

MS4 Annual Report Cover Page**MCC form for period ending March 9, 2016**

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

SPDES ID

N Y R 2 0 A 1 1 4

SPDES ID

N Y R 2 0 A

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N Y R 2 0 A

SPDES ID

N Y R 2 0 A

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

2	0	1	6
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Name of MS4

Saratoga County ISWM Program

SPDES ID

N	Y	R	2	0	C	0	0	6
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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)
- ☒ A Joint Report

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

If Joint Report, enter coalition name:

S	a	r	a	t	o	g	a		C	o	u	n	t	y		I	n	t	e	r	m	u	n	i	c	i	p	a	l
S	t	o	r	m	w	a	t	e	r		M	a	n	a	g	e	m	e	n	t		P	r	o	g	r	a	m	

7

2	0	1	6
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Town of Ballston

N	Y	R	2	0	A	1	5	7
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Section 1 - MCC Identification Page

- ☒ An Annual Report for a single MS4
- ☐ A Single Entity (Per Part II.E of GP-0-10-002)
- ☐ A Joint Report

If Joint Report, enter coalition name:

[illegible]

MCC form for period ending March 9, 2016

Name of MS4

Village of Ballston Spa

SPDES ID

N	Y	R	2	0	A	3	7	6
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Section 1 - MCC Identification Page

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- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

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If Joint Report, enter coalition name:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 Town of Charlton

SPDES ID

N	Y	R	2	0	A	0	3	2
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- ☐ A Joint Report

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If Joint Report, enter coalition name:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4	Town of Clifton Park
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SPDES ID

N	Y	R	2	0	A	0	3	5
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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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- ☒ An Annual Report for a single MS4
☐ A Single Entity (Per Part II.E of GP-0-10-002)
☐ A Joint Report

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If Joint Report, enter coalition name:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 Town of Halfmoon

SPDES ID

N	Y	R	2	0	A	3	7	5
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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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- ☒ An Annual Report for a single MS4
- ☐ A Single Entity (Per Part II.E of GP-0-10-002)
- ☐ A Joint Report

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If Joint Report, enter coalition name:

[illegible]

2	0	1	6
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Town of Malta

N	Y	R	2	0	A	0	8	6
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[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	6
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Name of MS4 City of Mechanicville

SPDES ID

N	Y	R	2	0	A	5	5	1
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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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If Joint Report, enter coalition name:

[illegible]

7

2	0	1	6
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Town of Milton

N	Y	R	2	0	A	1	0	8
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[illegible]

T

2	0	1	6
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Town of Moreau

N	Y	R	2	0	A	1	5	8
---	---	---	---	---	---	---	---	---

Section 1 - MCC Identification Page

- ☒ An Annual Report for a single MS4
- ☐ A Single Entity (Per Part II.E of GP-0-10-002)
- ☐ A Joint Report

If Joint Report, enter coalition name:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,	2	0	1	6
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Name of MS4	Village of Round Lake
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SPDES ID

N	Y	R	2	0	A	0	9	9
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Section 1 - MCC Identification Page

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- ☐ A Joint Report

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[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,	2	0	1	6
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Name of MS4 Saratoga County, Department of Public Works

SPDES ID

N	Y	R	2	0	A	2	0	9
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Section 1 - MCC Identification Page

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[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 City of Saratoga Springs

SPDES ID

N	Y	R	2	0	A	2	1	6
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☐ A Joint Report

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If Joint Report, enter coalition name:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	6
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Name of MS4 | South Glens Falls

SPDES ID

N	Y	R	2	0	A	0	9	1
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Section 1 - MCC Identification Page

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If Joint Report, enter coalition name:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

2	0	1	6
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Name of MS4 Town of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	9
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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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If Joint Report, enter coalition name:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 Village of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	7
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Section 1 - MCC Identification Page

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If Joint Report, enter coalition name:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4	Town of Waterford
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SPDES ID

N	Y	R	2	0	A	0	3	7
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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)
- A Joint Report

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

If Joint Report, enter coalition name:

[illegible]

MCC form for period ending March 9,	2	0	1	6
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Name of MS4 Village of Waterford

N	Y	R	2	0	A	4	6	9
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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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- A Joint Report

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If Joint Report, enter coalition name:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,	2	0	1	6
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Name of MS4 Town of Wilton

SPDES ID

N	Y	R	2	0	A	1	1	4
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Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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If Joint Report, enter coalition name:

[illegible]

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Saratoga County ISWM Program

SPDES ID

N Y R 2 0 C 0 0 6

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for **each** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name	MI	Last Name
A r t h u r	M	W r i g h t
Title		
C h a i r o f t h e B o a r d o f S u p e r v i s o r s		
Address		
4 0 M c M a s t e r S t r e e t		
City	State	Zip
B a l l s t o n S p a	N Y	1 2 0 2 0 -
eMail		
a w r i g h t @ s a r a t o g a c o u n t y n y . g o v		
Phone	County	
(5 1 8) 8 8 5 - 2 2 4 0	S A R A T O G A	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Saratoga County ISWM Program

SPDES ID

N Y R 2 0 C 0 0 6

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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5. Report Preparer (Consultants may provide company name in the space provided).

