'  | •          |       |     |    |
|     |  | ) <b>Y</b> | es    |     | No |
| 4c  | . Do the SWMP Plans for each MS4 contributing to this report include a protocol for eva<br>and approval of banking and credit of alternative siting of a stormwater management p |            | tice' | ?   | No |
| 4d  | . How many stormwater management practices have been implemented as part of this sy  | sten       | n in  | thi | S  |
|     | reporting period?  |            |       | 0   |    |
| 5.  |  |            | ende  | ed  |    |
|     | training on Low Impace Development (LID), Better Site Design (BSD) and other Green   |            |       |     |    |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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

|    |   | SP.                       | DES II       | )             |              |        |         |    |
|----|---|---------------------------|--------------|---------------|--------------|--------|---------|----|
| Na | ame of MS4/Coalition TOWN OF MOREAU   | N                         | Y            | 2             | 0            | A      | L 5     | 8  |
| 4a | a. Are the MS4s contributing to this report involved in a regional/   | watershed v               | vide p       | lanr          | ning         | effo   | rt?     |    |
|    |   |                           |              |               |              | Yes    |         | No |
| 4b | b. Does the MS4 have a banking and credit system for stormwater   | manageme                  | nt pra       | ictic         | es?          |        |         |    |
|    |   |                           |              |               | 0            | Yes    |         | No |
| 4c | c. Do the SWMP Plans for each MS4 contributing to this report in and approval of banking and credit of alternative siting of a stor | clude a pro               | tocol i      | for e<br>men  | valı<br>t pr | uatio: | n<br>e? |    |
|    |   |                           |              |               |              | Yes    |         | No |
| 4d | d. How many stormwater management practices have been implent reporting period?   | nented as pa              | ırt of       | this          | syst         | tem i  | n thi   | is |
|    |   |                           |              |               | L            | 0      |         |    |
| 5. | training on Low Impace Development (LID), Better Site Design (  | ogram impl<br>(BSD) and o | emen<br>ther | tatio<br>Gree | on a<br>en   | ttend  | led     |    |
|    | Infrastructure principles in this reporting period?   |                           |              |               |              | 0      |         | %  |
|    |   |                           |              |               |              |        |         |    |

9091119257

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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

SPDES ID 9 Village of Round Lake Y 0 0 Name of MS4/Coalition 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort? O Yes 4b. Does the MS4 have a banking and credit system for stormwater management practices? O 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? O 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?

This report is being submitted for the reporting period ending March 9, 2 0

|     | SPDES ID   |              |      |      |    |
|-----|--|--------------|------|------|----|
| Nan | me of MS4/Coalition Saratoga County, Department of Public Works NYR20  | A            | 2    | 0    | 9  |
| 4a. | . Are the MS4s contributing to this report involved in a regional/watershed wide planning  | g eff<br>]Ye |      | •    | No |
| 4b. | . Does the MS4 have a banking and credit system for stormwater management practices?   |              |      |      |    |
|     |  | ]Ye          | s    | • 1  | No |
| 4c. | Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluand approval of banking and credit of alternative siting of a stormwater management produced in the stormwater management in the stormwater management i |              | ice? | •1   | No |
| 4d. | . How many stormwater management practices have been implemented as part of this sys   | stem         | in 1 | this | ;  |
|     | reporting period?  |              |      |      |    |
| 5.  | What percent of municipal officials/MS4 staff responsible for program implementation   | atte         | nde  | d    |    |
|     | training on Low Impace Development (LID), Better Site Design (BSD) and other Green   |              |      | _    |    |
|     | Infrastructure principles in this reporting period?  | 1            | 0    | 0    | %  |

9091119257

**MS4 Annual Report Form** 

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|  | SP         | DES I | D    |      |           |              |         |    |
|--|------------|-------|------|------|-----------|--------------|---------|----|
| Name of MS4/Coalition City of Saratoga Springs   | N          | Y     | ₹ 2  | 2 0  | A         | 2            | 1       | 6  |
| 4a. Are the MS4s contributing to this report involved in a regional/wa   | atershed v | wide  | plan |      |           | ffort<br>Zes |         | No |
| 4b. Does the MS4 have a banking and credit system for stormwater n   | nanageme   | nt pi | acti |      |           | Yes          | •       | No |
|  |            |       |      |      |           |              |         |    |
| 4c. Do the SWMP Plans for each MS4 contributing to this report incl<br>and approval of banking and credit of alternative siting of a storn |            |       |      | nt p | ra        |              | ?       | No |
|  | nwater m   | anag  | eme  | nt p | ra<br>O Y | ctice<br>Yes | :?<br>• |    |

This report is being submitted for the reporting period ending March 9, 2 0 2

|     | SPDES ID  |       |      |     |          |
|-----|---|-------|------|-----|----------|
| Nar | me of MS4/Coalition South Glens Falls N Y R 2 0   | A     | 0    | 9   | 1        |
| 4a  | . Are the MS4s contributing to this report involved in a regional/watershed wide planning   |       |      |     | <b>.</b> |
|     |   | ) Y ( | es   |     | No       |
| 4b  | . Does the MS4 have a banking and credit system for stormwater management practices?  |       |      |     |          |
|     |   | Y     | es   |     | No       |
| 4c. | Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluand approval of banking and credit of alternative siting of a stormwater management process. | ract  | tice | ?   | No       |
| 4d  | . How many stormwater management practices have been implemented as part of this sys  | sten  | n in | thi | is       |
|     | reporting period?   |       |      | 0   |          |
| 5.  | What percent of municipal officials/MS4 staff responsible for program implementation training on Low Impace Development (LID), Better Site Design (BSD) and other Green             | atte  | endo | ed  |          |
|     | Infrastructure principles in this reporting period?   |       |      | 0   | %        |

9091119257

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

|   | SPDES ID   | 1 - 1  |
|---|--|--------|
| Name of MS4/Coalition Town of Stillwater  | N Y R 2 0 A 5  | 4 9    |
| 4a. Are the MS4s contributing to this report involve  | d in a regional/watershed wide planning effor                                      | 1?     |
|   | O Yes  | • N    |
| 4b. Does the MS4 have a banking and credit system   | for stormwater management practices?   | 120    |
|   | O Yes  | N      |
| 4c. Do the SWMP Plans for each MS4 contributing and approval of banking and credit of alternativ  | e siting of a stormwater management practic<br>O Yes                               | • N    |
| 4d. How many stormwater management practices h  | ave been implemented as part of this system i                                      | n this |
| reporting period?   |  | 0      |
| <ul><li>reporting period?</li><li>5. What percent of municipal officials/MS4 staff retraining on Low Impace Development (LID), Be</li></ul> | esponsible for program implementation attendeter Site Design (BSD) and other Green | 0      |

SPDES ID

9091119257

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 1 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   | N                    | Y           | R            | 2            | 0 A       | 5                   | 4    | 7  |
|---|----------------------|-------------|--------------|--------------|-----------|---------------------|------|----|
| 4a. Are the MS4s contributing to this report involved in a regional/wa  | tershed v            | vide        | pla          | nni          | ing e     | ffor<br>'es         | t?   | No |
| 4b. Does the MS4 have a banking and credit system for stormwater m  | anageme              | nt p        | rac          | tice         | s?<br>○ \ | 'es                 | 0    | No |
| 4c. Do the SWMP Plans for each MS4 contributing to this report included and approval of banking and credit of alternative siting of a storm | ide a pro<br>water m | ana         | ol fo<br>gem | r ev<br>ent  | pra       | tion<br>ctice<br>es |      | No |
| 4d. How many stormwater management practices have been impleme reporting period?  | nted as p            | art         | of tl        | nis          | syste     | m i                 | n th | is |
| 5. What percent of municipal officials/MS4 staff responsible for programing on Low Impace Development (LID), Better Site Design (E          | gram imp<br>SSD) and | olen<br>oth | ient<br>er C | atio<br>Free | on at     | tend                | led  |    |
| Infrastructure principles in this reporting period?   |                      |             |              |              |           |                     | 0    | %  |

This report is being submitted for the reporting period ending March 9, 2 0 2

|     |   |          | SPD  | ES ID  |      |               |       |      |    |
|-----|---|----------|------|--------|------|---------------|-------|------|----|
| Nar | me of MS4/Coalition Town of Waterford   |          | N    | YR     | 2    | 0 A           | 0     | 3    | 7  |
| 4a  | . Are the MS4s contributing to this report involved in a regional/  | watershe | d w  | ide pl | ann  | ing ef<br>○ Y |       |      | No |
| 4b  | . Does the MS4 have a banking and credit system for stormwater  | · manage | men  | ıt pra | ctic |               |       |      |    |
|     |   |          |      |        |      | $\circ$ Y     | es    |      | No |
| 4c. | Do the SWMP Plans for each MS4 contributing to this report in and approval of banking and credit of alternative siting of a sto |          |      |        |      |               | tice? | ?    | No |
| 4d  | . How many stormwater management practices have been imple reporting period?  | mented a | s pa | rt of  | this | syster        | n in  | this | S  |
| 5.  | What percent of municipal officials/MS4 staff responsible for p training on Low Impace Development (LID), Better Site Design    | 0        | •    |        |      |               | ende  | ed   |    |
|     | Infrastructure principles in this reporting period?   |          |      |        |      |               |       | 0    | %  |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|     |  |           | <u>SPL</u> | <u>PES II</u> | )    |        |       |           |    |
|-----|--|-----------|------------|---------------|------|--------|-------|-----------|----|
| Nan | ne of MS4/Coalition Village of Waterford   |           | N          | YR            | 2    | 0 A    | 4     | 6         | 9  |
| 4a. | Are the MS4s contributing to this report involved in a regional  | watershe/ | d w        | ide p         | lann | ing ef |       |           | No |
| 4b. | Does the MS4 have a banking and credit system for stormwater   | r manage  | mer        | ıt pra        | ctic | es?    | es    | •         | No |
| 4c. | Do the SWMP Plans for each MS4 contributing to this report in and approval of banking and credit of alternative siting of a sto  | _         |            |               |      |        | tice? | ?         | No |
| 4d. | How many stormwater management practices have been imple reporting period?   | mented a  | s pa       | rt of         | this | syster | n in  | thi<br>0  | S  |
| 5.  | What percent of municipal officials/MS4 staff responsible for p training on Low Impace Development (LID), Better Site Design Infrastructure principles in this reporting period? | _         | -          |               |      |        | ende  | <b>ed</b> | %  |

This report is being submitted for the reporting period ending March 9, 2 0

|            |  | SPDES ID                          |
|------------|--|-----------------------------------|
| Nar        | me of MS4/Coalition Town of Wilton   | N Y R 2 0 A 1 1 4                 |
| 4a         | . Are the MS4s contributing to this report involved in a regional/wate   | rshed wide planning effort?       |
|            |  | ○ Yes • No                        |
| 4b         | . Does the MS4 have a banking and credit system for stormwater man   | nagement practices?               |
|            |  | ○ Yes • No                        |
| 4c.        | . Do the SWMP Plans for each MS4 contributing to this report includ and approval of banking and credit of alternative siting of a stormw | -                                 |
|            |  | ○ Yes • No                        |
|            |  |                                   |
| <b>4</b> d | l. How many stormwater management practices have been implement  | ed as part of this system in this |
| 4d         | How many stormwater management practices have been implement reporting period?   | ed as part of this system in this |
|            | reporting period?  What percent of municipal officials/MS4 staff responsible for progra  | am implementation attended        |
|            | reporting period?  | am implementation attended        |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

| SPDES ID  |
|---|
| Name of MS4/Coalition Village of Ballston Spa  N Y R 2 0 A 3 7 6  |
| 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 SWPPs 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 the Village of Ballston Spa during this reporting period; The Village of 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?  (ex.: samples/participants/ever   |
| 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;  |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

|   | SPDES ID  |
|---|---|
| Name of MS4/Coalition Town of Ballston  | N Y R 2 0 A 1 5 7   |
| 6. Evaluating Progress Toward Measurable Goals MCM 5  |   |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed.   |   |
| A. Briefly summarize the Measurable Goal identified in the S  | WMPP in this reporting period.                                    |
| Continued to update the SMP Excel database of Town-maintained was monitored and the Board requires stormwater maintenance apprivately maintained.   | <u> </u>  |
| B. Briefly summarize the observations that indicated the over Goal.   | rall effectiveness of this Measurable                             |
| Planning Board activity is continually monitored. The Highway I Diamond Maps to map out Town Assets. We are able to map out along with other town assets such as roadways, water mains, valv                              | stormwater basins and outfalls,                                   |
| C. How many times was this observation measured or evaluat  | 1   |
| D. Has your MS4 made progress toward this measurable goal   |   |
| E. Is your MS4 on schedule to meet the deadline set forth in the  | <ul> <li>Yes □ No</li> <li>He SWMPP?</li> <li>Yes □ No</li> </ul> |
| F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche   | et the goals of this MCM during                                   |
| Continue to update the SMP Excel database of Town-maintained SMPs to spreadsheet. Monitor Planning Board activity and requir agreements for all SMPs that will be privately maintained. Continuassets as described above. | re stormwater maintenance   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

|  | SPDES ID          |
|--|-------------------|
| Name of MS4/Coalition Town of Charlton | N Y R 2 0 A 0 3 2 |

#### 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 eight modern era stormwater management facilities town wide. The oldest of those facilities is less than ten 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    |           |
|------|------|-------|------|------|-----------|
| samp | les/ | 'parı | tici | pant | :s/events |

D. Has your MS4 made progress toward this measurable goal during this reporting period?

| _ |     | 0.3.              |
|---|-----|-------------------|
|   | Vac | () N <sub>0</sub> |

(ex.:

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

| Yes  | $\bigcirc$ No |
|------|---------------|
| r es | $\sim$ NC     |

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

As per 2/9/21 correspondence with EPA, Charlton will begin inspection of privately owned post-construction practices this year if given permission. This will begin in May 2021. One major subdivision project continues to be under construction and has been inspected numerous times to ensure SWPPP compliance. The Town also receives reports from private inspector. The Town hired a new Zoning Officer in 2020. He will be briefed on MS4 policies at agenda meeting in ~June 2021.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.  Ontinue Post Construction Inspection and Maintenance Program of all Stormwater Management actices. In 2019 the Saratoga County Intermunicipal Stormwater Management Program input the MPs in ARCGIS. Inspection and Observation Forms have been added to Survey 123 to link to RCGIS.  Briefly summarize the observations that indicated the overall effectiveness of this Measurable bal.  Be observations generate a list of action items that will require follow up.  How many times was this observation measured or evaluated in this reporting period?    Lex.: samples/participant   1  | if submitting this form as part of a joint i            | report on benan or t |             |        |       | LOI   | D ola   | IIIX. |         |
|--|---|----------------------|-------------|--------|-------|-------|---------|-------|---------|
| Evaluating Progress Toward Measurable Goals MCM 5  et his page to report on your progress and project plans toward achieving measurable goals intified in your Stormwater Management Program Plan (SWMPP), including requirements in Part C.1. Submit additional pages as needed.  Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.  Intinue Post Construction Inspection and Maintenance Program of all Stormwater Management actices. In 2019 the Saratoga County Intermunicipal Stormwater Management Program input the MPs in ARCGIS. Inspection and Observation Forms have been added to Survey 123 to link to RCGIS.  Briefly summarize the observations that indicated the overall effectiveness of this Measurable and.  Briefly summarize the observation items that will require follow up.  How many times was this observation measured or evaluated in this reporting period?  Ves.: samples/participant  (sx.: samples/participant  (sx.: samples/participant  Are observations generate a list of action items that will require follow up.  Is your MS4 made progress toward this measurable goal during this reporting period?  Ves. O No  Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).   | TOWN OF CLIFTON PARK                                    |                      |             |        |       | 2     | 0 A     |       | 3 5     |
| e this page to report on your progress and project plans toward achieving measurable goals in tiffied in your Stormwater Management Program Plan (SWMPP), including requirements in Part C.1. Submit additional pages as needed.  Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.  In 2019 the Saratoga County Intermunicipal Stormwater Management Program input the MPs in ARCGIS. Inspection and Observation Forms have been added to Survey 123 to link to RCGIS.  Briefly summarize the observations that indicated the overall effectiveness of this Measurable and.  The observations generate a list of action items that will require follow up.  How many times was this observation measured or evaluated in this reporting period?  The program of all Stormwater Management Program input the MPs in ARCGIS.  Briefly summarize the observations that indicated the overall effectiveness of this Measurable and.  The observations generate a list of action items that will require follow up.  How many times was this observation measured or evaluated in this reporting period?  The program of all Stormwater Anagement Program of all Stormwater Management Program of all Sto | Name of MS4/Coalition                                   |                      | [           |        | 1.    |       |         |       |         |
| Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.  Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.  Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.  Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.  Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.  Briefly summarize the Staratoga County Intermunicipal Stormwater Management Program input the MPS in ARCGIS. Inspection and Observation Forms have been added to Survey 123 to link to RCGIS.  Briefly summarize the observations that indicated the overall effectiveness of this Measurable and.  Briefly summarize the observation items that will require follow up.  How many times was this observation measured or evaluated in this reporting period?    Yes   No   | 6. Evaluating Progress Toward Measurable                | e Goals MCM 5        |             |        |       |       |         |       |         |
| motinue Post Construction Inspection and Maintenance Program of all Stormwater Management Program input the ARCGIS. In 2019 the Saratoga County Intermunicipal Stormwater Management Program input the ARCGIS. Inspection and Observation Forms have been added to Survey 123 to link to RCGIS.  Briefly summarize the observations that indicated the overall effectiveness of this Measurable al.  Briefly summarize the observations that indicated the overall effectiveness of this Measurable al.  How many times was this observation measured or evaluated in this reporting period?   |   |                      | _           | -      |       |       | _       |       | Part    |
| Actices. In 2019 the Saratoga County Intermunicipal Stormwater Management Program input the MPs in ARCGIS. Inspection and Observation Forms have been added to Survey 123 to link to RCGIS.  Briefly summarize the observations that indicated the overall effectiveness of this Measurable to al.  The observations generate a list of action items that will require follow up.  How many times was this observation measured or evaluated in this reporting period?  (ex.: samples/participant)  Has your MS4 made progress toward this measurable goal during this reporting period?  Yes O No  Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  Yes No  Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).  | A. Briefly summarize the Measurable Goal                | identified in the S  | SWMPP i     | n this | s rej | port  | ing p   | erio  | od.     |
| How many times was this observation measured or evaluated in this reporting period?  Has your MS4 made progress toward this measurable goal during this reporting period?  Yes O No  Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).   | Practices. In 2019 the Saratoga County Interm           | nunicipal Stormwa    | ter Manag   | gemer  | nt Pr | ogra  | ım in   | put   | the     |
| How many times was this observation measured or evaluated in this reporting period?  (ex.: samples/participant)  Has your MS4 made progress toward this measurable goal during this reporting period?  Yes O No  Is your MS4 on schedule to meet the deadline set forth in the SWMPP?  Yes O No  Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).   | B. Briefly summarize the observations that Goal.        | indicated the ove    | rall effect | ivene  | ess o | f th  | is Mo   | easu  | ırable  |
| Has your MS4 made progress toward this measurable goal during this reporting period?  Yes ONO  Yes ONO  Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).  | The observations generate a list of action items        | s that will require  | follow up.  |        |       |       |         |       |         |
| ● Yes ○ No Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).  ontinue to inspect stormwater management areas, record observations, prioritize, and create follow   | ·   |                      |             | •      | (ex   | .: sē | amples, | /part | icipant |
| Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).  ontinue to inspect stormwater management areas, record observations, prioritize, and create follow  | E. Is your MS4 on schedule to meet the dead             | dline set forth in 1 | the SWM     | PP?    |       |       | • **    |       | O N     |
|  | · ·   |                      | 0           | als of | f thi | s M   |         |       |         |
|  | Continue to inspect stormwater management a up actions. | ureas, record observ | vations, pr | ioriti | ze, a | and o | ereate  | e fol | llow    |
|  |   |                      |             |        |       |       |         |       |         |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| if submitting this form as part of a joint report on behalf of a   | SPDES ID Glank.                      |
|--|--------------------------------------|
| Name of MS4/Coalition Town of Greenfield   | N Y R 2 0 A 1 2 3                    |
|  |                                      |
| 6. Evaluating Progress Toward Measurable Goals MCM 5   |                                      |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMFIII.C.1. Submit additional pages as needed.   |                                      |
| A. Briefly summarize the Measurable Goal identified in the S   | WMPP in this reporting period.       |
| The Town has inventoried all existing Post-Construction Runoff established a maintenance plan for each location. As new projects post-Construction Runoff Control data base will be updated to admaintenance schedule. | s are dedicated within the Town the  |
| B. Briefly summarize the observations that indicated the over Goal.  | all effectiveness of this Measurable |
| The Town Highway Department has been keeping logs of mainte and has established a program to monitor and repair locations as a   |                                      |
| C. How many times was this observation measured or evaluat   | ed in this reporting period?         |
|  | 2                                    |
| D. Has your MS4 made progress toward this measurable goal  | (ex.: samples/participants/          |
| D. Has your M54 made progress toward this measurable goal  | • Yes ○ No                           |
| E. Is your MS4 on schedule to meet the deadline set forth in the   | he SWMPP?                            |
|  | ● Yes ○ No                           |
| F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche  |                                      |
| Continue to follow the program established within the Town.  |                                      |
|  |                                      |
|  |                                      |
|  |                                      |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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|                          |                  | SPD | ES | ID |   |   |   |   |   |   |
|--------------------------|------------------|-----|----|----|---|---|---|---|---|---|
| Name of MS4/Coalition To | Fown of Halfmoon | N   | Y  | R  | 2 | 0 | A | 3 | 7 | 5 |

