MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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

Name of MS4/Coalition: Town of Halfmoon

SPDES ID: NYR20A375

2. Provide the following information about municipal operations good housekeeping programs:

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	1
○ Streets Swept (Number of miles X Number of times swept)	# Miles	836
○ Catch Basins Inspected and Cleaned Where Necessary	#	21
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	6
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	20
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	450
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.5 .5

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 1

4. What was the date of the last training? 04/22/2011

5. How many municipal employees have been trained in this reporting period? 3

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 100 %