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For each contact, select all that apply:

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

First Name

B l u e

MI

R

Last Name

N e i l s

Title

S C 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 W e s t H i g h S t r e e t

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

County

S a r a t o g a

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Ballston

SPDES ID

N Y R 2 0 A 1 5 7

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

First Name	MI	Last Name
T i m		S z c z e p a n i a k
Title		
T o w n S u p e r v i s o r		
Address		
P O B o x 6 7		
City	State	Zip
B u r n t H i l l s	N Y	1 2 0 2 7 -
eMail		
t s z c z e p a n i a k @ t o w n o f b a l l s t o n n y . o r g		
Phone	County	
(5 1 8) 8 8 5 - 8 5 0 2	S A R A T O G A	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 5

Name of MS4 Town of Ballston

SPDES ID

N Y R 2 0 A 1 5 7

Section 2 - Contact Information

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For each contact, select all that apply:

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

First Name	MJ	Last Name
L e s		B o n e s t e e l
Title		
C o d e E n f o r c e m e n t O f f i c e r , S M O		
Address		
3 2 3 C h a r l t o n R o a d		
City	State	Zip
B a l l s t o n S p a	N Y	1 2 0 2 0 -
eMail		
l b o n e s t e e l @ t o w n o f b a l l s t o n n y . o r g		
Phone	County	
(5 1 8) 8 8 5 - 8 5 0 2	S A R A T O G A	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Village of Ballston Spa

SPDES ID

N Y R 2 0 A 3 7 6

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For each contact, select all that apply:

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

First Name

J o h n

MI

P

Last Name

R o m a n o

Title

M a y o r

Address

6 6 F r o n t S t r e e t

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

b s p a v i l l a g e @ y a h o o . c o m

Phone

(5 1 8) 8 8 5 - 5 7 1 1

County

S a r a t o g a

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Charlton

SPDES ID

N Y R 2 0 A 0 3 2

Section 2 - Contact Information

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- ☐ Report Preparer

First Name	MI	Last Name
A l a n		G r a t t i d g e
Title		
S u p e r v i s o r		
Address		
7 5 8 C h a r l t o n R o a d		
City	State	Zip
C h a r l t o n	N Y	1 2 0 1 9 -
eMail		
s u p e r v i s o r @ c h a r l t o n . o r g		
Phone	County	
(5 1 8) 3 8 4 - 0 1 5 2	S A R A T O G A	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

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

SPDES ID

N Y R 2 0 A 0 3 2

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☐ Duly Authorized Representative
☒ Local Stormwater Public Contact
☐ Stormwater Management Program (SWMP) Coordinator
☐ Report Preparer

First Name	MI	Last Name
M i c h a e l		E m e r i c h
Title		
H i g h w a y S u p e r i n t e n d e n t		
Address		
4 0 0 8 J o c k e y S t r e e t		
City	State	Zip
C h a r l t o n	N Y	1 2 0 1 9 -
eMail		
h i g h w a y @ t o w n o f c h a r l t o n . o r g		
Phone	County	
(5 1 8) 3 9 9 - 3 4 2 5	S A R A T O G A	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

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

SPDES ID

N Y R 2 0 A 0 3 2

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name

M a r v i n

MI

Last Name

S c h o r r

Title

E C C C h a i r m a n

Address

7 5 8 C h a r l t o n R o a d

City

C h a r l t o n

State

N Y

Zip

1 2 0 1 9 -

eMail

m s c h o r r l @ n y c a p . r r . c o m

Phone

(5 1 8) 3 9 9 - 4 1 6 1

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

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

SPDES ID

N Y R 2 0 A 0 3 2

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

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For each contact, select all that apply:

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

First Name

M i c h a e l

MI

Last Name

M c N a m a r a

Title

T o w n E n g i n e e r

Address

9 0 0 R o u t e 1 4 6

City

C l i f t o n P a r k

State

N Y

Zip

1 2 0 6 5 -

eMail

m m c n a m a r a @ e d p l l p . c o m

Phone

(5 1 8) 3 7 1 - 7 6 2 1

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 TOWN OF CLIFTON PARK

SPDES ID

N Y R 2 0 A 0 3 5

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each 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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For each contact, select all that apply:

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

First Name

P h i l i p

MI

C

Last Name

B a r r e t t

Title

S u p e r v i s o r - T o w n o f C l i f t o n P a r k

Address

1 T o w n H a l l P l a z a

City

C l i f t o n P a r k

State

N Y

Zip

1 2 0 6 5 -

eMail

p b a r r e t t @ c l i f t o n p a r k . o r g

Phone

(5 1 8) 3 7 1 - 6 6 5 1

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 Town of Clifton Park

SPDES ID

N Y R 2 0 A 0 3 5

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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5. Report Preparer (Consultants may provide company name in the space provided).