#### 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    |          |
|------|------|------|-------|------|----------|
| samp | les/ | parı | tici, | pant | s/events |

D. Has your MS4 made progress toward this measurable goal during this reporting period?

| _ | _ |                |            |    |
|---|---|----------------|------------|----|
|   |   | $V_{\Delta c}$ | $\bigcirc$ | Nο |

(ex.:

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

| $\bullet$ Yes $\bigcirc$ 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.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|  | SPDES ID   |
|--|--|
| Name of MS4/Coalition Town of Malta  | N Y R 2 0 A 0 8 6  |
| 6. Evaluating Progress Toward Measurable Goals MCM 5   |  |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.                      |  |
| A. Briefly summarize the Measurable Goal identified in the S   | WMPP in this reporting period.                                   |
| The town has developed a complete inventory of municipally ow practices. The Town is currently evaluating privately owned SM town periodically inspects municipal owned and maintains an arc | Ps that discharge to the MS4. The                                |
| B. Briefly summarize the observations that indicated the over Goal.  | rall effectiveness of this Measurable                            |
| The town has inventoried and mapped 100% of its inventory and added to the inventory (119 post construction stormwater manage and 110 privately owned SMPs).                                 |  |
| C. How many times was this observation measured or evaluate  | ted in this reporting period?  (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 t   | he SWMPP?  ■ Yes □ No  |
| F. Briefly summarize the stormwater activities planned to me<br>the next reporting cycle (including an implementation sche   | eet the goals of this MCM during                                 |
| The town will continue mapping its facilities and plans to continu facilities the town is responsible for maintaining.   | ue research to determine which                                   |
|  |  |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|   | SPDES ID                             |
|---|--------------------------------------|
| Name of MS4/Coalition City of Mechanicville   | N Y R 2 0 A 5 5 1                    |
|   |                                      |
| 6. Evaluating Progress Toward Measurable Goals MCM 5  |                                      |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed. |                                      |
| A. Briefly summarize the Measurable Goal identified in the S  | WMPP in this reporting period.       |
| The measurable goal tracked was the number of permanent storm inspections.  | water management practice            |
| B. Briefly summarize the observations that indicated the over Goal.   | all effectiveness of this Measurable |
| The City's pond, and the two private ponds, were visually inspect condition.  | ed and were found to be in good      |
|   |                                      |
| C. How many times was this observation measured or evaluat  | ted in this reporting period?        |
|   | 3                                    |
|   | (ex.: samples/participants/events    |
| D. Has your MS4 made progress toward this measurable goal   |                                      |
|   | ○ Yes • No                           |
| E. Is your MS4 on schedule to meet the deadline set forth in the  | he SWMPP?<br>● Yes ○ No              |
| F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche   | et the goals of this MCM during      |
| The City will continue to inspect the ponds and inventory stormware installed   | vater management practices as they   |
|   |                                      |
|   |                                      |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| If submittir                                  | ng this form as part of a                                       | joint report on behalf      | of a coalition |          |          | blank.             | •    |         |
|---|---|-----------------------------|----------------|----------|----------|--------------------|------|---------|
|   | mayn, ar  |                             |                | SPDES    |          |                    | 1    |         |
| Name of MS4/Coalition                         | TOWN OF MILTON  |                             |                | NY       | R 2 0    | A 1                | 0    | 8       |
| G   | gress Toward Measi  |                             |                | o measi  | urable o | nale               |      |         |
| identified in your St<br>III.C.1. Submit addi | tormwater Manageme<br>itional pages as neede                    | ent Program Plan (SV<br>ed. | VMPP), inclu   | iding re | equireme | nts in             |      |         |
| A. Briefly summai                             | rize the Measurable   | Goal identified in the      | he SWMPP       | in this  | reportii | g per              | iod. |         |
| determine which re                            | w asbuilts between 3/equire O&M Manuals to collect relevant rec |                             | ·              |          |          | l Law              | ) an | d       |
| Goal.   | rize the observations   |                             |                |          |          |                    |      |         |
|   | County with inventor  Revised status of ma                      |                             | _              |          |          |                    | e of |         |
| C. How many time                              | es was this observati   | ion measured or eva         | luated in thi  | is repo  | rting pe | riod?              |      |         |
|   |   |                             |                |          |          |                    |      | 1       |
| D. Has your MS4                               | made progress towa  | rd this measurable          | goal during    | this re  |          | period             | 1?   |         |
| E. Is your MS4 on                             | schedule to meet th   | e deadline set forth        | in the SWM     | IPP?     |          | Yes                | 0    | No      |
| •   | rize the stormwater a   | -                           | _              | oals of  |          | Yes<br><b>M du</b> |      | No<br>5 |
|   | ory and locate existing Expected once base in                   | <u> </u>                    | , .            |          |          | _                  |      |         |

| Th:  |     | _ |   |   |
|--|-----|---|---|---|
| This report is being submitted for the reporting period ending March 9 | , 2 | 0 | 2 | 1 |

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

|   | CDDECTE  |
|---|--|
| Name of MS4/Coalition TOWN OF MOREAU  | SPDES ID  N Y R 2 0 A 1 5 8                                  |
|   |  |
| 6. Evaluating Progress Toward Measurable Goals MCM 5  |  |
| Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMPF III.C.1. Submit additional pages as needed.  | chieving measurable goals P), including requirements in Part |
| A. Briefly summarize the Measurable Goal identified in the SW   | VMPP in this reporting period.                               |
| Updating the inventory of Post-Construction SMPs has been delayed Draft MS4 Permit. The ISWM Program will provide an inventory to the NYSDEC CGP Database.  Train new Town officials on LID, BSD, and Green Infrastructure. | ed pending finalization and                                  |
| B. Briefly summarize the observations that indicated the overal Goal.   | ll effectiveness of this Measurable                          |
| 100% of relevant staff have received 50% of necessary training to use Stormwater GIS and mobile data collection (tablets)   | ise the ISWM Program   |
| C. How many times was this observation measured or evaluated  | l in this reporting period?                                  |
|   | 1  |
| . Has your MS4 made progress toward this measurable goal du   |  |
| . Is your MS4 on schedule to meet the deadline set forth in the   | ● Yes ○ No SWMPP?  |
| Briefly summarize the standard to the   | ● Yes ○ No   |
| . Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedu  | the goals of this MCM during le).                            |
| A map that indicates the location of post-construction stormwater make Town will be developed along with a tracking worksheet for reco  | anagement practices (CMPs) in                                |

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.

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| MS4 | Annual | Report | Form |
|-----|--------|--------|------|
|     |        |        |      |

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Village of Round Lake Name of MS4/Coalition NY R 0 A 0 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 E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? Yes O 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.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition Saratoga County, Department of Public Works N   N   Y   R   2   0   A   2   0   9   |
|---|
| 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?  |
|   |
| 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?   |
| <ul> <li>Yes □ No</li> <li>F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).</li> </ul>  |
| Continued implementation of SMP inspection program.   |
|   |
|   |
|   |

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### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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|  | <br>SPL | )ES | ш |   |   |   |   |   |   |
|--|---------|-----|---|---|---|---|---|---|---|
| Name of MS4/Coalition City of Saratoga Springs | N       | Y   | R | 2 | 0 | Α | 2 | 1 | 6 |
|  |         |     |   |   |   |   |   |   |   |

#### 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 current inventory of City and privately owned stormwater management practices.
- Ensure SWPPP meets water quantity and quality 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.

- (33) new Stormwater Management Practices were inventoried and added to database.
- (12) SWPPP's for land disturbance were received by the City Engineer for review and approval.
- City Code Chapter 242 sets 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.

| $\boldsymbol{C}$ | How many     | times was   | this obse | rvation m   | ieasured ni  | r evaluated | d in this | renorting  | neriod? |
|------------------|--------------|-------------|-----------|-------------|--------------|-------------|-----------|------------|---------|
| <b>U</b> .       | TIUW IIIAIIV | LITTLES WAS | unis onse | i vauwii ii | icasui cu vi | i evaluatei |           | I COUI MIE | DCI IUU |

|          |      |       | 3    | 3    |          |
|----------|------|-------|------|------|----------|
| <br>samr | 100/ | 'narı | tici | nant | - g/_nr/ |

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

|  | Yes | $\circ$ | No |
|--|-----|---------|----|
|  |     |         |    |

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

|    | Yes  | $\circ$ | No  |
|----|------|---------|-----|
| C. | 1 02 | $\sim$  | INC |

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 private stormwater management practices to have owner maintenance agreements.
- City will continue to inspect and maintain City owned stormwater management practices.

This report is being submitted for the reporting period ending March 9, 2 0 2

| Name of MS4/Coalition       | South Glens Falls  |                      | SPDES ID N Y R 2 0 A      | 0 9 1     |
|-----------------------------|--|----------------------|---------------------------|-----------|
| Traine of this is countries |  |                      |                           |           |
| 6. Evaluating Prog          | gress Toward Measurable Goals MC   | CM 5                 |                           |           |
| identified in your St       | ort on your progress and project plans tormwater Management Program Plan tional pages as needed. | _                    | •                         |           |
| A. Briefly summar           | rize the Measurable Goal identified  | in the SWMPP in      | n this reporting <b>J</b> | period.   |
| Inventory, inspect a        | and /or maintain post-construction SM  | Ps as required by    | the O&M Plan fo           | r each.   |
|                             |  |                      |                           |           |
|                             |  |                      |                           |           |
| D. D:                       |  | de a como II affa ad | Language of this NA       | hls       |
| Goal.                       | rize the observations that indicated t   | ine overali effect   | iveness of this M         | easurable |
| 5MPs were inventor          | oried, 5 were inspected and 5 maintena   | nce actions were     | taken.                    |           |
|                             |  |                      |                           |           |
|                             |  |                      |                           |           |
| C How many time             | es was this observation measured or  | avaluated in thi     | e roporting porio         |           |
| C. How many time            | is was this observation measured or  | evaluated in this    | s reporting perio         | 1         |
|                             |  |                      | (ex.: samples             |           |
| D. Has your MS4 i           | made progress toward this measura  | ble goal during t    | this reporting per<br>Y   | 0.37      |
| E. Is your MS4 on           | schedule to meet the deadline set fo   | orth in the SWM      |                           |           |
| -                           |  |                      | • Y                       |           |
| v                           | rize the stormwater activities planne<br>ing cycle (including an implementati                    | 0                    | als of this MCM           | during    |
| Continue implemen           | ntation of MM5 measures as detailed in   | n SGF SWMP pla       | an.                       |           |
|                             |  |                      |                           |           |
|                             |  |                      |                           |           |
|                             |  |                      |                           |           |

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| MS4 A | nnual | Report | Form |
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This report is being submitted for the reporting period ending March 9, 2 0 2 1

| If submitting this form as part of a joint report on beha   | of a coalition leave SPDES ID blank.  SPDES ID                          |
|---|---|
| Name of MS4/Coalition Town of Stillwater  | N Y R 2 0 A 5 4 9   |
| 6. Evaluating Progress Toward Measurable Goals MCN  | M 5   |
| Use this page to report on your progress and project plans to identified in your Stormwater Management Program Plan (SIII.C.1. Submit additional pages as needed.                               | oward achieving measurable goals SWMPP), including requirements in Part |
| A. Briefly summarize the Measurable Goal identified in  | the SWMPP in this reporting period.                                     |
| As of this reporting year the Town of Stillwater has develop<br>(SWMP) and continues with implementation.<br>The Town adopted the Stormwater Management Local Lav                               |   |
| B. Briefly summarize the observations that indicated th<br>Goal.  | e overall effectiveness of this Measurable                              |
| The Town Highway Department has maintained detailed remaintained during this reporting year. A total of basins, cubic yards was removed via street sweet swales were maintained.                | of material was removed from catch                                      |
| C. How many times was this observation measured or e  | evaluated in this reporting period?                                     |
| D. Has your MS4 made progress toward this measurab  |   |
| E. Is your MS4 on schedule to meet the deadline set for   | th in the SWMPP?  • Yes • No  |
| F. Briefly summarize the stormwater activities planned the next reporting cycle (including an implementation  | l to meet the goals of this MCM during on schedule).                    |
| The Town has adopted a Drainage District Local Law to exinspection and maintenance of post-construction practices, been created. Continue creation of Standard Operation Proconsistent approach | Thus far, two Drainage Districts have                                   |

1610116332

(SWMP).

# MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| If submitting this form as part of a joint report on behalf or   | f a coalition leave SPDES ID blank.  |
|--|--|
|  | SPDES ID   |
| Name of MS4/Coalition Village of Stillwater  | N Y R 2 0 A 5 4 7  |
| 6. Evaluating Progress Toward Measurable Goals MCM 5 Use this page to report on your progress and project plans towaldentified in your Stormwater Management Program Plan (SWIII.C.1. Submit additional pages as needed.  A. Briefly summarize the Measurable Goal identified in the | rd achieving measurable goals<br>MPP), including requirements in Part                              |
| The Village of Stillwater has developed their Stormwater Man with implementation.  The Village adopted the Stormwater Management Local Law   | agement Plan (SWMP) and continues  |
| B. Briefly summarize the observations that indicated the o<br>Goal.  | verall effectiveness of this Measurable  |
| The Village Highway Department has maintained detailed rec<br>maintained during this reporting year. A total of 2.5 cubic yard<br>basins and street sweeping, and 6.8 linear miles of streets were   | ds of material was removed from catch  |
| C. How many times was this observation measured or eval  | luated in this reporting period?   |
| D. Has your MS4 made progress toward this measurable g   |  |
| 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<br>the next reporting cycle (including an implementation s   | meet the goals of this MCM during  |
| The watersheds were mapped and a full outfall reconnaissance that the Village is a member, the Saratoga County ISWM Prothis will be mapped with GIS and made available to all members. The Village of Stillwater is working on the implementation of                                 | e was undertaken through the coalition ogram. The information obtained from pers of the coalition. |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|  |   | SPDES ID  |
|--|---|---|
| Name of MS4/Coalition Town of                  | f Waterford   | N Y R 2 0 A 0 3 7                               |
| 6. Evaluating Progress                         | Toward Measurable Goals MCM 5   |   |
|  | your progress and project plans toward<br>ater Management Program Plan (SWM<br>pages as needed. |   |
| A. Briefly summarize th                        | e Measurable Goal identified in the   | SWMPP in this reporting period.                 |
| The Town has a robust in stormwater management | spection and maintenance program for practices.   | r all ditches, catch basins, and                |
| B. Briefly summarize the Goal.                 | e observations that indicated the ove   | erall effectiveness of this Measurable          |
| The Town has two storm needed) yearly, COVID l | water management ponds. While they a sindered these operations.                                 | are inspected and maintained (as                |
| C. How many times was                          | this observation measured or evalua   | nated in this reporting period?                 |
| D. Has your MS4 made                           | progress toward this measurable goa   | eal during this reporting period?<br>○ Yes • No |
| E. Is your MS4 on scheo                        | lule to meet the deadline set forth in  |   |
| · ·  | e stormwater activities planned to m<br>cle (including an implementation sch                    | e e   |
| The Town will continue to                      | o implement and track operations relat  | ted to its maintenance program.                 |
|  |   |   |
|  |   |   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition Village of Waterford   | SPDES ID           N         Y         R         2         0         A         4         6         9 |
|--|--|
| 6. Evaluating Progress Toward Measurable Goals MCM 5   |  |
| Use this page to report on your progress and project plans toward achidentified in your Stormwater Management Program Plan (SWMPP) III.C.1. Submit additional pages as needed.   |  |
| A. Briefly summarize the Measurable Goal identified in the SW  | MPP in this reporting period.  |
| The question of MS4 ownership withing the Village remains in doublinfrastructure was constructed by the Town of Waterford Sewer Dis Consent issues by NYS DEC (c1994-5 &2000). At this time the Village remains in doubling construction that disturbs one or more acres complies with Loca and the Post-Construction requirements thereof | trict #1 as a result of an Order on lage program entails assuring                                    |
| B. Briefly summarize the observations that indicated the overall Goal.   | effectiveness of this Measurable   |
| No observations have been made due to no proposed projects.  |  |
| C. How many times was this observation measured or evaluated  D. Has your MS4 made progress toward this measurable goal du   | (ex.: samples/participants/ever  |
| D. Has your MS4 made progress toward this measurable goal du   | Yes □ No   |
| E. Is your MS4 on schedule to meet the deadline set forth in the   | <b>SWMPP? ●</b> Yes □ No   |
| F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedu  | the goals of this MCM during   |
| Application and Enforcement of the Local Stormwater Construction requirements by the Village Planning Board, should a project proposition  |  |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|   | SPDES ID                             |
|---|--------------------------------------|
| Name of MS4/Coalition Town of Wilton  | N Y R 2 0 A 1 1 4                    |
| 6. Evaluating Progress Toward Measurable Goals MCM 5  |                                      |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed. | •                                    |
| A. Briefly summarize the Measurable Goal identified in the S  | WMPP in this reporting period.       |
| Continue with post construction stormwater practices, inspections   | s and maintenance as required.       |
|   |                                      |
|   |                                      |
|   |                                      |
| B. Briefly summarize the observations that indicated the over Goal.   | all effectiveness of this Measurable |
| Continue inspections with reported condition and maintenance re-  | quirements as needed.                |
|   |                                      |
|   |                                      |
| C. How many times was this observation measured or evaluat  | red in this reporting period?        |
| c. How many times was this observation measured or evaluation   | 1                                    |
|   | (ex.: samples/participants/events,   |
| D. Has your MS4 made progress toward this measurable goal   |                                      |
|   | ● Yes ○ No                           |
| E. Is your MS4 on schedule to meet the deadline set forth in the  | he SWMPP?<br>● Yes ○ No              |
| F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche   | et the goals of this MCM during      |
| Post construction practices deeded to the Town will continue to b feasible as required.   | e inspected and maintained when      |
|   |                                      |
|   |                                      |
|   |                                      |