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

First Name

S t e v e n

MI

M

Last Name

M y e r s

Title

D i r e c t o r - B u i l d i n g & Z o n i n g

Address

O n e T o w n H a l l P l a z a

City

C l i f t o n P a r k

State

N Y

Zip

1 2 0 6 5 -

eMail

s t e v e m y e r s @ c l i f t o n p a r k . o r g

Phone

(5 1 8) 3 7 1 - 6 7 0 2

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Clifton Park

SPDES ID

N Y R 2 0 A 0 3 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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- ☐ Principal Executive Officer/Chief Elected Official
☐ Duly Authorized Representative
☐ Local Stormwater Public Contact
☐ Stormwater Management Program (SWMP) Coordinator
☒ Report Preparer

First Name

S c o t t

MI

D

Last Name

R e e s e

Title

S t o r m w a t e r M a n a g e m e n t T e c h n i c i a n

Address

O n e T o w n H a l l P l a z a

City

C l i f t o n P a r k

State

N Y

Zip

1 2 0 6 5 -

eMail

s r e e s e @ c l i f t o n p a r k . o r g

Phone

(5 1 8) 3 7 1 - 6 0 5 4

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Greenfield

SPDES ID

N Y R 2 0 A 1 2 3

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each 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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- ☐ Duly Authorized Representative
- ☐ Local Stormwater Public Contact
- ☐ Stormwater Management Program (SWMP) Coordinator
- ☐ Report Preparer

First Name

D a n i e l

MI

Last Name

P e m e r i c k

Title

S u p e r v i s o r

Address

P O B o x 1 0

City

G r e e n f i e l d C e n t e r

State

N Y

Zip

1 2 8 3 3 -

eMail

Phone

(5 1 8) 8 9 3 - 7 6 0 4

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Greenfield, Saratoga County, NY

SPDES ID

N Y R 2 0 A 1 2 3

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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For each contact, select all that apply:

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

First Name	MI	Last Name
W a l t		B a r s s
Title		
H i g h w a y S u p e r i n t e n d e n t		
Address		
P O B o x 1 0		
City	State	Zip
G r e e n f i e l d C e n t e r	N Y	1 2 8 3 3 -
eMail		
Phone	County	
(5 1 8) 8 9 3 - 7 6 0 4	S A R A T O G A	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Greenfield, Saratoga County, NY

SPDES ID

N Y R 2 0 A 1 2 3

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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For each contact, select all that apply:

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

First Name

C h a r l e s

MI

D

Last Name

B a k e r

Title

E n v i r o n m e n t a l 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

C l i f t o n P a r k

State

N Y

Zip

1 2 0 6 5 -

eMail

c b a k e r @ e d p l l p . c o m

Phone

(5 1 8) 3 7 1 - 7 6 2 1

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Greenfield, Saratoga County, NY

SPDES ID

N Y R 2 0 A 1 2 3

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for **each** 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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For each contact, select all that apply:

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

First Name

G e r r y

MI

Last Name

M c K e n n a

Title

Z o n i n g E n f o r c e m e n t O f f i c e r

Address

P O B o x 1 0

City

G r e e n f i e l d C e n t e r

State

N Y

Zip

1 2 0 2 0 -

eMail

Phone

(5 1 8) 8 9 3 - 7 6 0 4

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Halfmoon

SPDES ID

N Y R 2 0 A 3 7 5

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for **each** 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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If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name

K e v i n

MI

Last Name

T o l l i s e n

Title

T o w n S u p e r v i s o r

Address

2 H a l f m o o n T o w n P l a z a

City

H a l f m o o n

State

N Y

Zip

1 2 0 6 5 -

eMail

k t o l l i s e n @ t o w n o f h a l f m o o n . o r g

Phone

(5 1 8) 3 7 1 - 7 4 1 0

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 5

Name of MS4 Town of Halfmoon

SPDES ID

N Y R 2 0 A 3 7 5

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for **each** of the following positions as indicated below:

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For each contact, select all that apply:

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

First Name

P a u l

MI

M

Last Name

M a r l o w

Title

P l a n n e r / S t o r m w a t e r T e c h n i c i a n

Address

2 H a l f m o o n T o w n P l a z a

City

H a l f m o o n

State

N Y

Zip

1 2 0 6 5 -

eMail

p m a r l o w @ t o w n o f h a l f m o o n . o r g

Phone

(5 1 8) 3 7 1 - 7 4 1 0

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Malta

SPDES ID

N Y R 2 0 A 0 8 6

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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- ☒ Principal Executive Officer/Chief Elected Official
- ☐ Duly Authorized Representative
- ☐ Local Stormwater Public Contact
- ☐ Stormwater Management Program (SWMP) Coordinator
- ☐ Report Preparer

First Name	MI	Last Name
V i n c e n t		D e L u c i a
Title		
Supervisor		
Address		
2540 Route 9		
City	State	Zip
Malta	NY	12020 -
eMail		
supervisor@malta-town.org		
Phone	County	
(518) 899 - 3434	Saratoga	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Malta

SPDES ID

N Y R 2 0 A 0 8 6

Section 2 - Contact Information

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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).
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☐ Duly Authorized Representative
☒ Local Stormwater Public Contact
☒ Stormwater Management Program (SWMP) Coordinator
☒ Report Preparer

First Name

S o p h i a

MI

Last Name

M a r r u s o

Title

S e n i o r P l a n n e r , S M O

Address

2 5 4 0 R o u t e 9

City

M a l t a

State

Zip

-

eMail

s m a r r u s o @ m a l t a - t o w n . o r g

Phone

() -

County

S a r a t o g a

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 City of Mechanicville

SPDES ID

N Y R 2 0 A 5 5 1

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

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

First Name	MI	Last Name
D e n n i s	M	B a k e r
Title		
M a y o r		
Address		
3 6 N o r t h M a i n S t r e e t		
City	State	Zip
M e c h a n i c v i l l e	N Y	1 2 1 1 8 -
eMail		
d e n n i s . b a k e r @ m e c h a n i c v i l l e n y . g o v		
Phone	County	
(5 1 8) 6 6 4 - 8 3 3 1	S a r a t o g a	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 City of Mechanicville

SPDES ID

N Y R 2 0 A 5 5 1

Section 2 - Contact Information

Important Instructions - Please Read

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☐ Duly Authorized Representative
☐ Local Stormwater Public Contact
☐ Stormwater Management Program (SWMP) Coordinator
☒ Report Preparer

First Name

N a d i n e

MI

R

Last Name

M e d i n a

Title

S r . P r o j e c t E n g i n e e r

Address

1 0 A i r l i n e D r i v e , S u i t e 2 0 0

City

A l b a n y

State

N Y

Zip

1 2 2 0 5 -

eMail

n m e d i n a @ b a r t o n a n d l o g u i d i c e . c o m

Phone

(5 1 8) 2 1 8 - 1 8 0 1

County

A l b a n y

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Milton

SPDES ID

N Y R 2 0 A 1 0 8

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below;

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name

D a n

MI

Last Name

L e w z a

Title

T o w n S u p e r v i s o r

Address

5 0 3 G e y s e r R o a d

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

s u p e r v i s o r @ t o w n o f m i l t o n n y . o r g

Phone

(5 1 8) 8 8 4 - 2 7 6 6

County

S a r a t o g a

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Milton

SPDES ID

N Y R 2 0 A 1 0 8

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

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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 Official
☐ Duly Authorized Representative
☒ Local Stormwater Public Contact
☒ Stormwater Management Program (SWMP) Coordinator
☐ Report Preparer

First Name

W a y n e

MI

Last Name

H o w e

Title

B u i l d i n g I n s p e c t o r

Address

5 0 3 G e y s e r R o a d

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

w h o w e @ t o w n o f m i l t o n n y . o r g

Phone

(5 1 5) 8 8 4 - 2 7 6 4

County

S a r a t o g a

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Milton

SPDES ID

N Y R 2 0 A 1 0 8

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each 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).

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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 Official
☐ Duly Authorized Representative
☒ Local Stormwater Public Contact
☒ Stormwater Management Program (SWMP) Coordinator
☐ Report Preparer

First Name

P e t e r

MI

Last Name

R o m a n o

Title

D i r e c t o r , C i v i l E n g i n e e r i n g

Address

5 4 7 R i v e r S t r e e t

City

T r o y

State

N Y

Zip

1 2 1 8 0 -

eMail

p r o m a n o @ c h a z e n c o m p a n i e s . c o m

Phone

(5 1 8) 2 7 3 - 0 0 5 5

County

S a r a t o g a

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Moreau

SPDES ID

N Y R 2 0 A 1 5 8

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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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).

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

First Name	MI	Last Name
G a r d n e r		C o n g d o n
Title		
T o w n S u p e r v i s o r		
Address		
3 5 1 R e y n o l d s R o a d		
City	State	Zip
M o r e a u	N Y	1 2 8 2 8 -
eMail		
m o r e a u s u p e r @ t o w n o f m o r e a u . o r g		
Phone	County	
(5 1 8) 7 9 2 - 1 0 3 0	S a r a t o g a	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Moreau

SPDES ID

N Y R 2 0 A 1 5 8

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each 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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If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name

P a u l

MI

Last Name

J o s e p h

Title

H i g h w a y S u p e r i n t e n d e n t

Address

3 5 1 R e y n o l d s R o a d

City

M o r e a u

State

N Y

Zip

1 2 8 2 8 -

eMail

m o r e a u h w y @ t o w n o f m o r e a u . o r g

Phone

(5 1 8) 7 9 2 - 5 6 7 5

County

S a r a t o g a

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 Town of Moreau

SPDES ID

N Y R 2 0 A 1 5 8

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for ***each*** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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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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For each contact, select all that apply:

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

First Name

G a r r y

MI

R

Last Name

R o b i n s o n

Title

C o n s u l t i n g E n g i n e e r

Address

1 1 4 M o n u m e n t D r i v e

City

S c h u y l e r v i l l e

State

N Y

Zip

1 2 8 7 1 -

eMail

g r o b i n s o n p e @ g m a i l . c o m

Phone

(5 1 8) 6 9 5 - 3 6 5 5

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Village of Round Lake

SPDES ID

N Y R 2 0 A 0 9 9

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each 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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For each contact, select all that apply:

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

First Name	MI	Last Name
D i x i e	L	S a c k s
Title		
M a y o r o f R o u n d L a k e		
Address		
4 9 B u r l i n g t o n A v e n u e		
City	State	Zip
R o u n d L a k e	N Y	1 2 1 5 1 -
eMail		
v i l l a g e r l @ r o u n d l a k e v i l l a g e . o r g		
Phone	County	
(5 1 8) 8 9 9 - 2 8 0 0	S a r a t o g a	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Village of Round Lake

SPDES ID

N Y R 2 0 A 0 9 9

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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For each contact, select all that apply:

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

First Name

P e t e r

MI

Last Name

S h e r i d a n

Title

C o d e E n f o r c e m e n t O f f i c e r

Address

4 9 B u r l i n g t o n A v e n u e

City

R o u n d L a k e

State

N Y

Zip

1 2 1 5 1 -

eMail

p e t e r r o u n d l a k e @ y a h o o . c o m

Phone

(5 1 8) 8 9 9 - 2 8 0 0

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

SPDES ID

Name of MS4 Saratoga County, Department of Public Works

N Y R 2 0 A 2 0 9

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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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).

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

First Name

K e i t h

MI

R

Last Name

M a n z

Title

C o m m i s s i o n e r , D e p t . o f P u b l i c W o r k s

Address

4 0 M c M a s t e r S t r e e t

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

k m a n z @ s a r a t o g a c o u n t y n y . g o v

Phone

(5 1 8) 8 8 5 - 2 2 3 5

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 SARATOGA COUNTY DPW

SPDES ID

N Y R 2 0 A 2 0 9

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each 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:

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

First Name

J A M E S

MI

R

Last Name

C L A R K

Title

E N G I N E E R I N G T E C H

Address

3 6 5 4 G A L W A Y R O A D

City

B A L L S T O N S P A

State

N Y

Zip

1 2 0 2 0 -

eMail

d p w @ s a r a t o g a c o u n t y n y . g o v

Phone

(5 1 8) 8 8 5 - 2 2 3 5

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 SARATOGA COUNTY DPW

SPDES ID

N Y R 2 0 A 2 0 9

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for **each** of the following positions as indicated below:

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

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For each contact, select all that apply:

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

First Name

B L U E

MI

R

Last Name

N E I L S

Title

S C 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 W E S T H I G H S T R E E T

City

B A L L S T O N S P A

State

N Y

Zip

1 2 0 2 0 -

eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 City of Saratoga Springs

SPDES ID

N Y R 2 0 A 2 1 6

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each 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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If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name

A n t h o n y

MI

J

Last Name

S c i r o c c o

Title

C o m m i s s i o n e r o f P u b l i c W o r k s

Address

5 L a k e A v e n u e C i t y H a l l

City

S a r a t o g a S p r i n g s

State

N Y

Zip

1 2 8 6 6 -

eMail

s k i p . s c i r o c c o @ s a r a t o g a - s p r i n g s . o r

Phone

(5 1 8) 5 8 7 - 3 5 5 0

County

S a r a t o g a

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 City of Saratoga Springs

SPDES ID

N Y R 2 0 A 2 1 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).
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5. Report Preparer (Consultants may provide company name in the space provided).

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For each contact, select all that apply:

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

First Name

T i m o t h y

MI

W

Last Name

W a l e s P . E .

Title

C i t y E n g i n e e r

Address

4 7 4 B r o a d w a y

City

S a r a t o g a S p r i n g s

State

N Y

Zip

1 2 8 6 6 -

eMail

t i m . w a l e s @ s a r a t o g a - s p r i n g s . o r g

Phone

(5 1 8) 5 8 7 - 7 0 9 8

County

S a r a t o g a

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 City of Saratoga Springs

SPDES ID

N Y R 2 0 A 2 1 6

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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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).
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5. Report Preparer (Consultants may provide company name in the space provided).

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For each contact, select all that apply:

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

First Name

A l b e r t

MI

C

Last Name

F l i c k

Title

S r . E n g i n e e r i n g T e c h n i c i a n

Address

5 L a k e A v e n u e C i t y H a l l

City

S a r a t o g a S p r i n g s

State

N Y

Zip

1 2 8 6 6 -

eMail

a l . f l i c k @ s a r a t o g a - s p r i n g s . o r g

Phone

(5 1 8) 5 8 7 - 3 5 5 0

County

S a r a t o g a

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 South Glens Falls

SPDES ID

N Y R 2 0 A 0 9 1

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

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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.