| This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2$ |
|---|
|---|

| Name of MS4/Coalition Village of Ballston Spa  |    | N Y R                     | 2 0     | A 3 | 7      | 6 |  |  |  |  |
|--|----|---------------------------|---------|-----|--------|---|--|--|--|--|
| 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. |    |                           |         |     |        |   |  |  |  |  |
|  | 0  |                           | -Assess |     | - •1•4 |   |  |  |  |  |
|  |    | <u>peratio</u><br>erforme |         |     |        | - |  |  |  |  |
| Operation/Activity/Facility Addressed in S   |    |                           | years?  |     |        | - |  |  |  |  |
|  | No |                           |         |     |        |   |  |  |  |  |
| Bridge Maintenance   | No |                           | ⊥ Yes   | • N | 0      |   |  |  |  |  |

not done already.

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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

|  |           | SP     | DES | ID   |              |             |            |             |            |
|--|-----------|--------|-----|------|--------------|-------------|------------|-------------|------------|
| Name of MS4/Coalition Town of Ballston   |           | N      | Y   | R    | 2            | 0 A         | 1          | 5           | 7          |
|  |           |        |     |      |              |             |            |             |            |
| Minimum Control Measure 6. Stormwater Manage   | ment      | for I  | Mu  | nic  | <u>cip</u> a | <u>al O</u> | <u>per</u> | <u>'ati</u> | <u>ons</u> |
|  |           |        |     |      |              |             |            |             |            |
| 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 contribu   | ites or i | mav    | not | ent  | iall         | v coi       | ntril      | bute        | 7          |
| Pollutants of Concern to the MS4 system. For each operation/facility has been addressed in the MS4's/Coalitio                  | tion/fac  | cility | ind | lica | ite v        | vhetl       | her        | the         | ,          |
| Program(SWMP) Plan and whether a self-assessment has   | been p    | erfo   | rme | ed d | duri         | ing tl      | he         |             |            |
| reporting period. A self-assessment is performed to: 1) de potentially generated by the permittee's operations and factorises. |           |        |     |      |              | -           | iuta       | ınts        |            |

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

Self-Assessment
Operation/Activity/Facility
performed within the past 3

|  |             |         | performed within | the past 3           |
|--|-------------|---------|------------------|----------------------|
| <b>Operation/Activity/Facility</b>           | Addressed i | n SWMP? | <u>vears?</u>    | i                    |
| 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 Disturba | nce • Yes   | □ No    | Yes              | □ No                 |
| Right of Way Maintenance                     | • Yes       | □ No    | Yes              | □ No                 |
| Marine Operations                            | □ Yes       | ■ No    | ☐ Yes            | <ul><li>No</li></ul> |
| Hydrologic Habitat Modification              | □ Yes       | ● No    | □ Yes            | <ul><li>No</li></ul> |
| Parks and Open Space                         | • Yes       | □ No    | Yes              | □ No                 |
| Municipal Building                           |             |         | • Yes            | □ No                 |
| Stormwater System Maintenance                | • Yes       | □No     | Yes              | □ No                 |
| Vehicle and Fleet Maintenance                | • Yes       | □ No    | • Yes            | □ No                 |
| Other  | □ Yes       | □ No    | □ Yes            | □ No                 |

This report is being submitted for the reporting period ending March 9, 2

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

|                       |                  | SPD | ES | ID |   |   |   |   |   |   |
|-----------------------|------------------|-----|----|----|---|---|---|---|---|---|
| Name of MS4/Coalition | Town of Charlton | N   | Y  | R  | 2 | 0 | A | 0 | 3 | 2 |

#### Minimum Control Measure 6. Stormwater Management for Municipal Operations

| The | informat | ion 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.

> **Self-Assessment Operation/Activity/Facility**

|  |             | <u>perfo</u> | ormed withir  | the past 3           |
|--|-------------|--------------|---------------|----------------------|
| <b>Operation/Activity/Facility</b>           | Addressed i | n SWMP?      | <u>years?</u> | ·<br>•               |
| Street Maintenance                           | • Yes       | ○ No         | • Yes         | $\bigcirc$ No        |
| Bridge Maintenance                           | O Yes       | ● No         | • Yes         | No                   |
| Winter Road Maintenance                      | • Yes       | ○ No         | • Yes         | $\bigcirc$ No        |
| Salt Storage                                 | • Yes       | ○ No         | • Yes         | $\bigcirc$ No        |
| Solid Waste Management                       | O Yes       | ● No         | O Yes         | No                   |
| New Municipal Construction and Land Disturba | ince • Yes  | ○ No         | • Yes         | $\bigcirc$ No        |
| Right of Way Maintenance                     | • Yes       | ○ No         | • Yes         | $\bigcirc$ No        |
| Marine Operations                            | ○ Yes       | ● No         | • Yes         | <ul><li>No</li></ul> |
| Hydrologic Habitat Modification              | O Yes       | ● No         | O Yes         | No                   |
| Parks and Open Space                         | • Yes       | ○ No         | • Yes         | $\bigcirc$ No        |
| Municipal Building                           | • Yes       | ○ No         | • Yes         | $\bigcirc$ No        |
| Stormwater System Maintenance                | • Yes       | ○ No         | • Yes         | $\bigcirc$ No        |
| Vehicle and Fleet Maintenance                | • Yes       | ○ No         | • Yes         | $\bigcirc$ No        |
| Other  | ∴ ○ Yes     | ○ No         | O Yes         | $\bigcirc$ No        |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

|                       |                      | SPD | DES | ID |   |   |   |   |   |   |
|-----------------------|----------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition | TOWN OF CLIFTON PARK | N   | Υ   | R  | 2 | 0 | А | 0 | 3 | 5 |

#### Minimum Control Measure 6. Stormwater Management for Municipal Operations

1

| The | information   | in this | section  | is l | being | reported | (check | one): |  |
|-----|---------------|---------|----------|------|-------|----------|--------|-------|--|
| • 0 | n behalf of a | n indix | ridual M | S4   |       |          |        |       |  |

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.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

|   |             | ]       | performed within | the past 3           |
|---|-------------|---------|------------------|----------------------|
| <b>Operation/Activity/Facility</b>            | Addressed i | n SWMP? | years?           | i                    |
| Street Maintenance                            | • Yes       | ○ No    | • Yes            | $\bigcirc$ No        |
| Bridge Maintenance                            | ○ Yes       | • No    | ○ Yes            | <ul><li>No</li></ul> |
| Winter Road Maintenance                       | • Yes       | ○ No    | • Yes            | $\bigcirc$ No        |
| Salt Storage                                  | • Yes       | ○ No    | • Yes            | $\bigcirc$ No        |
| Solid Waste Management                        | • Yes       | ○ No    | • Yes            | $\bigcirc$ No        |
| New Municipal Construction and Land Disturban | nce • Yes   | ○ No    | • Yes            | $\bigcirc$ No        |
| Right of Way Maintenance                      | • Yes       | ○ No    | • Yes            | $\bigcirc$ No        |
| Marine Operations                             | ○ Yes       | • No    | ○ Yes            | <ul><li>No</li></ul> |
| Hydrologic Habitat Modification               | • Yes       | ○ No    | • Yes            | $\bigcirc$ No        |
| Parks and Open Space                          | • Yes       | ○ No    | • Yes            | $\bigcirc$ No        |
| Municipal Building                            | • Yes       | ○ No    | • Yes            | $\bigcirc$ No        |
| Stormwater System Maintenance                 | • Yes       | ○ No    | ● Yes            | $\bigcirc$ No        |
| Vehicle and Fleet Maintenance                 | • Yes       | ○ No    | • Yes            | $\bigcirc$ No        |
| Other   | O Yes       | • No    | ○ Yes            | <ul><li>No</li></ul> |

**Self-Assessment** 

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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

|  | , | SPD | ES I | ID |   |   |   |   |   |   |
|--|---|-----|------|----|---|---|---|---|---|---|
| Name of MS4/Coalition Town of Greenfield |   | N   | Y    | R  | 2 | 0 | A | 1 | 2 | 3 |

#### Minimum Control Measure 6. Stormwater Management for Municipal Operations

| The information in this section is being reported (check one):                    |  |  |
|---|--|--|
| <ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul> |  |  |
| 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** performed within the past 3 **Operation/Activity/Facility** Addressed in SWMP? vears? Street Maintenance..... • Yes ○ No ...... • Yes  $\bigcirc$  No ○ No ..... • Yes Bridge Maintenance.... • Yes  $\bigcirc$  No Winter Road Maintenance.... • Yes ○ No ..... • Yes  $\bigcirc$  No Salt Storage..... • Yes ○ No ..... • Yes  $\bigcirc$  No Solid Waste Management..... • Yes ○ No ...... • Yes  $\bigcirc$  No New Municipal Construction and Land Disturbance.. • Yes ○ No ..... • Yes  $\bigcirc$  No Right of Way Maintenance..... • Yes ○ No ..... • Yes  $\bigcirc$  No Marine Operations.... O Yes No Hydrologic Habitat Modification..... O Yes ● No ..... ○ Yes No Parks and Open Space.... 

Yes ○ No ..... • Yes  $\bigcirc$  No  $\bigcirc$  No Municipal Building.... • Yes ○ No ..... • Yes  $\bigcirc$  No Stormwater System Maintenance..... • Yes ○ No ..... • Yes ○ No ..... • Yes  $\bigcirc$  No Vehicle and Fleet Maintenance..... • Yes ○ No ...... ○ Yes  $\bigcirc$  No Other..... O Yes

**Self-Assessment** 

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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

|                       |                  | SPE | DES | ID |   |   |   |   |   |   |
|-----------------------|------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition | Town of Halfmoon | N   | Y   | R  | 2 | 0 | А | 3 | 7 | 5 |

#### Minimum Control Measure 6. Stormwater Management for Municipal Operations

| The information in this section is being reported (check one):                    |  |  |
|---|--|--|
| <ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul> |  |  |
| 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** performed within the past 3 **Operation/Activity/Facility** Addressed in SWMP? Street Maintenance..... • Yes ○ No ...... • Yes  $\bigcirc$  No ○ No ...... ○ Yes Bridge Maintenance.... • Yes No Winter Road Maintenance.... • Yes ○ No ..... • Yes  $\bigcirc$  No Salt Storage..... • Yes ○ No ..... • Yes  $\bigcirc$  No Solid Waste Management..... • Yes ○ No ...... • Yes  $\bigcirc$  No New Municipal Construction and Land Disturbance.. • Yes ○ No ..... • Yes  $\bigcirc$  No Right of Way Maintenance..... • Yes ○ No ..... • Yes  $\bigcirc$  No Marine Operations.... O Yes No Hydrologic Habitat Modification..... • Yes ○ No ..... • Yes  $\bigcirc$  No ○ No Yes Parks and Open Space.... 

Yes  $\bigcirc$  No  $\bigcirc$  No Municipal Building.... • Yes ○ No ..... • Yes  $\bigcirc$  No Stormwater System Maintenance..... • Yes ○ No ..... • Yes ○ No ..... • Yes  $\bigcirc$  No Vehicle and Fleet Maintenance..... • Yes Other..... O Yes ○ No ...... ○ Yes  $\bigcirc$  No

not done already.

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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

|  | -                                | SPE                    | DES ID           | )                   |                       |                  |             |            |
|--|----------------------------------|------------------------|------------------|---------------------|-----------------------|------------------|-------------|------------|
| Name of MS4/Coalition Town of Malta  |                                  | N                      | YR               | 2                   | 0 A                   | 0                | 8           | 6          |
| Minimum Control Measure 6. Stormwater Manage   | ment f                           | or N                   | <u>Iuni</u>      | <u>cip</u>          | al O                  | <u>per</u>       | <u>atic</u> | <u>ons</u> |
| 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 contribute Pollutants of Concern to the MS4 system. For each operation/facility has been addressed in the MS4's/Coalitic Program(SWMP) Plan and whether a self-assessment has reporting period. A self-assessment is performed to: 1) de | tion/faci<br>on's Sto<br>been pe | lity i<br>rmw<br>erfor | indicater<br>med | ate v<br>Mai<br>dur | whet<br>nage<br>ing t | her<br>men<br>he | the<br>t    |            |

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

Self-Assessment
Operation/Activity/Facility

|  |             |         | performed within | the past 3 |
|--|-------------|---------|------------------|------------|
| <b>Operation/Activity/Facility</b>           | Addressed i | n SWMP? | years?           |            |
| Street Maintenance                           | • Yes       | □ No    | • Yes            | □No        |
| Bridge Maintenance                           |             | □ 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 Disturba | nce • Yes   | □ No    | □ Yes            | □ No       |
| Right of Way Maintenance                     | • Yes       | □ No    | Yes              | □ No       |
| Marine Operations                            | □ Yes       | □ No    | □ Yes            | □ No       |
| Hydrologic Habitat Modification              |             | □ No    | □ Yes            | □ No       |
| Parks and Open Space                         | • Yes       | □ No    | ■ Yes            | □ No       |
| Municipal Building                           |             | □ No    | ■ Yes            | □ No       |
| Stormwater System Maintenance                | • Yes       | □No     | Yes              | □ No       |
| Vehicle and Fleet Maintenance                | • Yes       | □No     | <b>.</b> Yes     | □No        |
| Other  |             | □ No    | □ Yes            | □ No       |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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

|                       |                       | $\underline{\text{SPD}}$ | <u>ES</u> | <u>ID</u> |   |   |   |   |   |   |
|-----------------------|-----------------------|--------------------------|-----------|-----------|---|---|---|---|---|---|
| Name of MS4/Coalition | City of Mechanicville | N                        | Y         | R         | 2 | 0 | A | 5 | 5 | 1 |
|                       |                       |                          |           |           |   |   |   |   |   |   |

## Minimum Control Measure 6. Stormwater Management for Municipal Operations

| The information in this section is being reported (check one):                    |  |
|---|--|
| <ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul> |  |
| 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.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

years?

| perior med within the past of                |             |         |               |                      |  |
|--|-------------|---------|---------------|----------------------|--|
| <b>Operation/Activity/Facility</b>           | Addressed i | n SWMP? | <u>years?</u> | •                    |  |
| Street Maintenance                           | • Yes       | ○ No    | . • Yes       | $\bigcirc$ No        |  |
| Bridge Maintenance                           | O Yes       | • No    | ○ Yes         | <ul><li>No</li></ul> |  |
| Winter Road Maintenance                      | • Yes       | ○ No    | • Yes         | $\bigcirc$ No        |  |
| Salt Storage                                 | • Yes       | ○ No    | . • Yes       | $\bigcirc$ No        |  |
| Solid Waste Management                       | • Yes       | ○ No    | • Yes         | $\bigcirc$ No        |  |
| New Municipal Construction and Land Disturba | nce O Yes   | • No    | ○ Yes         | No                   |  |
| Right of Way Maintenance                     | • Yes       | ○ No    | • Yes         | $\bigcirc$ No        |  |
| Marine Operations                            | ○ Yes       | • No    | ○ Yes         | <ul><li>No</li></ul> |  |
| Hydrologic Habitat Modification              |             | • No    | ○ Yes         | No                   |  |
| Parks and Open Space                         | • Yes       | ○ No    | • Yes         | $\bigcirc$ No        |  |
| Municipal Building                           | _           | ○ No    | • Yes         | $\bigcirc$ No        |  |
| Stormwater System Maintenance                |             | ○ No    | • Yes         | $\bigcirc$ No        |  |
| Vehicle and Fleet Maintenance                | • Yes       | ○ No    | • Yes         | $\bigcirc$ No        |  |
| Other  | ○ Yes       | • No    | ○ Yes         | <ul><li>No</li></ul> |  |

**Self-Assessment** 

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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

|                       |                | SPI | DES | ID |   |   |   |   |   |   |
|-----------------------|----------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition | TOWN OF MILTON | N   | Y   | R  | 2 | 0 | А | 1 | 0 | 8 |
|                       |                |     |     |    |   |   |   |   |   |   |

#### 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     |   |   | _ |
|  | 1 | 1 | ı |

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** performed within the past 3 **Operation/Activity/Facility** Addressed in SWMP? Street Maintenance..... • Yes ○ No ...... • Yes  $\bigcirc$  No ○ No ..... ○ Yes Bridge Maintenance.... • Yes No Winter Road Maintenance.... • Yes ○ No ..... • Yes  $\bigcirc$  No Salt Storage..... • Yes ○ No ..... • Yes  $\bigcirc$  No No Solid Waste Management..... • Yes ○ No ...... ○ Yes New Municipal Construction and Land Disturbance.. • Yes ○ No ...... ○ Yes No Right of Way Maintenance..... • Yes ○ No ..... ○ Yes No Marine Operations.... O Yes ○ No ..... ○ Yes  $\bigcirc$  No Hydrologic Habitat Modification..... O Yes ○ No ..... ○ Yes  $\bigcirc$  No Parks and Open Space..... 

Yes ○ No ..... ○ Yes No  $\bigcirc$  No Municipal Building.... • Yes ○ No ..... • Yes  $\bigcirc$  No Stormwater System Maintenance..... • Yes ○ No ..... • Yes ○ No ..... ○ Yes No Vehicle and Fleet Maintenance..... • Yes Other..... O Yes ○ No ...... ○ Yes  $\bigcirc$  No

This report is being submitted for the reporting period ending March 9, 2 0 2 1 If 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

N Y R 2 0 A 1 5 8

# Minimum Control Measure 6. Stormwater Management for Municipal Operations

| The information in this section is being reported (check one):                    |  |
|---|--|
| <ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul> |  |
| 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.

Self-Assessment Operation/Activity/Facility performed within the past 3 Operation/Activity/Facility Addressed in SWMP? years? Street Maintenance..... 9 Yes ○ No ..... • Yes O No Bridge Maintenance.... O Yes ● No ..... ○ Yes No Winter Road Maintenance.... 

Yes ○ No ..... • Yes O No Salt Storage..... • Yes ○ No ..... • Yes O 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 O No Marine Operations.... O Yes No ..... O Yes No Hydrologic Habitat Modification..... O Yes ● No ..... ○ Yes • No Parks and Open Space.... Yes ○ No ..... • Yes O No Municipal Building..... • Yes ○ No ..... • Yes O No Stormwater System Maintenance.... • Yes ○ No ..... • Yes O No Vehicle and Fleet Maintenance..... 

• Yes ○ No ..... • Yes O No Other..... O Yes No ..... O Yes No

6894134836

## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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

|                        |                       |   | DES |   |   |   |   |   |   |   |
|------------------------|-----------------------|---|-----|---|---|---|---|---|---|---|
| Name of MS4/Coalition  | Village of Round Lake | N | Y   | R | 2 | 0 | A | 0 | 9 | 9 |
| Name of Mis4/ Coantion |                       |   | -   |   |   |   |   |   |   |   |

# Minimum Control Measure 6. Stormwater Management for Municipal Operations

| The information in this section is being reported (check one):  |  |
|---|--|
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> </ul>  |  |
| 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 |  |

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.

Self-Assessment

Operation/Activity/Facility performed within the past 3 Addressed in SWMP? Operation/Activity/Facility Street Maintenance..... 9 Yes O No ..... O Yes ● No Bridge Maintenance..... O Yes No No Yes ○ No ...... ○ Yes Winter Road Maintenance..... Yes ● No ○ No ...... ○ Yes O No Salt Storage..... • Yes ○ No ...... ○ Yes O No Solid Waste Management..... • Yes No ..... O Yes No New Municipal Construction and Land Disturbance.. O Yes O No ..... O Yes ● No Right of Way Maintenance.... Yes No ..... O Yes ● No Marine Operations..... O Yes O No No No Yes Hydrologic Habitat Modification..... O Yes O No ..... O Yes No Parks and Open Space..... Yes O No ..... O Yes O No Municipal Building..... • Yes ● No O No ..... O Yes Stormwater System Maintenance..... Yes Vehicle and Fleet Maintenance..... Yes O No ..... O Yes No O No O Yes ● No Other..... O Yes

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

|   | SPI | DES | ID |   |   |   |   |   |   |
|---|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition Saratoga County, Department of Public Works | N   | Y   | R  | 2 | 0 | A | 2 | 0 | 9 |
|   |     |     |    |   |   |   |   |   |   |

## Minimum Control Measure 6. Stormwater Management for Municipal Operations

| The information in this section is being reported (check) On behalf of an individual MS4 On behalf of a coalition   | neck one):  |  |   |  |  |  |  |
|---|---|--|---|--|--|--|--|
| On behalf of an individual MS4 On behalf of a coalition   |   |  |   |  |  |  |  |
| ☐ On behalf of a coalition  |   |  |   |  |  |  |  |
|   |   |  |   |  |  |  |  |
| How many MS4s contributed to this   | s report?   |  |   |  |  |  |  |
| 110 w many 141543 contributed to this   | s report:   |  |   |  |  |  |  |
|   |   |  |   |  |  |  |  |
| 1. Choose/list each municipal operation/facil   | •   |  |   |  |  |  |  |
| Pollutants of Concern to the MS4 system.  |   |  |   |  |  |  |  |
| operation/facility has been addressed in the  |   |  | _   |  |  |  |  |
| Program(SWMP) Plan and whether a self   |   | _  | _   | •  |  |  |  |
| reporting period. A self-assessment is per  |   |  | _   | ollutants  |  |  |  |
| potentially generated by the permittee's o  | _   |  | •   |  |  |  |  |
| effectiveness of existing programs and 3)   | •   | -  | -   |  |  |  |  |
| that will be addressed by the pollution pro   | evention and  | good house   | ekeeping prograi  | m, if it's   |  |  |  |
| not done already.   |   |  |   |  |  |  |  |
|   |   |  | Self-Assess   |  |  |  |  |
|   |   |  |   | ment   |  |  |  |
| Operation/Activity/Facility   |   |  |   |  |  |  |  |
|   |   |  | Operation/Activi  | ity/Facility   |  |  |  |
| Operation/Activity/Facility   | Addressed i   | n SWMP?  | Operation/Activ   | ity/Facility n the past 3  |  |  |  |
| Operation/Activity/Facility Street Maintenance  |   |  | Operation/Activ   | ity/Facility n the past 3  |  |  |  |
| Street Maintenance  | • Yes   | □ No   | Operation/Activ   | ity/Facility n the past 3  |  |  |  |
| <del></del>   |   | □ No   | Operation/Active performed within years?  Years?  | ity/Facility n the past 3  No  |  |  |  |
| Street Maintenance  | <ul><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li></ul>   | □ No<br>□ No<br>□ No   | Operation/Active performed within years?  • Yes • Yes   | ity/Facility n the past 3  No No                                     |  |  |  |
| Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage  | • Yes • Yes • Yes • Yes • Yes   | □ No<br>□ No<br>□ No   | Operation/Active performed within years? Yes Yes Yes Yes  | ity/Facility n the past 3  No No No                                  |  |  |  |
| Street Maintenance  Bridge Maintenance  Winter Road Maintenance   | <ul><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li></ul>                     | □ No<br>□ No<br>□ No<br>□ No   | Operation/Active performed within years:  • Yes • Yes • Yes • Yes • Yes   | ity/Facility n the past 3  No No No No                               |  |  |  |
| Street Maintenance  Bridge Maintenance  Winter Road Maintenance  Salt Storage  Solid Waste Management  New Municipal Construction and Land Disturba   | • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes   | □ No □ No □ No □ No □ No   | Operation/Active performed within years?  • Yes • Yes • Yes • Yes • Yes • Yes • Yes   | ity/Facility n the past 3  No No No No No No                         |  |  |  |
| Street Maintenance  | • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes                                     | □ No          □ No          □ No          □ No          □ No          □ No   | Operation/Active performed within years?  • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes   | ity/Facility n the past 3  No No No No No No No No No No             |  |  |  |
| Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturba Right of Way Maintenance Marine Operations   | • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes                                     | □ No          □ No          □ No          □ No          □ No          □ No   | Operation/Active performed within  Years:  Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye   | ity/Facility In the past 3  No No No No No No No No No No            |  |  |  |
| Street Maintenance  | • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes                         | □ No          □ No          □ No          □ No          □ No          □ No          □ No          □ No          □ No   | Operation/Active performed within years?  • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes   | ity/Facility n the past 3  P  No No No No No No No No No No No No No |  |  |  |
| Street Maintenance  | • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes             | □ No          □ No          □ No          □ No          □ No          □ No          □ No          □ No          □ No          □ No          □ No                             | Operation/Active performed within  Years:  Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye   | No   |  |  |  |
| Street Maintenance Bridge Maintenance Winter Road Maintenance Salt Storage Solid Waste Management New Municipal Construction and Land Disturba Right of Way Maintenance Marine Operations Hydrologic Habitat Modification Parks and Open Space Municipal Building | • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes | □ No          □ No          □ No          □ No          □ No          □ No          □ No          □ No          □ No          □ No          □ No          □ No               | Operation/Active performed within years?  • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes   | No   |  |  |  |
| Street Maintenance  | • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes | □ No          □ No          □ No          □ No          □ No          □ No          □ No          □ No          □ No          □ No          □ No          □ No          □ No | Operation/Active           performed within           years           • Yes           • Yes           • Yes           • Yes           • Yes           • Yes           • Yes           • Yes           • Yes           • Yes           • Yes           • Yes           • Yes           • Yes | No   |  |  |  |

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#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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

|  |   | SPI | DES | עו |   |   |   |   |   |   |
|--|---|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition City of Saratoga Springs |   | N   | Y   | R  | 2 | 0 | Α | 2 | 1 | 6 |
| Traine of Train is constituting                | • |     |     |    |   |   |   |   |   |   |

## 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.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

|  | performed within the past |         |               |               |  |  |
|--|---------------------------|---------|---------------|---------------|--|--|
| Operation/Activity/Facility                  | Addressed in              | n SWMP? | <u>years?</u> |               |  |  |
| Street Maintenance                           | • Yes                     | ○ No    | • Yes         | ○ No          |  |  |
| Bridge Maintenance                           |                           | ● No    | ○ Yes         | No            |  |  |
| Winter Road Maintenance                      |                           | ○ No    | • Yes         | ○ No          |  |  |
| Salt Storage                                 | 9 Yes                     | ○ No    | Yes           | ○ No          |  |  |
| Solid Waste Management                       |                           | ○ No    | • Yes         | O No          |  |  |
| New Municipal Construction and Land Disturba | ance • Yes                | ○ No    | • Yes         | $\bigcirc$ No |  |  |
| Right of Way Maintenance                     | O Yes                     | ******* | ○ Yes         | No            |  |  |
| Marine Operations                            | O Yes                     | ● No    | ○ Yes         | No            |  |  |
| Hydrologic Habitat Modification              |                           | ● No    | ••••          | No            |  |  |
| Parks and Open Space                         | A 77                      | ○ No    | Yes           | ○ No          |  |  |
| Municipal Building                           | A 17                      | ○ No    | • Yes         | ○ No          |  |  |
| Stormwater System Maintenance                |                           | ○ No    | ● Yes         | $\bigcirc$ No |  |  |
| Vehicle and Fleet Maintenance                |                           | ○ No    |               | O No          |  |  |
| Other  | • Yes                     | ○ No    | Yes           | ○ No          |  |  |

**Self-Assessment** 

#### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2

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

|                       |                   | <u>SPL</u> | <u>DES</u> | ID |   |   |   |   |   |   |
|-----------------------|-------------------|------------|------------|----|---|---|---|---|---|---|
| Name of MS4/Coalition | South Glens Falls | N          | Y          | R  | 2 | 0 | A | 0 | 9 | 1 |
|                       |                   |            |            |    |   |   |   |   |   |   |

#### Minimum Control Measure 6. Stormwater Management for Municipal Operations

| The information in this section is being reported (check one):                    |  |  |
|---|--|--|
| <ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul> |  |  |
| How many MS4s contributed to this report?   |  |  |

Other..... O Yes

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** performed within the past 3 **Operation/Activity/Facility** Addressed in SWMP? Street Maintenance..... • Yes ○ No ...... ○ Yes No ● No ...... ○ Yes Bridge Maintenance.... O Yes No Winter Road Maintenance.... • Yes ○ No ...... ○ Yes No Salt Storage..... • Yes ○ No ...... ○ Yes No Solid Waste Management..... O Yes ● No ...... ○ Yes No New Municipal Construction and Land Disturbance.. • Yes ○ No ..... ○ Yes No Right of Way Maintenance..... 

Yes ○ No ..... ○ Yes No Marine Operations.... O Yes No Hydrologic Habitat Modification..... O Yes ● No ..... ○ Yes No ○ No ..... ○ Yes No Parks and Open Space.... • Yes Municipal Building..... • Yes No ○ No ...... ○ Yes No Stormwater System Maintenance..... • Yes ○ No ...... ○ Yes No Vehicle and Fleet Maintenance..... • Yes ○ No ...... ○ Yes ○ No ..... ○ Yes No

Self-Assessment

6894134836

# MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

|   | SPI | DES | ID |   |   |   |   |   |   |
|---|-----|-----|----|---|---|---|---|---|---|
| J. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | N   | Y   | R  | 2 | 0 | A | 5 | 4 | 9 |
| Name of MS4/Coalition Town of Stillwater  |     |     |    |   |   | - |   |   |   |

# Minimum Control Measure 6. Stormwater Management for Municipal Operations

| The information in this section is being reported (check one):  |  |
|---|--|
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul> |  |

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 performed within the past 3 Addressed in SWMP? years? Operation/Activity/Facility ○ No ...... • Yes O No Street Maintenance..... 9 Yes • No ○ No ..... ○ Yes Bridge Maintenance..... 

Yes • No ○ No ..... ○ Yes Winter Road Maintenance..... 

Yes No ○ No ...... ○ Yes Salt Storage..... • Yes No ○ No ..... ○ Yes Solid Waste Management..... • Yes ○ No ...... ○ Yes No New Municipal Construction and Land Disturbance.. • Yes ○ No ..... • Yes O No Right of Way Maintenance..... • Yes No O No ..... O Yes Marine Operations..... • No ● No ..... ○ Yes Hydrologic Habitat Modification..... O Yes O No ○ No ..... • Yes Parks and Open Space..... Yes ○ No ...... ○ Yes • No Municipal Building..... • Yes ○ No ..... • Yes O No Stormwater System Maintenance..... ○ No ..... ○ Yes • No Vehicle and Fleet Maintenance..... • No \_\_\_\_\_ O Yes • No Other..... ○ Yes

6894134836

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

|                             |                       | SPL | DES | ID |   |   |   |   |   |   |
|-----------------------------|-----------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition       | Village of Stillwater | N   | Y   | R  | 2 | 0 | A | 5 | 4 | 7 |
| Traine of 1915-17 Coantroll |                       |     |     |    |   |   |   |   |   |   |

# Minimum Control Measure 6. Stormwater Management for Municipal Operations

| The information in this section is being reported (check one):                       |  |
|--|--|
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> </ul> |  |
| 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.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

|  |             | periorin | CO WITTE | THE PHE              |
|--|-------------|----------|----------|----------------------|
| Operation/Activity/Facility                  | Addressed i | n SWMP?  | years?   | 2                    |
| Street Maintenance                           | • Yes       | ○ No     | • Yes    | O No                 |
| Bridge Maintenance                           |             | O No     | . O Yes  | <ul><li>No</li></ul> |
| Winter Road Maintenance                      |             | O No     | • Yes    | O No                 |
| Salt Storage                                 | - Table 1   | O No     | . O Yes  | No                   |
| Solid Waste Management                       |             | • No     | . O Yes  | <ul><li>No</li></ul> |
| New Municipal Construction and Land Disturba |             | O No     | . O Yes  | No                   |
| Right of Way Maintenance                     | A 7.7       | O No     | • Yes    | O No                 |
| Marine Operations                            | ~ 11        | • No     | . O Yes  | <ul><li>No</li></ul> |
| Hydrologic Habitat Modification              | ~ * *       | • No     | . O Yes  | No                   |
| Parks and Open Space                         |             | O No     |          | ○ No                 |
| Municipal Building                           | - **        | ○ No     | . O Yes  | <ul><li>No</li></ul> |
| Stormwater System Maintenance                |             | ○ No     |          | • No                 |
| Vehicle and Fleet Maintenance                |             | ○ No     |          | <ul><li>No</li></ul> |
| Other  | ( ) 1/      | • No     | 120 22   | • No                 |

**Self-Assessment** 

#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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

|                       |                   | SPL | DES | ID |   |   |   |   |   |   |
|-----------------------|-------------------|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition | Town of Waterford | N   | Y   | R  | 2 | 0 | A | 0 | 3 | 7 |
|                       |                   |     |     |    |   |   |   |   |   |   |

#### Minimum Control Measure 6. Stormwater Management for Municipal Operations

| The information in this section is being reported (check one):                       |  |  |
|--|--|--|
| <ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> </ul> |  |  |
| 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** performed within the past 3 **Operation/Activity/Facility** Addressed in SWMP? Street Maintenance..... • Yes ○ No ...... • Yes  $\bigcirc$  No ○ No ..... • Yes Bridge Maintenance..... • Yes  $\bigcirc$  No Winter Road Maintenance.... • Yes ○ No ..... • Yes  $\bigcirc$  No Salt Storage..... • Yes ○ No ...... • Yes  $\bigcirc$  No Solid Waste Management..... • Yes ○ No ...... • Yes  $\bigcirc$  No New Municipal Construction and Land Disturbance.. O Yes ● No ..... ○ Yes No Right of Way Maintenance..... • Yes ○ No Yes  $\bigcirc$  No Marine Operations.... O Yes ● No ..... ○ Yes No Hydrologic Habitat Modification..... O Yes ● No ..... ○ Yes No ○ No Yes  $\bigcirc$  No Parks and Open Space.... Yes Municipal Building..... • Yes  $\bigcirc$  No ○ No ..... • Yes  $\bigcirc$  No Stormwater System Maintenance..... • Yes ○ No ..... • Yes ○ No ..... • Yes  $\bigcirc$  No Vehicle and Fleet Maintenance..... • Yes  $\bigcirc$  No Other..... O Yes

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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

|   | SPDES ID |    |     |      |      |    |     |      |     |
|---|----------|----|-----|------|------|----|-----|------|-----|
| Name of MS4/Coalition Village of Waterford  |          | Y  | R   | 2    | 0    | A  | 4   | 6    | 9   |
| Minimum Control Measure 6. Stormwater Manage  | ment for | Mu | nic | eipa | al ( | Эp | era | atio | ons |
|   |          |    |     |      |      | -  |     |      |     |
| 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.

**Self-Assessment Operation/Activity/Facility** performed within the past 3 **Operation/Activity/Facility** Addressed in SWMP? Street Maintenance..... 

Yes □ No ...... □ Yes • No □No ......□Yes Winter Road Maintenance.... 

Yes • No ● No ...... □ Yes No Solid Waste Management..... 

Yes • No • No □ Yes New Municipal Construction and Land Disturbance.. 