For each contact, select all that apply:

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

First Name	MI	Last Name
J o e		O r l o w
Title		
M a y o r		
Address		
4 6 S a r a t o g a A v e n u e		
City	State	Zip
S o u t h G l e n s F a l l s	N Y	1 2 8 0 3 -
eMail		
Phone	County	
(5 1 8) 7 9 3 - 1 4 5 5	S A R A T O G A	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 South Glens Falls

SPDES ID

N Y R 2 0 A 0 9 1

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for **each** of the following positions as indicated below:

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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For each contact, select all that apply:

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

First Name

B r i a n

MI

D

Last Name

A b a r e

Title

S u p e r i n t e n d e n t o f P u b l i c W o r k s

Address

4 6 S a r a t o g a A v e n u e

City

S o u t h G l e n s F a l l s

State

N Y

Zip

1 2 8 0 3 -

eMail

s f g d p w @ s g f n y . c o m

Phone

(5 1 8) 7 9 - 2 4 0 3

County

S a r a t o g a

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Stillwater

SPDES ID

N Y R 2 0 A 5 4 9

Section 2 - Contact Information**Important Instructions - Please Read**Contact information must be provided for each of the following positions as indicated below:

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

First Name

E d w a r d

MI

Last Name

K i n o w s k i

Title

T o w n S u p e r v i s o r

Address

8 8 1 H u d s o n A v e n u e

City

S t i l l w a t e r

State

N Y

Zip

1 2 1 7 0 -

eMail

e k i n o w s k i @ s t i l l w a t e r n y . o r g

Phone

(5 1 8) 6 6 4 - 6 1 4 8

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Stillwater

SPDES ID

N Y R 2 0 A 5 4 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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- ☒ Duly Authorized Representative
- ☒ Local Stormwater Public Contact
- ☒ Stormwater Management Program (SWMP) Coordinator
- ☒ Report Preparer

First Name

L i n d s a y

MI

Last Name

Z e p k o

Title

T o w n P l a n n e r

Address

8 8 1 H u d s o n A v e n u e

City

S t i l l w a t e r

State

N Y

Zip

1 2 1 7 0 -

eMail

l z e p k o @ s t i l l w a t e r n y . o r g

Phone

(5 1 8) 6 6 4 - 6 1 4 8

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 5

Name of MS4 Village of Stillwater

SPDES ID

N Y R 2 0 A 5 4 7

Section 2 - Contact Information

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

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

First Name

R i c k

MI

Last Name

N e l s o n

Title

M a y o r

Address

O n e S c h o o l S t r e e t

City

S t i l l w a t e r

State

N Y

Zip

1 2 1 7 0 -

eMail

Phone

(5 1 8) 6 6 4 - 3 6 6 4

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Village of Stillwater

SPDES ID

N Y R 2 0 A 5 4 7

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

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☒ Duly Authorized Representative
☐ Local Stormwater Public Contact
☐ Stormwater Management Program (SWMP) Coordinator
☐ Report Preparer

First Name

E d

MI

Last Name

H e r n a n d e z

Title

V i l l a g e E n g i n e e r

Address

P O B o x 1 3 7 6

City

B a l l s t o n L a k e

State

N Y

Zip

1 2 0 1 9 -

eMail

e h e r n a n d e z @ a d i r o n d a c k m o u n t a i n e n g i

Phone

(5 1 8) 2 5 0 - 1 9 3 2

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Waterford

SPDES ID

N Y R 2 0 A 0 3 7

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

First Name	MI	Last Name
J o h n	E	L a w l e r
Title		
T o w n S u p e r v i s o r		
Address		
6 5 B r o a d S t r e e t		
City	State	Zip
W a t e r f o r d	N Y	1 2 1 8 8 -
eMail		
Phone	County	
(5 1 8) 2 3 5 - 8 1 8 4	S a r a t o g a	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Waterford

SPDES ID

N Y R 2 0 A 0 3 7

Section 2 - Contact Information**Important Instructions - Please Read**Contact information must be provided for each of the following positions as indicated below:

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

First Name

D o m i n i c k

MI

J

Last Name

G a b r i e l

Title

T o w n E n g i n e e r

Address

6 5 B r o a d S t r e e t

City

W a t e r f o r d

State

N Y

Zip

1 2 1 8 8 -

eMail

g a b r i e l d @ t o w n . w a t e r f o r d . n y . u s

Phone

(5 1 8) 5 2 7 - 0 4 1 9

County

S a r a t o g a

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Waterford

SPDES ID

N Y R 2 0 A 0 3 7

Section 2 - Contact Information

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☐ Duly Authorized Representative
☐ Local Stormwater Public Contact
☐ Stormwater Management Program (SWMP) Coordinator
☒ Report Preparer