Yes No Right of Way Maintenance..... • Yes □ No □ Yes • No ● No □ Yes Marine Operations...... \( \sum \text{Yes} \) No Hydrologic Habitat Modification..... ☐ Yes No Parks and Open Space..... Yes ■ No □ Yes No Municipal Building. 

• Yes □ No □ Yes No • No ..... □ Yes • No No Vehicle and Fleet Maintenance. □ Yes ● No □ Yes 

| This report is being submitted for the reporting period ending March 9, | 2 | 0 | 2 | 1 |
|---|---|---|---|---|
|---|---|---|---|---|

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

|   | SPDE       | ES ID   |              |
|---|------------|---------|--------------|
| Name of MS4/Coalition Town of Wilton  |            | R 2 0   | 0 A 1 1 4    |
| Minimum Control Measure 6. Stormwater Manage  | ment for M | unicipa | l 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.

Self-Assessment
Operation/Activity/Facility
performed within the past 3
vears?

|   |              |         | periormea wi | tnin tne past 3 |
|---|--------------|---------|--------------|-----------------|
| <b>Operation/Activity/Facility</b>            | Addressed in | n SWMP? | yea          | ars?            |
| Street Maintenance                            | • Yes        | ○ No    | • Y          | es O No         |
| Bridge Maintenance                            | O Yes        | • No    | O Y          | es • No         |
| Winter Road Maintenance                       | • Yes        | ○ No    | • Y          | es O No         |
| Salt Storage                                  | • Yes        | ○ No    | • Y          | es O No         |
| Solid Waste Management                        | • Yes        | ○ No    | • Y          | es O No         |
| New Municipal Construction and Land Disturbar | nce • Yes    | ○ No    | O Y          | es • No         |
| Right of Way Maintenance                      | • Yes        | ○ No    | • Y          | es O No         |
| Marine Operations                             | • Yes        | • No    | O Y          | es • No         |
| Hydrologic Habitat Modification               |              | • No    | O Y          | es • No         |
| Parks and Open Space                          | • Yes        | ○ No    | O Y          | es • No         |
| Municipal Building                            | _            | ○ No    | • Y          | es O No         |
| Stormwater System Maintenance                 | • Yes        | ○ No    | • Y          | es O No         |
| Vehicle and Fleet Maintenance                 | ● Yes        | ○ No    | • Y          | es O No         |
| Other   | ○ Yes        | • No    | ○ Y          | es • No         |

This report is being submitted for the reporting period ending March 9, 2 0

|  | SPD    | ES ID      |       |       |      |     |     |
|--|--------|------------|-------|-------|------|-----|-----|
| Name of MS4/Coalition Village of Ballston Spa  | N      | YR         | 2     | 0 A   | 3    | 7   | 6   |
|  |        |            |       |       |      |     |     |
| 2. Provide the following information about municipal operations go   | od ho  | ousek      | eepi  | ng p  | rog  | ram | ıs: |
| <ul><li>Parking Lots Swept (Number of acres X Number of times swept)</li></ul>   |        | # Acr      | es [  | 7     |      | 7   | 5   |
| • Streets Swept (Number of miles X Number of times swept)  |        | # Mil      | es [  |       |      | 4   | 0   |
| <ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>   |        |            | #     |       |      | 5   | 3   |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>                  |        |            | #     |       |      |     |     |
| O Phosphorus Applied In Chemical Fertilizer  |        | # Lb       | s.    |       |      |     |     |
| O Nitrogen Applied In Chemical Fertilizer  |        | # Lb       | s.    |       |      |     |     |
| O 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   | d to r | nunic      | ipal  | emp   | oloy | ees |     |
| during this reporting period?  |        |            |       |       |      |     | 2   |
| 4. What was the date of the last training?   | 2      | <b>/</b> 0 | 2     | / 2   | 0    | 2   | 1   |
| 5. How many municipal employees have been trained in this reporti  | ng po  | eriod      | •     |       |      |     | 1   |
| 6. What percent of municipal employees in relevant positions and do stormwater management training?                                      | epart  | ment       | s rec | ceive | 1    | 7   | %   |

This report is being submitted for the reporting period ending March 9,  $2 \mid 0$ 

|   | SPI   | DES ID     | 1    |          |      |              |     |
|---|-------|------------|------|----------|------|--------------|-----|
| Name of MS4/Coalition Town of Ballston  | N     | Y R        | 2    | 0 A      | 1    | 5            | 7   |
| 2. Provide the following information about municipal operations go  | od h  | ousek      | еер  | ing pi   | rogi | am           | ıs: |
| <ul><li>Parking Lots Swept (Number of acres X Number of times swept)</li></ul>  |       | # Acı      | es   |          |      |              | 2   |
| • Streets Swept (Number of miles X Number of times swept)   |       | # Mi       | les  |          |      | 5            | 4   |
| ● Catch Basins Inspected and Cleaned Where Necessary  |       |            | #    |          |      | 8            | 2   |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>               |       |            | #    |          |      | 8            | 7   |
| O Phosphorus Applied In Chemical Fertilizer   |       | # LI       | os.  |          |      |              | 0   |
| O Nitrogen Applied In Chemical Fertilizer   |       | # LI       | os.  |          |      |              | 0   |
| O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.) |       | # Acre     | s    |          | С    | ) <u>-</u> [ | 0   |
| 3. How many stormwater management trainings have been provide during this reporting period?   | d to  | muni       | cipa | l emp    | loy  |              | 0   |
| 4. What was the date of the last training?  | 0 3   | <b>/</b> 2 | 2    | / 2      | 0    | 1            | 7   |
| 5. How many municipal employees have been trained in this report  | ing p | eriod      | ?    |          |      |              | 0   |
| 6. What percent of municipal employees in relevant positions and d stormwater management training?                                    | epar  | tment      | s re | eceive 1 | 0    | 0            | %   |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|   | SPDI   | ES ID  |               |      |      |     |    |
|---|--------|--------|---------------|------|------|-----|----|
| Name of MS4/Coalition Town of Charlton  | N S    | YR     | 2 0           | A    | 0    | 3   | 2  |
| 2. Provide the following information about municipal operations go  | od ho  | useke  | epin          | g pr | ogr  | am  | s: |
| O Parking Lots Swept (Number of acres X Number of times swept)  | #      | # Acre | es            |      |      |     |    |
| • Streets Swept (Number of miles X Number of times swept)   | 7      | # Mile | es            |      |      | 1   | 5  |
| ● Catch Basins Inspected and Cleaned Where Necessary  |        |        | #             |      |      | 1   | 0  |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>               |        |        | #             |      |      |     | 4  |
| O Phosphorus Applied In Chemical Fertilizer   |        | # Lb   | s.            |      |      |     |    |
| O Nitrogen Applied In Chemical Fertilizer   |        | # Lb   | s.            |      |      |     |    |
| O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.) |        | Acres  |               |      |      | ].  |    |
| 3. How many stormwater management trainings have been provide   | d to m | unic   | inal <i>e</i> | mn   | love | 200 |    |
| during this reporting period?   |        |        |               |      |      |     | 1  |
| 4. What was the date of the last training?  | 0 3    | / [1]  | 3 /           | 2    | 0    | 2   | 0  |
| 5. How many municipal employees have been trained in this report  | ing pe | riod?  |               |      |      |     | 1  |
| 6. What percent of municipal employees in relevant positions and d stormwater management training?                                    | epartı | nents  | rece          | eive | 2    | 5   | %  |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|   | SPDES ID      |          |       |     |           |
|---|---------------|----------|-------|-----|-----------|
| Name of MS4/Coalition TOWN OF CLIFTON PARK  | N Y R         | 2 0 P    | 0     | 3 ! | 5         |
| 2. Provide the following information about municipal operations   | good housek   | eeping p | rogr  | ams | <b>::</b> |
| <ul><li>Parking Lots Swept (Number of acres X Number of times swept)</li></ul>  | # Acı         | es       |       | 2 4 | ł         |
| • Streets Swept (Number of miles X Number of times swept)   | # Mi          | les      | 4     | 0 ( | )         |
| <ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>  |               | #        | 2     | 0 ( | )         |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>                                       |               | #        |       | (   | )         |
| O Phosphorus Applied In Chemical Fertilizer   | # LI          | os.      |       | (   | )         |
| Nitrogen Applied In Chemical Fertilizer   | # L1          | os.      | 3 2   | 0 ( | )         |
| <ul> <li>Pesticide/Herbicide Applied<br/>(Number of acres to which pesticide/herbicide was applied X Numb<br/>times applied to the nearest tenth.)</li> </ul> | # Acre        | 6        | 9 3   |     | 3         |
| 3. How many stormwater management trainings have been providuring this reporting period?  | ded to muni   | cipal em | ploye |     | 5         |
| 4. What was the date of the last training?  | 0 9 / 1       | 6 / 2    | 2 0   | 2 ( | )         |
| 5. How many municipal employees have been trained in this repo  | orting period | ?        |       | Ĩ   | 5         |
| 6. What percent of municipal employees in relevant positions and stormwater management training?  | l department  | s receiv |       | 5 % | 6         |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|   | SPDE    | ES ID   |              |            |     |     |
|---|---------|---------|--------------|------------|-----|-----|
| Name of MS4/Coalition Town of Greenfield  | N Z     | Y R     | 2 0 <i>I</i> | 1          | 2   | 3   |
| 2. Provide the following information about municipal operations go  | ood hou | usekee  | eping        | prog       | ram | ıs: |
| <ul> <li>Parking Lots Swept (Number of acres X Number of times swept)</li> </ul>  | #       | # Acres | S            |            |     | 4   |
| • Streets Swept (Number of miles X Number of times swept)   | #       | # Miles | 3            |            | 2   | 4   |
| <ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>  |         | #       | !            |            | 1   | 5   |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>               |         | #       | 4            |            | 1   | 5   |
| O Phosphorus Applied In Chemical Fertilizer   |         | # Lbs.  |              |            |     |     |
| O Nitrogen Applied In Chemical Fertilizer   |         | # Lbs.  |              |            |     |     |
| O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.) |         | Acres   |              |            | •   |     |
| 3. How many stormwater management trainings have been provided during this reporting period?  | ed to m | ıuniciţ | pal em       | ploy       |     | 1   |
| 4. What was the date of the last training?  |         | /       | ]/[          |            |     |     |
| 5. How many municipal employees have been trained in this report  | ing pe  | riod?   |              |            |     | 2   |
| 6. What percent of municipal employees in relevant positions and d stormwater management training?                                    | lepartn | nents   | receiv       | <b>e</b> 8 | 0   | %   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|  | SPD          | ES ID               |        |      |     |     |
|--|--------------|---------------------|--------|------|-----|-----|
| Name of MS4/Coalition Town of Halfmoon   | N            | YR2                 | 0 7    | 3    | 7   | 5   |
| 2. Provide the following information about municipal operation   | ons good ho  | usekee <sub>l</sub> | oing p | orog | ram | ıs: |
| <ul><li>Parking Lots Swept (Number of acres X Number of times swept</li></ul>  | t)           | # Acres             |        |      |     | 5   |
| • Streets Swept (Number of miles X Number of times swept)  |              | # Miles             | 1 9    | 5    | •   | 7   |
| ● Catch Basins Inspected and Cleaned Where Necessary   |              | #                   |        | 2    | 2   | 3   |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>                                |              | #                   |        |      |     | 0   |
| O Phosphorus Applied In Chemical Fertilizer  |              | # Lbs.              |        |      |     |     |
| ● Nitrogen Applied In Chemical Fertilizer  |              | # Lbs.              |        | 6    | 2   | 2   |
| <ul> <li>Pesticide/Herbicide Applied<br/>(Number of acres to which pesticide/herbicide was applied X Nutimes applied to the nearest tenth.)</li> </ul> |              | Acres               |        | 1 (  | 0]. | 0   |
| 3. How many stormwater management trainings have been p during this reporting period?  | rovided to n | ıunicip             | al em  | ploy |     | 1   |
| 4. What was the date of the last training?   | 0 9          | <b>/</b> [1   6     | ] / [2 | 2 0  | 2   | 0   |
| 5. How many municipal employees have been trained in this  | reporting pe | riod?               |        |      |     | 1   |
| 6. What percent of municipal employees in relevant positions stormwater management training?   | and depart   | ments r             | eceiv  |      | 0   | %   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|   | SPDES ID          |        |       |     |
|---|-------------------|--------|-------|-----|
| Name of MS4/Coalition Town of Malta   | N Y R 2           | 0 A    | 0 8   | 6   |
| 2. Provide the following information about municipal operations   | s good housekeep  | ing pr | ograr | ns: |
| <ul><li>Parking Lots Swept (Number of acres X Number of times swept)</li></ul>  | # Acres           |        |       | 5   |
| • Streets Swept (Number of miles X Number of times swept)   | # Miles           |        | 4 4   | 2   |
| <ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>  | #                 |        | 6 2   | 8   |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>                                       | #                 |        |       | 0   |
| O Phosphorus Applied In Chemical Fertilizer   | # Lbs.            |        |       |     |
| Nitrogen Applied In Chemical Fertilizer   | # Lbs.            | 2      | 6 6   | 7   |
| <ul> <li>Pesticide/Herbicide Applied<br/>(Number of acres to which pesticide/herbicide was applied X Numl<br/>times applied to the nearest tenth.)</li> </ul> | # Acres ber of    | 4      | 0.    | 2   |
| 3. How many stormwater management trainings have been providuring this reporting period?  | rided to municipa | l empl | oyees | 4   |
| 4. What was the date of the last training?  | 0 9 / 1 6         | / 2    | 0 2   | 0   |
| 5. How many municipal employees have been trained in this rep   | orting period?    |        |       | 1   |
| 6. What percent of municipal employees in relevant positions an stormwater management training?   | d departments ro  |        | 0 0   | ]%  |

This report is being submitted for the reporting period ending March 9, 2 0 2

|   | SPDES ID            |               |
|---|---------------------|---------------|
| Name of MS4/Coalition City of Mechanicville   | N Y R 2             | 0 A 5 5 1     |
| 2. Provide the following information about municipal operation  | ions good housekeep | ing programs: |
| • Parking Lots Swept (Number of acres X Number of times swept   | t) # Acres          | 5             |
| • Streets Swept (Number of miles X Number of times swept)   | # Miles             | 4 3           |
| • Catch Basins Inspected and Cleaned Where Necessary  | #                   | 5 3           |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>         | #                   | 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 applied to the nearest tenth.) | # Acres umber of    | 0.            |
| 3. How many stormwater management trainings have been p during this reporting period?   | rovided to municipa | al employees  |
| 4. What was the date of the last training?  | 0 5 / 2 9           | / 2 0 2 1     |
| 5. How many municipal employees have been trained in this   | reporting period?   | 3             |
| 6. What percent of municipal employees in relevant positions stormwater management training?                                    | and departments re  | eceive 3 3 %  |

This report is being submitted for the reporting period ending March 9, 2 0

|  | SPDES          | ID         |        |      |      |           |
|--|----------------|------------|--------|------|------|-----------|
| Name of MS4/Coalition TOWN OF MILTON   | NY             | R 2        | 0 A    | 1    | 0 8  | 3         |
| 2. Provide the following information about municipal operation   | ons good hous  | ekeep      | ing pı | rogr | ams  | <b>}:</b> |
| • Parking Lots Swept (Number of acres X Number of times swept)   | ) # A          | Acres      |        |      | 0 1  |           |
| • Streets Swept (Number of miles X Number of times swept)  | # 1            | Miles      |        |      | 3    | 3         |
| ● Catch Basins Inspected and Cleaned Where Necessary   |                | #          |        |      | 5 7  | 7         |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>          |                | #          |        |      | 8    | 3         |
| O Phosphorus Applied In Chemical Fertilizer  | #              | Lbs.       |        |      | C    | )         |
| O Nitrogen Applied In Chemical Fertilizer  | #              | Lbs.       |        |      | C    | )         |
| O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Nutimes applied to the nearest tenth.) | # Acumber of   | eres       |        | 0    | ].   |           |
| 3. How many stormwater management trainings have been produring this reporting period?   | ovided to mu   | nicipa<br> | l emp  | loye | ees  |           |
| 4. What was the date of the last training?   | 11/            | 1          | / 2    | 0    | 2 0  | )         |
| 5. How many municipal employees have been trained in this r  | eporting perio | od?        |        |      | 2    | 2         |
| 6. What percent of municipal employees in relevant positions stormwater management training?                                     | and departme   | ents re    | ceive  | 6    | 6 9/ | 6         |

This report is being submitted for the reporting period ending March 9, 2 0 2 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

|  |               | SPI  | DES  | ID    |       |      |       |     |          |
|--|---------------|------|------|-------|-------|------|-------|-----|----------|
| Name of MS4/Coalition TOWN OF MOREAU   |               | N    | Y    | R 2   | 0     | А    | 1     | 5   | 8        |
| 2. Provide the following information about municipal op  | erations good | d h  | ouse | ekee  | pinş  | g pr | ogı   | an  | 15:      |
| O Parking Lots Swept (Number of acres X Number of times s  | swept)        |      | # A  | cres  |       |      |       |     |          |
| • Streets Swept (Number of miles X Number of times swep  | t)            |      | # N  | liles | 1     | 1    | 3     | 1   |          |
| O Catch Basins Inspected and Cleaned Where Necessary   |               |      |      | #     | 7     |      | 1     |     |          |
| O Post Construction Control Stormwater Management Practices<br>Inspected and Cleaned Where Necessary                         |               |      |      | #     |       |      |       |     |          |
| O Phosphorus Applied In Chemical Fertilizer  |               |      | #]   | Lbs.  |       | T    | T     | T   |          |
| O Nitrogen Applied In Chemical Fertilizer  |               |      | # I  | Lbs.  |       |      | $\pm$ | +   | =        |
| O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied times applied to the nearest tenth.) | X Number of   | #    | Acr  | es    |       | I    |       | ].[ |          |
| 3. How many stormwater management trainings have been during this reporting period?  | en provided t | to n | nun  | icipa | ol en | npl  | oye   | es  |          |
| 4. What was the date of the last training?   | 1             | 2    | / [] | L 9   | /[    | 2    | 0 :   | 1 - | 7        |
| 5. How many municipal employees have been trained in the   | his reporting | pe   | riod | 1?    |       |      | 0     |     |          |
| 6. What percent of municipal employees in relevant positi stormwater management training?                                    | ons and depa  | artn | nen  | ts re |       |      | 5     | 9/  | <b>6</b> |

6445134838

# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 1 9

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

|   | SPDES ID    |      |      |     |      |    |
|---|-------------|------|------|-----|------|----|
| Name of MS4/Coalition Village of Round Lake   | N Y R       | 2    | 0 2  | A ( | 0 9  | 9  |
| 2. Provide the following information about municipal operations go  | ood housek  | eepi | ng   | pro | gra  | ms |
| O Parking Lots Swept (Number of acres X Number of times swept)  | # Acr       | es   | T    |     |      | 0  |
| <ul> <li>Streets Swept (Number of miles X Number of times swept)</li> </ul>   | # Mil       | es   | T    | T   | 1    | 1  |
| <ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>  |             | #    | T    |     | 6    | 0  |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>               |             | # [  | Ī    |     | Ī    | 0  |
| O Phosphorus Applied In Chemical Fertilizer   | # Lb        | s.   | T    |     | T    | 0  |
| O Nitrogen Applied In Chemical Fertilizer   | # Lb        | s.   | T    |     | T    | 0  |
| O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.) | # Acres     |      |      | 0   | 0 .  |    |
| 3. How many stormwater management trainings have been provide during this reporting period?   | d to munici | ipal |      | plo | yees | 3  |
| 4. What was the date of the last training?  | 0 / 0       | 1    | 2    | 2 0 | 1    | 2  |
| 5. How many municipal employees have been trained in this reporti   | ng period?  |      |      | 1   |      |    |
| 6. What percent of municipal employees in relevant positions and destormwater management training?                                    | epartments  | rece | eive | e 5 | 0    | %  |

SPDES ID

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition Saratoga County, Department of Public Works  | N      | Y    | R    | 2    | 0    | А    | 2   | 0   | 9  |
|--|--------|------|------|------|------|------|-----|-----|----|
| 2. Provide the following information about municipal operations goo  | od he  | ous  | eke  | epi  | ing  | pro  | ogr | am  | s: |
| <ul> <li>Parking Lots Swept (Number of acres X Number of times swept)</li> </ul>   |        | # A  | Acre | es   |      |      |     | 1   | 5  |
| • Streets Swept (Number of miles X Number of times swept)  |        | # N  | Лile | es   |      |      |     |     | 5  |
| Catch Basins Inspected and Cleaned Where Necessary   |        |      | :    | # [  |      |      |     |     | 7  |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>                  |        |      | :    | # [  |      |      |     |     | 6  |
| O Phosphorus Applied In Chemical Fertilizer  |        | #    | Lbs  | s.   |      |      |     |     |    |
| O Nitrogen Applied In Chemical Fertilizer  |        | #    | Lbs  | s. [ |      |      |     |     |    |
| O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) |        | 4 Ac | res  |      |      |      |     | ].[ |    |
| 3. How many stormwater management trainings have been provided during this reporting period?   | l to 1 | mur  | iici | pa]  | l er | nple | oye |     | 0  |
| 4. What was the date of the last training?   | 4      | 1    | 2    | 7    | 1    | 2    | 0   | 1   | 4  |
| 5. How many municipal employees have been trained in this reporting  | ng p   | erio | d?   |      |      |      |     |     | 0  |
| 6. What percent of municipal employees in relevant positions and destormwater management training?                                       | part   | tme  | nts  | re   | cei  |      | 0   | 0 ( | %  |

6445134838

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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

|  | SPDES ID            |        |      |     |     |
|--|---------------------|--------|------|-----|-----|
| Name of MS4/Coalition City of Saratoga Springs   | N Y R 2             | 0 A    | 2    | 1   | 6   |
| 2. Provide the following information about municipal operation   | ions good housekeep | oing p | rogi | ram | ıs: |
| Parking Lots Swept (Number of acres X Number of times swept  | t) # Acres          |        |      | 1   | 0   |
| • Streets Swept (Number of miles X Number of times swept)  | # Miles             |        | 2    | 9   | 2   |
| ● Catch Basins Inspected and Cleaned Where Necessary   | #                   |        | 1    | 1   | 6   |
| O Post Construction Control Stormwater Management Practices<br>Inspected and Cleaned Where Necessary   | #                   |        |      |     | 0   |
| Phosphorus Applied In Chemical Fertilizer  | #Lbs.               |        |      |     | 8   |
| Nitrogen Applied In Chemical Fertilizer  | # Lbs.              |        |      | 3   | 5   |
| <ul> <li>Pesticide/Herbicide Applied<br/>(Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)</li> </ul> | # Acres umber of    |        | . (  | ).[ | 1   |
| 3. How many stormwater management trainings have been p during this reporting period?  | rovided to municipa | al emp | loy  | ees | 0   |
| 4. What was the date of the last training?   | 0 2 / 1 1           | ] / [2 | 0    | 1   | 6   |
| 5. How many municipal employees have been trained in this  | reporting period?   |        |      |     | 0   |
| 6. What percent of municipal employees in relevant positions stormwater management training?   | and departments re  | eceive | 7    | 5   | %   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|  | S          | SPDES 1 | ID    |                   |      |     |     |
|--|------------|---------|-------|-------------------|------|-----|-----|
| Name of MS4/Coalition South Glens Falls  |            | N Y     | R 2   | 0 7               | 0    | 9   | 1   |
| 2. Provide the following information about municipal operat  | tions good | house   | ekeep | oing <sub>l</sub> | orog | ram | ıs: |
| • Parking Lots Swept (Number of acres X Number of times swep   | ot)        | # A     | cres  |                   |      | 1   | 2   |
| • Streets Swept (Number of miles X Number of times swept)  |            | # N     | Iiles |                   | 3    | 0   | 7   |
| <ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>   |            |         | #     |                   |      |     | 5   |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>          |            |         | #     |                   |      |     | 1   |
| O Phosphorus Applied In Chemical Fertilizer  |            | #       | Lbs.  |                   |      |     | 0   |
| O Nitrogen Applied In Chemical Fertilizer  |            | #       | Lbs.  |                   |      |     | 0   |
| O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.) | lumber of  | # Ac    | res   |                   |      | 0]. |     |
| 3. How many stormwater management trainings have been put during this reporting period?  | provided t | o mur   | icipa | al em             | ploy | ees | 1   |
| 4. What was the date of the last training?   | 0          | 4 /     | 2 6   | ] / [:            | 2 0  | 1   | 8   |
| 5. How many municipal employees have been trained in this  | reporting  | perio   | d?    |                   |      |     | 1   |
| 6. What percent of municipal employees in relevant positions stormwater management training?                                     | s and depa | artme   | nts r | eceiv             | e 1  | 2   | %   |

6445134838

# **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

|  | SPDES ID    |         |                 |     |     |
|--|-------------|---------|-----------------|-----|-----|
| Name of MS4/Coalition Town of Stillwater   | N Y R       | 2 0 F   | 5               | 4   | 9   |
| 2. Provide the following information about municipal operations good   | od houseke  | eping p | orog            | ram | ıs: |
| • Parking Lots Swept (Number of acres X Number of times swept)   | # Acres     | S       |                 |     |     |
| • Streets Swept (Number of miles X Number of times swept)  | # Mile:     | S       | 3               | 7   |     |
| Catch Basins Inspected and Cleaned Where Necessary   | #           | # [ ] : | 1 3             | 0   |     |
| O Post Construction Control Stormwater Management Practices<br>Inspected and Cleaned Where Necessary   | #           | #       |                 |     |     |
| O Phosphorus Applied In Chemical Fertilizer  | # Lbs       |         |                 | 0   |     |
| Nitrogen Applied In Chemical Fertilizer  | # Lbs       | . 2     | 1 1             |     |     |
| <ul> <li>Pesticide/Herbicide Applied<br/>(Number of acres to which pesticide/herbicide was applied X Number of<br/>times applied to the nearest tenth.)</li> </ul> | # Acres     |         | 6               | ].[ | 0   |
| 3. How many stormwater management trainings have been provided during this reporting period?   | d to munici | pal em  | ploy            | ees | 2   |
| 4. What was the date of the last training?   | 0 9 / 1     | 6 /     | 2 0             | 2   | 0   |
| 5. How many municipal employees have been trained in this reporti  | ng period?  |         |                 |     | 1   |
| 6. What percent of municipal employees in relevant positions and destormwater management training?   | epartments  |         | <b>e</b><br>1 0 | 0   | %   |

6445134838

# MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 1 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

|   | SPI    | DES ID | )     |       |      |      |    |
|---|--------|--------|-------|-------|------|------|----|
| Name of MS4/Coalition Village of Stillwater   | N      | YR     | 2     | 0 A   | 5    | 4    | 7  |
| 2. Provide the following information about municipal operations go  | ood h  | ousel  | кеер  | ing p | rog  | ram  | s: |
| O Parking Lots Swept (Number of acres X Number of times swept)  |        | # Ac   | res   |       |      |      |    |
| O Streets Swept (Number of miles X Number of times swept)   |        | # M    | iles  |       |      |      |    |
| Catch Basins Inspected and Cleaned Where Necessary  |        |        | #     |       |      |      | 1  |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>               |        |        | #     |       |      |      |    |
| O Phosphorus Applied In Chemical Fertilizer   |        | # L    | bs.   |       |      |      |    |
| O Nitrogen Applied In Chemical Fertilizer   |        | # I    | bs.   |       |      |      | 0  |
| O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.) |        | # Acr  | es    |       |      |      | 1  |
| 3. How many stormwater management trainings have been provided during this reporting period?  | led to | mun    | icipa | al em | ploy | yees |    |
| 4. What was the date of the last training?  |        | 1      |       | ]/    |      |      |    |
| 5. How many municipal employees have been trained in this report  | rting  | perio  | d?    |       |      |      | 0  |
| 6. What percent of municipal employees in relevant positions and  | depa   | rtme   | nts r | eceiv | e    | 13.5 |    |
| stormwater management training?   |        |        |       |       |      | 0    | %  |

This report is being submitted for the reporting period ending March 9, 2 0 2

|   | S       | PDE: | S ID  |      |       |      |     |              |
|---|---------|------|-------|------|-------|------|-----|--------------|
| Name of MS4/Coalition Town of Waterford   | 1       | И У  | R     | 2    | 0 A   | 0    | 3   | 7            |
| 2. Provide the following information about municipal operations   | s good  | hou  | seko  | eepi | ing p | rogi | ram | 1 <b>S</b> : |
| • Parking Lots Swept (Number of acres X Number of times swept)  |         | #    | Acre  | es [ |       |      |     | 3            |
| • Streets Swept (Number of miles X Number of times swept)   |         | #    | Mile  | es [ |       |      | 4   | 8            |
| <ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>  |         |      |       | # [  |       |      |     | 8            |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>                               |         |      |       | # [  |       |      |     | 0            |
| Phosphorus Applied In Chemical Fertilizer   |         | :    | # Lb  | s.   |       |      |     | 0            |
| Nitrogen Applied In Chemical Fertilizer   |         | ;    | # Lb  | s.   |       | 8    | 0   | 0            |
| <ul> <li>Pesticide/Herbicide Applied<br/>(Number of acres to which pesticide/herbicide was applied X Number applied to the nearest tenth.)</li> </ul> | ber of  | # A  | Acres |      |       | 3 (  | 0]. |              |
| 3. How many stormwater management trainings have been prov  | ided to | o mi | unic  | ipa  | l emp | oloy | ees |              |
| during this reporting period?   |         |      |       |      |       |      |     | 0            |
| 4. What was the date of the last training?  |         | /    |       |      | /     |      |     |              |
| 5. How many municipal employees have been trained in this repo  | orting  | per  | iod?  | •    |       |      |     |              |
| 6. What percent of municipal employees in relevant positions and stormwater management training?  | d depa  | ırtm | ents  | s re | ceive |      | 0   | %            |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition Village of Waterford  | N Y R 2       | 0 A 4     | 6 9   |
|---|---------------|-----------|-------|
|   |               |           |       |
| 2. Provide the following information about municipal operations go  | od housekeep  | oing prog | rams: |
| O Parking Lots Swept (Number of acres X Number of times swept)  | # Acres       |           | 0     |
| O Streets Swept (Number of miles X Number of times swept)   | # Miles       |           | 0     |
| O Catch Basins Inspected and Cleaned Where Necessary  | #             |           |       |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>               | #             |           |       |
| O Phosphorus Applied In Chemical Fertilizer   | # Lbs.        |           |       |
| O Nitrogen Applied In Chemical Fertilizer   | # Lbs.        |           |       |
| O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.) | # Acres [     |           | 0 0   |
| 3. How many stormwater management trainings have been provide during this reporting period?   | d to municipa | al employ | rees  |
| 4. What was the date of the last training?  |               | ]/        |       |
| 5. How many municipal employees have been trained in this reporti   | ing period?   |           | 0     |
| 6. What percent of municipal employees in relevant positions and d stormwater management training?                                    | epartments r  | eceive    | 0 %   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|   | SPDES ID     |              |       |     |
|---|--------------|--------------|-------|-----|
| Name of MS4/Coalition Town of Wilton  | N Y R 2      | 0 A          | 1 1   | L 4 |
| 2. Provide the following information about municipal operations go  | od housekee  | ping pr      | ogra  | ms: |
| O Parking Lots Swept (Number of acres X Number of times swept)  | # Acres      |              |       | 4   |
| O Streets Swept (Number of miles X Number of times swept)   | # Miles      |              | 3 2   | 2 0 |
| O Catch Basins Inspected and Cleaned Where Necessary  | #            |              | 7     | 7 0 |
| <ul> <li>Post Construction Control Stormwater Management Practices<br/>Inspected and Cleaned Where Necessary</li> </ul>               | #            |              |       |     |
| O Phosphorus Applied In Chemical Fertilizer   | # Lbs.       |              |       |     |
| O Nitrogen Applied In Chemical Fertilizer   | # Lbs.       |              |       |     |
| O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.) | # Acres [    |              |       | -   |
| 2 How was at a married and a second training a base been appointed  | J 4          | a <b>1</b> a |       |     |
| 3. How many stormwater management trainings have been provide during this reporting period?   | a to municip | ai emp       | loyee | 3   |
| 4. What was the date of the last training?  | 1 1 / 0 4    | / 2          | 0 2   | 2 0 |
| 5. How many municipal employees have been trained in this reporti   | ing period?  |              |       | 1   |
| 6. What percent of municipal employees in relevant positions and d stormwater management training?                                    | epartments r | receive      | 0 0   | )]% |

| This report is being submitted for the reporting period ending March 9 | , 2 | 0 | 2 | 1 |
|--|-----|---|---|---|
|--|-----|---|---|---|

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

|  |   | SPL | <u> DES</u> | ID |   |   |    |   |   |   |
|--|---|-----|-------------|----|---|---|----|---|---|---|
| Name of MS4/Coalition Village of Ballston Spa    |   | N   | Y           | R  | 2 | 0 | А  | 3 | 7 | 6 |
| Name of Wis4/Coantion   1 mongo of a second of a | J |     | _           |    | _ |   | Ь— |   |   | _ |

#### 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.

Continue to send staff to relevant trainings.

# 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.

Virtual trainings were attended in this reporting period.

| C. | How | many | times | was | this | observation | measured | or | evaluated | in | this | reporting | period? |
|----|-----|------|-------|-----|------|-------------|----------|----|-----------|----|------|-----------|---------|
|    |     |      |       |     |      |             |          |    |           |    |      |           |         |

| D. Has your MS4 made progress toward this measurable goal during this | reporting per  | iod?         |           |
|---|----------------|--------------|-----------|
|   | (ex.: samples/ | /participant | ts/events |
|   |                |              |           |

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

| _     | _   |
|-------|-----|
| ✓ Yes | ⊔No |

✓ Yes

+

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.

Send staff to in-person trainings when they resume.

This report is being submitted for the reporting period ending March 9, |2|

| if submitting this form as part of a joint report on benaif of a coan  |  |
|--|--|
|  | SPDES ID   |
| Name of MS4/Coalition Town of Ballston   | N Y R 2 0 A 1 5 7                                    |
|  |  |
| 7. Evaluating Progress Toward Measurable Goals MCM 6   |  |
| Use this page to report on your progress and project plans toward achie identified in your Stormwater Management Program Plan (SWMPP), iIII.C.1. Submit additional pages as needed.  |  |
| A. Briefly summarize the Measurable Goal identified in the SWM   | IPP in this reporting period.                        |
| The town will continue to track the metrics regarding housekeeping p department is diligent in performing street/parking lot sweeping, catcl maintenance of Town-owned stormwater management basins. Budget precluded specific stormwater training for employees this reporting per training in prior years. | h basin cleaning and<br>t, staffing levels and COVID |
| B. Briefly summarize the observations that indicated the overall e<br>Goal.  | effectiveness of this Measurable                     |
| The town has continued to track the metrics regarding housekeeping pat training opportunities in the next year for any new staff.  | oractices. The Town will look                        |
| C. How many times was this observation measured or evaluated in D. Has your MS4 made progress toward this measurable goal dur  | (ex.: samples/participants/even                      |
| D. Has your Mo4 made progress toward this measurable goar dur  | Yes No   |
| E. Is your MS4 on schedule to meet the deadline set forth in the S   | <b>WMPP? ●</b> Yes □ No                              |
| F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule  | ne goals of this MCM during                          |
| The town has continued to track the metrics regarding housekeeping pat training opportunities in the next year for any new staff. The highwits program of street/parking lot sweeping, catch basin cleaning and materials to the stormwater management basins.   | vay department will continue                         |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

|  | _ | SPL | DES | ID |   |   |   |   |   |   |
|--|---|-----|-----|----|---|---|---|---|---|---|
| Name of MS4/Coalition Town of Charlton |   | N   | Y   | R  | 2 | 0 | А | 0 | 3 | 2 |

#### 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. Began brine pretreatment of roads to reduce salt usage,

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?



(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

|        | Yes  | $\bigcirc$ No |
|--------|------|---------------|
| $\cup$ | i es | $\circ$ NO    |

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

| Yes | $\bigcirc$ 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 Highway Super continues to work with the TE and outside training opportunities to become familiar with MS4 provisions.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coolision TOWN OF CLIFTON PARK   | SPDES ID  N Y R 2 0 A 0 3 5                                 |
|--|---|
| Name of MS4/Coalition TOWN OF CLIFTON PARK   |   |
| 7. Evaluating Progress Toward Measurable Goals MCM 6   |   |
| Use this page to report on your progress and project plans toward adidentified in your Stormwater Management Program Plan (SWMPF III.C.1. Submit additional pages as needed.                 |   |
| A. Briefly summarize the Measurable Goal identified in the SW  | VMPP in this reporting period.                              |
| Maintain all selected BMPs detailed in the Town of Clifton Park M  | 1S4 SWMP Plan.  |
| B. Briefly summarize the observations that indicated the overa Goal.   | ll effectiveness of this Measurable                         |
| A significant amount of debris removed from the stormwater systematical experiments of the stormwater systematical experiments.  | m as a result of maintenance.                               |
| C. How many times was this observation measured or evaluate  | d in this reporting period?  (ex.: samples/participants/eve |
| D. Has your MS4 made progress toward this measurable goal of   |   |
| E. Is your MS4 on schedule to meet the deadline set forth in the   | e SWMPP?<br>● Yes ○ No                                      |
| F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation sched   | t the goals of this MCM during                              |
| Maintain all selected BMPs detailed in the Town of Clifton Park M maintenance of the town's streets and stormwater system. Expansi cleaning of retention ponds as time and manpower permits. |   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

|  | SPDES ID |   |   |   |   |   |   |   |   |   |
|--|----------|---|---|---|---|---|---|---|---|---|
| Name of MS4/Coalition Town of Greenfield |          | N | Y | R | 2 | 0 | А | 1 | 2 | 3 |

#### 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 24 local roads and roadside ditches and replaced 15 culvert structures in 2020.

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    |           |
|------|------|-------|------|------|-----------|
| samo | les/ | 'parı | tici | pant | :s/events |

D. Has your MS4 made progress toward this measurable goal during this reporting period?

|  | $V_{\Delta c}$ | $\bigcirc$ No |
|--|----------------|---------------|

(ex.:

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

| $\bullet$ Yes $\bigcirc$ 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.

| This report is being submitted for the reporting period ending March 9, | 2 | 0 | 2 | 1 |
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|-----------------------|------------------|----------|---|---|---|---|---|---|---|---|---|
| Name of MS4/Coalition | Town of Halfmoon |          | N | Y | R | 2 | 0 | А | 3 | 7 | 5 |

#### 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 195.7 miles of road swept with 100.7 cubic yards of debris collected. 223 catch basins were also cleaned out removing 42.2 cubic yards of debris.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town Highway Department reported on 195.7 miles of road swept with 100.7 cubic yards of debris collected. 223 catch basins were also cleaned removing 42.2 cubic yards of debris.

C. How many times was this observation measured or evaluated in this reporting period?

|      |      |      |       | 1    |          |
|------|------|------|-------|------|----------|
| samp | les/ | parı | tici, | pant | s/events |

D. Has your MS4 made progress toward this measurable goal during this reporting period?

| 0 1 |     |            |    |
|-----|-----|------------|----|
|     | Yes | $\bigcirc$ | Nο |

(ex.:

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

| Yes      | $\bigcirc$ No |
|----------|---------------|
| <u> </u> | O INO         |

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 12/31/2021.

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

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| Name of MS4/Coalition Town of Malta | N       | Y  | R  | 2 | 0 | А | 0 | 8 | 6 |

#### 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. Due to COVID19 highway staff did not received training in this reporting period. Training for highway and parks staff was conducted as soon as practicable on 3/31/2021.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town conducted a self-assessment last reporting 2018 and will conduct its next self-assessment no later than 2021 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.

| C. | How ma | nv times | was this | observation | measured o | r evaluated in | this re | porting | period? |
|----|--------|----------|----------|-------------|------------|----------------|---------|---------|---------|
|    |        |          |          | 0.0.00      |            |                |         | 8       | 1       |

|          |      |      |       | 1    |            |
|----------|------|------|-------|------|------------|
| <br>samp | les/ | parı | tici. | pant | :s/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 |   |

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 2021 and will maintain inspection, cleaning and repair records. Stormwater training will be provided in the spring of 2021 to parks and highway staff.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Charles 1 11   | SPDES ID  |
|--|---|
| Name of MS4/Coalition City of Mechanicville  | N Y R 2 0 A 5 5 1   |
| 2. Evaluating Progress Toward Measurable Goals MC  | M 3   |
| Use this page to report on your progress and project plans to identified in your Stormwater Management Program Plan (III.C.1. Submit additional pages as needed.   |   |
| A. Briefly summarize the Measurable Goal identified in   | n the SWMPP in this reporting period.   |
| Stormwater outfalls were located and mapped in previous this reporting year. Last reporting year the City committed during this reporting cycle.   |   |
| B. Briefly summarize the observations that indicated th  | ne overall effectiveness of this Measurable   |
| A digital map of outfalls was created via Google Earth and   | has been included on the City's new   |
| stormwater website.  |   |
|  |   |
| C. How many times was this observation measured or e   | (ex.: samples/participan  |
| C. How many times was this observation measured or e   | (ex.: samples/participan)  le goal during this reporting period?  Yes O No  |
| C. How many times was this observation measured or e   | (ex.: samples/participan le goal during this reporting period?  ● Yes ○ No oth in the SWMPP?                        |
| C. How many times was this observation measured or e  D. Has your MS4 made progress toward this measurab  E. Is your MS4 on schedule to meet the deadline set for  F. Briefly summarize the stormwater activities planned the next reporting cycle (including an implementation) | le goal during this reporting period?  • Yes ○ No  • Yes ○ No  • Yes ○ No  • I to meet the goals of this MCM during |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 

| Name of MS4/Coalition City of Mechanicville   | SPDES ID  N Y R 2 0 A 5 5 1                                     |
|---|---|
| 7. Evaluating Progress Toward Measurable Goals MCM 6  |   |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.                                 |   |
| A. Briefly summarize the Measurable Goal identified in the S  | SWMPP in this reporting period.                                 |
| The measurable goal tracked was the number of municipal training  | ng programs provided.   |
| B. Briefly summarize the observations that indicated the over Goal.   | rall effectiveness of this Measurable                           |
| Three DPW employees received a total of 3 training sessions dur sessions covered all elements of their Good Housekeeping/Preve Practices document. Each activity was reviewed and its purpose of Fridays. | ntion Pollution Best Management                                 |
| C. How many times was this observation measured or evaluation   | ted in this reporting period?  (ex.: samples/participants/event |
| D. Has your MS4 made progress toward this measurable goal   |   |
| E. Is your MS4 on schedule to meet the deadline set forth in t  | the SWMPP?  • Yes • No  |
| F. Briefly summarize the stormwater activities planned to me<br>the next reporting cycle (including an implementation scho  | eet the goals of this MCM during                                |
| The City plans to provide relevant stormwater program (illicit disreporting and tracking, inspections, etc) training to field personn   | <u> </u>  |
|   |   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|                         |  |                         | SPDES ID                               |
|-------------------------|--|-------------------------|--|
| Name of MS4/Coalition   | City of Mechanicville  |                         | N Y R 2 0 A 5 5 1                      |
| Use this page to rep    | gress Toward Measurable G  | ct plans toward achievi | -                                      |
| •                       | tormwater Management Progra<br>tional pages as needed.                         | im Pian (S w WiPP), inc | nuding requirements in Part            |
| A. Briefly summar       | rize the Measurable Goal ide   | ntified in the SWMPI    | P in this reporting period.            |
|                         | al tracked is the number and ty<br>t are not required by the permi             | •                       | _                                      |
| B. Briefly summar Goal. | rize the observations that ind   | icated the overall effe | ectiveness of this Measurable          |
| such as newly purch     | ted a stormwater management hased booms, storm drain sten be easily mobilized. |                         |  |
| C. How many time        | es was this observation meas   | ured or evaluated in t  | chis reporting period?                 |
| D. Has your MS4 i       | made progress toward this m  | neasurable goal durin   | g this reporting period?<br>● Yes ○ No |
| E. Is your MS4 on       | schedule to meet the deadlin   | ne set forth in the SW  | MPP?  ● Yes ○ No                       |
| v                       | rize the stormwater activities<br>ing cycle (including an imple                |                         | goals of this MCM during               |
| The City will contin    | nue to outfit the stormwater tru   | ack for quick and easy  | mobilization.                          |
|                         |  |                         |  |
|                         |  |                         |  |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|   | SPDES ID   |
|---|--|
| Name of MS4/Coalition City of Mechanicville   | N Y R 2 0 A 5 5 1  |
| 7. Evaluating Progress Toward Measurable Goals MCM 6  |  |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.   |  |
| A. Briefly summarize the Measurable Goal identified in the S  | WMPP in this reporting period.   |
| The measurable goal tracked is the number and type of actions the GHPP program that are not required by the permit, rather voluntees.   |  |
| B. Briefly summarize the observations that indicated the over Goal.   | rall effectiveness of this Measurable  |
| The City posted an outfall inspection and IDDE tracking map on of varying colors will be utilized to indicate inspections, illicit disclear at a glance where problem areas and/or repeat offenses are I where most needed. | scharges, etc. Eventually, it will be  |
| C. How many times was this observation measured or evaluat  | ted in this reporting period?  |
|   |  |
| D. Has your MS4 made progress toward this measurable goal   | (ex.: samples/participants/eve.  I during this reporting period?  • Yes • No |
| E. Is your MS4 on schedule to meet the deadline set forth in t  | he SWMPP?  ● Yes ○ No  |
| F. Briefly summarize the stormwater activities planned to me<br>the next reporting cycle (including an implementation sche  | eet the goals of this MCM during   |
| The City will continue to develop this map in the next reporting y  | year.  |
|   |  |
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|  | SPDES ID  |
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| Name of MS4/Coalition City of Mechanicville  | N Y R 2 0 A 5 5 1   |
| 7. Evaluating Progress Toward Measurable Goals MCM 6   |   |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.  |   |
| A. Briefly summarize the Measurable Goal identified in the S   | SWMPP in this reporting period.                                   |
| The measurable goal tracked is the number and type of actions the GHPP program that are not required by the permit, rather volunted by the permit of the per | •   |
| B. Briefly summarize the observations that indicated the over Goal.  | rall effectiveness of this Measurable                             |
| The City mandated that all vehicles be washed indoors only, as a potential for stormwater pollution.   | an added measure of safety against                                |
| C. How many times was this observation measured or evalua  | ted in this reporting period?  [ex.: samples/participants/events] |
| D. Has your MS4 made progress toward this measurable goa   |   |
| E. Is your MS4 on schedule to meet the deadline set forth in t   | the SWMPP?  ● Yes ○ No  |
| F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation scho  | 9   |
| The City will continue to seek other opportunities to create a more  | re robust program.  |
|  |   |
|  |   |

| This report is be | eing submitted for the | reporting period er | nding March 9, | 2 | 0 | 2 | 1 |
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| SPDES  |  |
|--|--|
| Name of MS4/Coalition TOWN OF MILTON Name of MS4/Coalition   | R 2 0 A 1 0 8                                      |
| 7. Evaluating Progress Toward Measurable Goals MCM 6   |  |
| Use this page to report on your progress and project plans toward achieving meas identified in your Stormwater Management Program Plan (SWMPP), including re 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 he activities to assist in completion of annual MS4 report. Have improved record ke years.                                  | 1 0  |
| B. Briefly summarize the observations that indicated the overall effectivenes Goal.  | ss of this Measurable                              |
| 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 repo  | 1  |
| D. Has your MS4 made progress toward this measurable goal during this re   | (ex.: samples/participants/events, porting 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 the next reporting cycle (including an implementation schedule).   |  |
| Keep records on forms found in SWMPP or in manner acceptable to the Town Strategiew record keeping procedures with responsible parties. To be further review completeness.                               |  |

| This report is being and the least                                      |          |   |   |   |
|---|----------|---|---|---|
| This report is being submitted for the reporting period ending March 9, | 2        | 0 | 2 | 1 |
| IC 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                | oroside, |   | - | _ |

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| Name of MS4/Coalition TOWN OF MOREAU   | N Y R 2 0 A 1 5 8  |
|  |  |
| 7 Evoluation D   |  |
| 7. Evaluating Progress Toward Measurable Goals MCM 6   |  |
| Use this many to   |  |
| Use this page to report on your progress and project plans toward achiev   | ing measurable goals   |
| is the first of the state of th | cluding requirements in Dout   |
| III.C.1. Submit additional pages as needed.  | requirements in Part   |
|  |  |
| A. Briefly summarize the Measurable Goal identified in the SWMPI   | D ! a !  |
| W  | In this reporting period.  |
| Keep all required records on forms found in SWMPP or in a manner acc<br>Stormwater Management Officer (SMO): implement all GOP   | centable to the Tarrel   |
| Stormwater Management Officer (SMO); implement all SOPs - on-going   | ceptable to the Town's   |
| y Farmer an Solis on-going   | g.   |
|  |  |
|  |  |
|  |  |
| R Briofly summeries 41   |  |
| B. Briefly summarize the observations that indicated the overall effection.  | ctiveness of this Measurable   |
| Goal.  | The state of the s |
| The receipt/keeping of war 1 1 1   |  |
| The receipt/keeping of records has kept pace with related activities with edepartment.   | exception of the Recreation  |
| department.  | i a a a a a a a a a a a a a a a a a a a  |
|  |  |
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|  |  |
| C. How many times was this observation measured or evaluated in th   | •  |
| mousured of evaluated in th  | is reporting period?   |
|  | 1  |
|  | (ex.: samples/participants/event   |
| D. Has your MS4 made progress toward this measurable goal during   | this reporting and 10  |
| and the goal during  |  |
| E. Is your MS4 on sahadala 4   | ● Yes ○ No   |
| E. Is your MS4 on schedule to meet the deadline set forth in the SWM   | IPP?   |
|  | A ***  |
| F. Briefly summarize the stormwater activities planned to meet the go  | pole of this MCM 1   |
| the next reporting cycle (including an implementation schedule).   | als of this WICM during  |
|  |  |
| A Self-Assessment will be conducted next reporting period, per SOP; Recompleyees will receive training on Good Housekeening (P. H. C.). P. Recomplexes will receive training on Good Housekeening (P. H. C.).  | rection Density  |
|  | ion; all ather   |
| elements and SOPs will continue as planned.  | ion, an other program  |
|  |  |
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| MS4 Annual Report |  | OLAR |
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This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 2 \mid 1$ 

| If submitting this form as part of a joint report on behalf of a   | a coalition leave SPDES ID blank.   |
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|  | SPDES ID  |
| Name of MS4/Coalition Village of Round Lake  | N Y R 2 0 A 0 9 9   |
| 7. Evaluating Progress Toward Measurable Goals MCM 6   |   |
| Use this page to report on your progress and project plans toward dentified in your Stormwater Management Program Plan (SWM II.C.1. Submit additional pages as needed.   | PP), including requirements in Part   |
| A. Briefly summarize the Measurable Goal identified in the S   | SWMPP in this reporting period.   |
| The Village, as an automatically designated MS4 since 2003, has of training, operations, and system inspection & maintenance.  | s a fully developed MCM6 program  |
|  |   |
|  | rall effectiveness of this Measurabl  |
| The Village continues all applicable SOPs and BMPs relative to operations, and maintenance. Each year all catch basins, system outlet points are inspected; general GH/P2 measures are implem  | Public Works and MS4 inspection, connectors (i.e. culverts), inlet and  |
| The Village continues all applicable SOPs and BMPs relative to operations, and maintenance. Each year all catch basins, system outlet points are inspected; general GH/P2 measures are implem such measures have been fully implemented.   | Public Works and MS4 inspection, connectors (i.e. culverts), inlet and ented as part of daily operations; all ated in this reporting period?  |
| B. Briefly summarize the observations that indicated the ove Goal.  The Village continues all applicable SOPs and BMPs relative to operations, and maintenance. Each year all catch basins, system outlet points are inspected; general GH/P2 measures are implem such measures have been fully implemented.  C. How many times was this observation measured or evaluation. | Public Works and MS4 inspection, connectors (i.e. culverts), inlet and ented as part of daily operations; all ated in this reporting period?  |
| The Village continues all applicable SOPs and BMPs relative to operations, and maintenance. Each year all catch basins, system outlet points are inspected; general GH/P2 measures are implem such measures have been fully implemented.  C. How many times was this observation measured or evaluation.   | Public Works and MS4 inspection, connectors (i.e. culverts), inlet and ented as part of daily operations; all ated in this reporting period?  [2 4 0]  [ex.: samples/participar                                   |
| The Village continues all applicable SOPs and BMPs relative to operations, and maintenance. Each year all catch basins, system outlet points are inspected; general GH/P2 measures are implem such measures have been fully implemented.   | Public Works and MS4 inspection, connectors (i.e. culverts), inlet and ented as part of daily operations; all ted in this reporting period?  [ex.: samples/participanted during this reporting period?  Yes O No. |

from the Saratoga County/CCE Saratoga ISWM Program in Reporting Year 11 (i.e. 2013 - 2014); 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-12, 2014 - 2015).

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition Saratoga County, Department of Public Works  Name of MS4/Coalition Saratoga County, Department of Public Works  Name of MS4/Coalition Saratoga County, Department of Public Works   |
|---|
| 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?  (ex.: samples/participants/event  |
| D. Has your MS4 made progress toward this measurable goal during this reporting period?_  |
| <ul> <li>Yes □ No</li> <li>E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?</li> <li>Yes □ No</li> </ul>   |
| 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.  |
|   |

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| <b>MS4</b> Annual | Re | port | Forn | 1 |
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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| Name of MS4/Coalition City of Saratoga Springs | N        | Y | R | 2 | 0 | Α | 2 | 1 | 6 |
|  |          |   |   |   |   |   |   |   |   |

#### 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 way of self-assessment.
- Perform a self-assessment of municipal facilities and operations every (3) years.
- 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 March 2020.
- Pollution prevention training for DPW employees not provided due to covid gathering restrictions.

| C. How many times was this observation measured or evaluated in this reporting period? |                                    |  |  |  |
|--|------------------------------------|--|--|--|
|  | 3 6 5                              |  |  |  |
|  | (ex.: samples/participants/events, |  |  |  |

D. Has your MS4 made progress toward this measurable goal during this reporting period?

|  | Yes | O No |
|--|-----|------|
|  |     |      |

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

| Yes | O 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 and monitored for effectiveness.
- The next self-assessment of municipal facilities/operations is scheduled for February 2023.
- Pollution prevention training for DPW employees past due Scheduled for Summer 2021 if possible.
- Ordinances prohibiting waterfowl feeding and improper pet waste disposal will remain in effect.

This report is being submitted for the reporting period ending March 9, 2 0 2 1

|   |  | SPDES ID                              |
|---|--|---------------------------------------|
| Name of MS4/Coalition   | South Glens Falls  | N Y R 2 0 A 0 9 1                     |
| 7. Evaluating Pro   | ogress Toward Measurable Goals MCM 6   |                                       |
| identified in your S  | port on your progress and project plans toward tormwater Management Program Plan (SWM itional pages as needed. | •                                     |
| A. Briefly summa  | rize the Measurable Goal identified in the S   | SWMPP in this reporting period.       |
| Work with town of<br>Maintain MSD She<br>Update materials in    |  | er refresher courses for employees.   |
| B. Briefly summa<br>Goal.                                       | rize the observations that indicated the ove   | rall effectiveness of this Measurable |
| Work with town of<br>Maintain all MSDS<br>Materials inventory   |  |                                       |
| C. How many tim   | es was this observation measured or evalua   | ated in this reporting period?        |
|   |  | (ex.: samples/participants/event      |
| D. Has your MS4   | made progress toward this measurable goa   |                                       |
| <b>5.</b>   |  | ● Yes ○ No                            |
| E. Is your MS4 or   | schedule to meet the deadline set forth in t   | the SWMPP?<br>● Yes ○ No              |
| •   | rize the stormwater activities planned to moing cycle (including an implementation sch                         | e e                                   |
| Using catchbasin re   |  |                                       |
| Ue street sweeping<br>Continue to update<br>Materials inventory | MSD Sheets as needed.  |                                       |
|   |  |                                       |

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| MS4 | Annual        | Report  | Form |
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|     | T FILLI CLOCK | 1100001 |      |

This report is being submitted for the reporting period ending March 9, 2 0 2 1

| If submitting this form as part of a joint report on behalf of a co  | palition leave SPDES ID blank.                                       |
|--|--|
|  | SPDES ID   |
| Name of MS4/Coalition Town of Stillwater   | N Y R 2 0 A 5 4 9  |
| 7. Evaluating Progress Toward Measurable Goals MCM 6   |  |
| Use this page to report on your progress and project plans toward actidentified in your Stormwater Management Program Plan (SWMPP) III.C.1. Submit additional pages as needed.                           | chieving measurable goals<br>), including requirements in Part       |
| A. Briefly summarize the Measurable Goal identified in the SW  | MPP in this reporting period.  |
| As of this reporting year the Town of Stillwater has developed their (SWMP). The goals for inspection and maintenance of the Town oplan.   | r Stormwater Management Plan<br>owned facilities are outlined in the |
| B. Briefly summarize the observations that indicated the overal Goal.  | ll effectiveness of this Measurable                                  |
| A detailed reporting form was established by the Town that the Hig on activities outlined in this report. The activities reported have be the department effectively to insure proper operation of BMPs. | ghway Department uses to report en managed and maintained by         |
| C. How many times was this observation measured or evaluated   | d in this reporting period?  |
|  |  |
| n at 1 2504 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  | (ex.: samples/participan   |
| D. Has your MS4 made progress toward this measurable goal d  | • Yes ○ No   |
| E. Is your MS4 on schedule to meet the deadline set forth in the   | e SWMPP?<br>● Yes ○ No   |
| F. Briefly summarize the stormwater activities planned to meet<br>the next reporting cycle (including an implementation sched  | t the goals of this MCM during                                       |
| The Town of Stillwater is working with the Coalition (Saratoga Co  | ounty ISWM Program) on the   |
| creation of Standard Operation Procedures for Coalition members  | to create a consistent approach.                                     |
|  |  |

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| MS4 Annual Repor   |   |
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| This report is being submitted for the reporting p   | for a condition leave SPDES ID blank  |
| If submitting this form as part of a joint report on behal   | spdes id  |
| Tame of MS4/Coalition Village of Stillwater  | N Y R 2 0 A 5 4 7   |
| The state of the s | 16  |
| . Evaluating Progress Toward Measurable Goals MCM  |   |
| Jse this page to report on your progress and project plans to dentified in your Stormwater Management Program Plan (SII.C.1. Submit additional pages as needed.  | ward achieving measurable goals<br>WMPP), including requirements in Part  |
| A. Briefly summarize the Measurable Goal identified in   | the SWMPP in this reporting period.   |
| The Village of Stillwater has developed their Stormwater M inspection and maintenance of the Village owned facilities a  | anagement Plan (SWMP). Goals for are outlined in the plan.  |
| Goal.  A detailed reporting form was established by the Village th on activities outlined in this report. The activities reported the department effectively to insure proper operation of BM  | have been managed and manited by  |
| C. How many times was this observation measured or e   |   |
| toward this massurah   | (ex.: samples/participa.  |
| D. Has your MS4 made progress toward this measurable   | • Yes ON  |
| E. Is your MS4 on schedule to meet the deadline set for  | th in the SWMPP?  • Yes • No  |
| F. Briefly summarize the stormwater activities planned the next reporting cycle (including an implementation   | to meet the goals of this MCM during on schedule).  |
| The Village of Stillwater has developed their Stormwater I inspection and maintenance of the Village owned facilities  | Management Plan (SWMP). Goals for are outlined in the plan. Through an sloped by the Town of Stillwater continues |

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.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

| Name of MS4/Coalition Town of Waterford  | SPDES ID  N Y R 2 0 A 0 3 7           |
|--|---------------------------------------|
| 7. Evaluating Progress Toward Measurable Goals MCM 6   |                                       |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed. |                                       |
| A. Briefly summarize the Measurable Goal identified in the S   | SWMPP in this reporting period.       |
| The Town practices good housekeeping measures such as those identified in their Good Housekeeping/Pollution Prevention Plan  |                                       |
| B. Briefly summarize the observations that indicated the over Goal.  | rall effectiveness of this Measurable |
| The Town removed 1.5 cy of sediment from 8 catch basins, repla 3 culvert pipes, upgraded 1 outfall, and added 2 catch basins.  | aced 4 catch basin frames, replaced   |
| C. How many times was this observation measured or evalua  |                                       |
|  | (ex.: samples/participants/events     |
| D. Has your MS4 made progress toward this measurable goa   |                                       |
| E. Is your MS4 on schedule to meet the deadline set forth in t   |                                       |
| F. Briefly summarize the stormwater activities planned to me<br>the next reporting cycle (including an implementation sch  | e e                                   |
| The Town will continue to implement good housekeeping measurcollection and conveyance system.  | ares and maintain their stormwater    |
|  |                                       |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 9 & 1 \end{vmatrix}$ 

|                            |  | SPDES ID  |
|----------------------------|--|---|
| Name of MS4/Coalition      | Town of Waterford  | N Y R 2 0 A 0 3 7   |
| Use this page to rep       | gress Toward Measurable Goals MCM 6 ort on your progress and project plans toward tormwater Management Program Plan (SWM |   |
| III.C.1. Submit addi       | itional pages as needed.   |   |
| A. Briefly summar          | rize the Measurable Goal identified in the S   | SWMPP in this reporting period.                                     |
| The Town maintain          | ns pet waste stations.   |   |
| B. Briefly summar<br>Goal. | rize the observations that indicated the ove   | rall effectiveness of this Measurable                               |
| Two pet waste stati        | ons were added this reporting year, for a total  | l of 13.  |
|                            |  |   |
| C. How many time           | es was this observation measured or evalua   | ated in this reporting period?                                      |
|                            |  | 1 3   |
| D. Has your MS4            | made progress toward this measurable goa   | (ex.: samples/participants/events all during this reporting period? |
| ·                          |  | ● Yes ○ No  |
| E. Is your MS4 on          | schedule to meet the deadline set forth in   | the SWMPP?  ● Yes ○ No  |
| •                          | rize the stormwater activities planned to ming cycle (including an implementation sch                                    | eet the goals of this MCM during                                    |
| The Town will con-         | tinue to maintain these stations, adding them  | when necessary.   |
|                            |  |   |
|                            |  |   |
|                            |  |   |

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

|                         |  |         |        |                           |       |      |     |          |      |            |     |      |      |     |      |      |          |    |     | SPD | <u>ES</u> | ID   |      |     |           |     |              |     |
|-------------------------|--|---------|--------|---------------------------|-------|------|-----|----------|------|------------|-----|------|------|-----|------|------|----------|----|-----|-----|-----------|------|------|-----|-----------|-----|--------------|-----|
| Name of N               | IS4/C  | oalitio | on To  | wn of                     | Water | ford |     |          |      |            |     |      |      |     |      |      |          |    |     | N   | Y         | R    | 2    | 0   | А         | 0   | 3            | 7   |
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|                         |  |         |        |                           |       |      |     | <u>V</u> | Va   | <u>ter</u> | · Q | ua   | lity | γT  | 're  | nd   | <u>S</u> |    |     |     |           |      |      |     |           |     |              |     |
| The info                | matic  | n in    | this s | secti                     | on is | bei  | ing | ren      | orte | ed (6      | che | ck o | one) | :   |      |      |          |    |     |     |           |      |      |     |           |     |              |     |
| On bel                  |  |         |        |                           |       |      | 8   | r        |      | - (        |     |      | )    |     |      |      |          |    |     |     |           |      |      |     |           |     |              |     |
| On bel                  |  | f a co  | alitio | on                        |       |      | but | ed       | to t | his        | rep | ort  | ? [  |     |      |      |          |    |     |     |           |      |      |     |           |     |              |     |
| 1. Has<br>relat<br>One  | ted to   | sto1    | rmw    | atei                      | r? If | no   |     |          |      |            | -   |      |      |     |      |      | _        |    |     | -   |           |      |      | eas | ure<br>Ye |     | •            | No  |
| O Report                |  |         |        |                           |       | _    | nor | t        |      |            |     |      |      |     |      |      |          |    |     |     |           |      |      |     |           |     |              |     |
| <ul><li>Web F</li></ul> |  |         |        |                           |       |      | -   |          | ded  | hel        | ow  |      |      |     |      |      |          |    |     |     |           |      |      |     |           |     |              |     |
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| This report is being submitted for the reporting period ending March 9. | 2 | 0 | 2 | 1 |
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|   | SPDES ID                              |
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| Name of MS4/Coalition Village of Waterford  | N Y R 2 0 A 4 6 9                     |
| 7. Evaluating Progress Toward Measurable Goals MCM 6  |                                       |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed. |                                       |
| A. Briefly summarize the Measurable Goal identified in the S  | WMPP in this reporting period.        |
| Maintain all good housekeeping/pollution prevention programs.   |                                       |
|   |                                       |
|   |                                       |
| B. Briefly summarize the observations that indicated the over Goal.   | rall effectiveness of this Measurable |
| The Village continues to maintain is existing programs of Street, Municipal Buildings, and Parks and Open Soace management/mapracticle.                                   |                                       |
| C. How many times was this observation measured or evaluate   | ted in this reporting period?         |
| D. Has your MS4 made progress toward this measurable goal   | during this reporting period?         |
| E. Is your MS4 on schedule to meet the deadline set forth in the  | ● Yes □ No he SWMPP?  ● Yes □ No      |
| F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche   | et the goals of this MCM during       |
| Maintain all in-house programs as well as street sweeping, litter/t maintenance contracts.  | rash pickup (daily), and winter road  |
|   |                                       |
|   |                                       |

| This report is being submitted for the reporting period ending March 9, $\mid$ 2 | 2   C | 1 2 | - |
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|   | SPDES ID  |
|---|---|
| Name of MS4/Coalition Town of Wilton  | N Y R 2 0 A 1 1 4   |
| 7. Evaluating Progress Toward Measurable Goals MCM  | 6   |
| Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SW III.C.1. Submit additional pages as needed. | •   |
| A. Briefly summarize the Measurable Goal identified in th   | e SWMPP in this reporting period.                                     |
| Regularly inspect, clean, maintain and repair catch basins. Ma<br>Perform good housekeeping practices. Determine sources of p   | <u>*</u>  |
| B. Briefly summarize the observations that indicated the o  | overall effectiveness of this Measurable                              |
| Catch basins cleaned, maintained or repaired. Facilities maintained   | ained in good order.  |
| C. How many times was this observation measured or eval   | 1   |
| D. Has your MS4 made progress toward this measurable g  | (ex.: samples/participants/events, goal during this reporting period? |
| , ,   | ● Yes ○ No  |
| E. Is your MS4 on schedule to meet the deadline set forth   |   |
| F. Briefly summarize the stormwater activities planned to the next reporting cycle (including an implementation s   | 9   |
| Town crews will continue to inspect catch basins on a regular in a timely manner. Continue with educational training when   |   |
|   |   |

URL

**MS4 Annual Report Form** This report is being submitted for the reporting period ending March 9, 2If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Village of Ballston Spa Y R 2 0 A **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

This report is being submitted for the reporting period ending March 9, |2|If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Town of Ballston Y 2 R **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

 $\bigcirc$  No

## **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 1

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

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| Name of MS4/Coalition Town of Charlton | N   | Y   | R  | 2 | 0 | A | 0 | 3 | 2 |

#### **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

If Yes, choose one of the following

- Report(s) attached to the annual report
- O 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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This report is being submitted for the reporting period ending March 9, 2 0 2 1

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| Name of MS4/Coalition TOWN OF CLIFTON PARK |      |        |       |      |                    |      |      |          |      |            |     |      |      |            |            |              | N        | Y     | R   | 2           | 0  | А   | 0    | 3   | 5         |     |           |               |
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| 1. Has relat One.                          | ed 1 | to sto | rmv   | wat  | er? Ī              | f no |      |          | -    |            | _   |      |      |            |            |              | _        |       |     | _           | -  |     |      | eas | ure<br>Ye |     | •         | No            |
| If Yes, cl                                 |      |        |       |      |                    | _    |      |          |      |            |     |      |      |            |            |              |          |       |     |             |    |     |      |     |           |     |           |               |
| O Report                                   |      |        |       |      |                    |      | ^    |          |      |            |     |      |      |            |            |              |          |       |     |             |    |     |      |     |           |     |           |               |
| ○ Web P                                    |      |        |       |      | ort(s) :<br>specif |      |      |          |      |            |     |      | re 1 | epo        | ort(       | (s) <b>c</b> | can      | be    | acc | ess         | ed | - n | ot h | on  | ne p      | age | ð.        |               |
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This report is being submitted for the reporting period ending March 9, 2 0 2 1

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This report is being submitted for the reporting period ending March 9, 2 0 2 1

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| ○ Wel  | elated to stormwater? If not, answer No and proceed to Mine.  , choose one of the following bort(s) attached to the annual report b Page(s) where report(s) is/are provided below Please provide specific address of page where report(s) can be provided below to the annual report be page where report(s) can be provided below to the annual report be page where report(s) can be provided below to the annual report be page where report(s) can be provided below to the annual report be page where report(s) can be provided below to the annual report be page where report(s) can be provided below to the annual report be page where report(s) can be provided below to the annual report be page where report(s) can be provided below to the annual report be page where report(s) can be provided below to the annual report be page where report(s) can be provided below to the annual report be page where report(s) can be provided below to the annual report be page where report(s) can be provided below to the annual report be page where report(s) can be provided below to the annual report be page where report(s) can be provided below to the annual report be page where report(s) can be provided below to the annual report be page where report(s) can be provided below to the annual report be provided below to the annual report be provided below to the annual report be provided below to the annual report be provided below to the annual report be provided below to the annual report be provided below to the annual report below to the annual report be provided below to the annual report below to the annual report below to the annual report below to the annual report below to the annual report below to the annual report below to the annual report below to the annual report below to the annual report below to the annual report below to the annual report below to the annual report below to the annual report below to the annual report below to the annual report below to the annual report below to the annual report below to the annual report below |      |       |       |     |      |      |      |     |     |      |      |     |          |      |     |    |     |     |    |     |      |    |      |     |           |   |    |    |
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**MS4 Annual Report Form** This report is being submitted for the reporting period ending March 9, |2|0|2|1If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Town of Malta Y R 2 0 A **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

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#### **MS4 Annual Report Form**

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#### **Water Quality Trends**

| The information in this section is being reported (check one                      | ): |  |
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| <ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul> |    |  |
| 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

- O Report(s) attached to the annual report
- O 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, 2 0 2 1

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| rela      | . 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.  See Yes, choose one of the following |   |         |      |       |       |       |      |     |           |            |            |           |      | No         |           |              |          |    |     |          |     |     |          |          |         |               |    |        |
| If Yes, o | choose  | d to stormwater? If not, answer No and proceed to Minim   |         |      |       |       |       |      |     |           |            |            |           |      |            |           |              |          |    |     |          |     |     |          |          |         |               |    |        |
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition TOWN OF MOREAU Y R 2 0 A **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. O Yes No If Yes, choose one of the following O Report(s) attached to the annual report O 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

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#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Village of Round Lake NYR2 9 0 A 0 Name of MS4/Coalition 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 O Yes O No If Yes, choose one of the following O Report(s) attached to the annual report O 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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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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#### **Water Quality Trends**

| The infor              | mati   | ion  | in | this | sec | etio | n is | bei | ing | rep  | orte | ed ( | che | ck o | one) | : |  |   |  |   |   |  |     |  |   |    |
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#### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Y 0 A City of Saratoga Springs Name of MS4/Coalition 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. No O Yes If Yes, choose one of the following O Report(s) attached to the annual report O 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

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 1 \end{vmatrix}$ 

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

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| Name of MS4/Coalition South Glens Falls |                  |       |         |       |                 |       |     |          |      |            |      |      |            |     |            |           |          |    |     | N   | Y  | R    | 2        | 0  | А        | 0        | 9         | 1  |
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| The info                                | rmation          | ı in  | this s  | ectio | n is            | bei   | ng  | rep      | orte | ed (       | che  | ck c | one)       | :   |            |           |          |    |     |     |    |      |          |    |          |          |           |    |
| On be                                   |                  |       |         |       | MS <sup>2</sup> | 4     |     |          |      |            |      |      |            |     |            |           |          |    |     |     |    |      |          |    |          |          |           |    |
| ○ On be<br>H                            | ow ma            |       |         |       | cor             | ntril | but | ed ·     | to t | his        | rep  | ort  | ?          |     |            |           |          |    |     |     |    |      |          |    |          |          |           |    |
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| 1. Has                                  | this N<br>ted to |       |         |       | _               |       |     |          | -    |            | _    |      |            |     |            |           | _        |    |     | _   | -  |      |          |    | ure      | <b>;</b> |           |    |
| One                                     |                  |       |         |       |                 |       | ,   |          |      |            |      | j    | •          |     |            |           |          |    |     |     |    |      |          |    | Ye       |          | •         | No |
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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$  2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID

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| 1. Has the relate One.       | his M<br>ed to s  | S4/Co<br>tormy   | alitic<br>vater | on pr<br>? If i   | oduc<br>10t, a | eed<br>ansv  | any r<br>ver N | epoi<br>lo ai | rts de<br>id pr | oceo | nent  | ing v<br>Mir | vate<br>imu | r qu<br>ım C | ality<br>Cont | tre<br>rol I | vieas | ure<br>Ye | es   | • No |
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|            | alf of a co  |              |               |                          |        |       | . [    |       |         |         |       |       |       |           |       |      |
| Но         | ow many N    | MS4s are     | contrib       | uted to                  | this   | repo  | rt?    |       |         |         |       |       |       |           |       |      |
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| If Yes, ch | oose one o   | of the foll  | owing         |                          |        |       |        |       |         |         |       |       |       |           |       |      |
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This report is being submitted for the reporting period ending March 9, |2|0|2|1If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Village of Waterford  $N \mid Y \mid$ R 2 0 A **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.  $\square$ Yes  $\square$ 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

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