First Name	MI	Last Name
N a d i n e	R	M e d i n a
Title		
S r . P r o j e c t E n g i n e e r		
Address		
1 0 A i r l i n e D r i v e , S u i t e 2 0 0		
City	State	Zip
A l b a n y	N Y	1 2 2 0 5 -
eMail		
n m e d i n a @ b a r t o n a n d l o g u i d i c e . c o m		
Phone	County	
(5 1 8) 2 1 8 - 1 8 0 1	A l b a n y	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Waterford

SPDES ID

N Y R 2 0 A 0 3 7

Section 2 - Contact Information

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☐ Duly Authorized Representative
☒ Local Stormwater Public Contact
☒ Stormwater Management Program (SWMP) Coordinator
☐ Report Preparer

First Name

H a r r y

MI

B

Last Name

M a r t e l

Title

H i g h w a y S u p e r i n t e n d e n t

Address

6 5 B r o a d S t r e e t

City

W a t e r f o r d

State

N Y

Zip

1 2 1 8 8 -

eMail

Phone

(5 1 8) 2 3 5 - 3 4 1 3

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Village of Waterford

SPDES ID

N Y R 2 0 A 4 6 9

Section 2 - Contact Information

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

First Name

B E R T

MI

Last Name

M A H O N E Y

Title

M A Y O R

Address

6 5 B r o a d S t r e e t

City

W a t e r f o r d

State

N Y

Zip

1 2 1 8 8 -

eMail

r v i l l a g e @ n y c a p . r r . c o m

Phone

(5 1 8) 2 5 3 - 9 8 9 8

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 VILLAGE OF WATERFORD

SPDES ID

N Y R 2 0 A 4 6 9

Section 2 - Contact Information

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☐ Duly Authorized Representative
☒ Local Stormwater Public Contact
☒ Stormwater Management Program (SWMP) Coordinator
☒ Report Preparer

First Name

C R A I G

MI

Last Name

F A L C O N E

Title

D I R E C T O R O F P U B L I C W O R K S

Address

6 5 B R O A D S T R E E T

City

W A T E R F O R D

State

N Y

Zip

1 2 1 8 8 -

eMail

r v i l l a g e @ n y c a p . r r . c o m

Phone

(5 1 8) 2 3 5 - 9 8 9 8

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Wilton

SPDES ID

N Y R 2 0 A 1 1 4

Section 2 - Contact Information

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

First Name

A r t h u r

MI

J

Last Name

J o h n s o n

Title

S u p e r v i s o r , T o w n o f W i l t o n

Address

2 2 T r a v e r R o a d

City

W i l t o n

State

N Y

Zip

1 2 8 3 1 -

eMail

a j h o n s @ t o w n o f w i l t o n . c o m

Phone

(5 1 8) 5 8 7 - 1 9 3 9

County

S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Wilton

SPDES ID

N Y R 2 0 A 1 1 4

Section 2 - Contact Information

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☐ Duly Authorized Representative
☒ Local Stormwater Public Contact
☒ Stormwater Management Program (SWMP) Coordinator
☒ Report Preparer

First Name

R y a n

MI

Last Name

R i p e r

Title

T o w n E n g i n e e r

Address

2 2 T r a v e r R o a d

City

W i l t o n

State

N Y

Zip

1 2 8 3 1 -

eMail

r r i p e r @ t o w n o f w i l t o n . c o m

Phone

(5 1 8) 5 8 7 - 1 9 3 9

County

S A R A T O G A

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Ballston

SPDES ID

N Y R 2 0 A 1 5 7

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S a r a t o g a C o u n t y C C E I S W M P r o g r a m

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

● MM1 C o u n t y - w i d e E d / O u t r e a c h

● MM2 M a t e r i a l / T e c h n i c a l S u p p o r t

● MM3 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM4 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM5 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM6 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Village of Ballston Spa

SPDES ID

N Y R 2 0 A 3 7 6

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S a r a t o g a C o u n t y C C E I S W M P r o g r a m

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

5 0 W e s t H i g h S t r e e t # 1

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?

☐ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

☒ MM1 C o u n t y - W i d e E d / O u t r e a c h

☒ MM2 M a t e r i a l / T e c h n i c a l S u p p o r t

☒ MM3 M a t e r i a l / T e c h T r a i n i n g S u p p o r t

☒ MM4 M a t e r i a l / T e c h T r a i n i n g S u p p o r t

☒ MM5 M a t e r i a l / T e c h T r a i n i n g S u p p o r t

☒ MM6 M a t e r i a l / T e c h T r a i n i n g S u p p o r t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Charlton

SPDES ID

N Y R 2 0 A 0 3 2

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S a r a t o g a C o u n t y C C E I S W M P r o g r a m

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

City

B a l l s t o n S p a

State

Zip

N Y 1 2 0 2 0 -

eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.?

☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

● MM1 C o u n t y - w i d e E d / O u t r e a c h

● MM2 M a t e r i a l / T e c h i n i c a l S u p p o r t

● MM3 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM4 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM5 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM6 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 Town of Clifton Park

SPDES ID

N Y R 2 0 A 0 3 5

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S a r a t o g a C o u n t y C C E I S W M P r o g r a m

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

Legally Binding Agreement in accordance

with GP-0-08-002 Part IV.G.? ☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MMI School Programs or Multiple Tasks)?

● MM1 C o u n t y - w i d e E d / O u t r e a c h

● MM2 M a t e r i a l / T e c h n i c a l S u p p o r t

● MM3 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM4 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM5 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM6 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Greenfield

SPDES ID

N Y R 2 0 A 1 2 3

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S a r a t o g a C o u n t y C C E I S W M P r o g r a m

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.?

☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- MM1 C o u n t y - w i d e E d / O u t r e a c h
- MM2 M a t e r i a l / T e c h i n i c a l S u p p o r t
- MM3 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t
- MM4 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t
- MM5 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t
- MM6 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 Town of Halfmoon

SPDES ID

N Y R 2 0 A 3 7 5

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S a r a t o g a C o u n t y C C E I S W M P r o g r a m

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.?

☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

● MM1 C o u n t y - w i d e E d / O u t r e a c h

● MM2 M a t e r i a l / T e c h n i c a l S u p p o r t

● MM3 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM4 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM5 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM6 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 Town of Malta

SPDES ID

N Y R 2 0 A 0 8 6

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S a r a t o g a C o u n t y I n t e r m u n i c i p a l

Partner/Coalition Name (con't.)

S W M P r o g r a m

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

5 0 W e s t H i g h S t r e e t

City

B a l l s t o n S p a

State

N Y

Zip

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eMail

b r n 5 @ c o r n e l l . e d u

Phone

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Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.?

☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- MM1 C o u n t y - w i d e e d / o u t r e a c h
- MM2 m a t e r i a l / t e c h n i c a l s u p p o r t
- MM3 m a t e r i a l / t e c h / t r a i n i n g s u p p o r t
- MM4 m a t e r i a l / t e c h / t r a i n i n g s u p p o r t
- MM5 m a t e r i a l / t e c h / t r a i n i n g s u p p o r t
- MM6 m a t e r i a l / t e c h / t r a i n i n g s u p p o r t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 City of Mechanicville

SPDES ID

N Y R 2 0 A 5 5 1

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S a r a t o g a C o u n t y C C E I S W M P r o g r a m

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

5 0 W e s t H i g h S t r e e t

City

B a l l s t o n S p a

State

N Y

Zip

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eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

Legally Binding Agreement in accordance
 with GP-0-08-002 Part IV.G.? ☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

● MM1 C o u n t y - w i d e e d / o u t r e a c h

● MM2 M a t e r i a l / t e c h n i c a l s u p p o r t

● MM3 M a t e r i a l / t e c h / t r a i n i n g s u p p o r t

● MM4 M a t e r i a l / t e c h / t r a i n i n g s u p p o r t

● MM5 M a t e r i a l / t e c h / t r a i n i n g s u p p o r t

● MM6 M a t e r i a l / t e c h / t r a i n i n g s u p p o r t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 6

SPDES ID

Name of MS4 Town of Milton

N Y R 2 0 A 1 0 8

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S a r a t o g a C o u n t y C C E I S W M P r o g r a m

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

City

B a l l s t o n S p a

State

N Y

Zip

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eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.?

☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

● MM1 C o u n t y - w i d e E d / O u t r e a c h

● MM2 M a t e r i a l / T e c h i n i c a l S u p p o r t

● MM3 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM4 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM5 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM6 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Moreau

SPDES ID

N Y R 2 0 A 1 5 8

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S a r a t o g a C o u n t y C C E I S W M P r o g r a m

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?

☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

● MM1 C o u n t y - w i d e E d / O u t r e a c h

● MM2 M a t e r i a l / T e c h n i c a l S u p p o r t

● MM3 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM4 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM5 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM6 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2015

Name of MS4 Village of Round Lake

SPDES ID

N Y R 2 0 A 0 9 9

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S a r a t o g a C o u n t y I n t e r m u n i c i p a l

Partner/Coalition Name (con't.)

S W M P r o g r a m

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

5 0 W e s t H i g h S t r e e t

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? ☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

● MM1 C o u n t y - w i d e E d / O u t r e a c h

● MM2 M a t e r i a l & T e c h S u p p o r t

● MM3 M a t e r i a l / t e c h / t r a i n i n g s u p p o r t

● MM4 M a t e r i a l / t e c h / t r a i n i n g s u p p o r t

● MM5 M a t e r i a l / t e c h / t r a i n i n g s u p p o r t

● MM6 M a t e r i a l / t e c h / t r a i n i n g s u p p o r t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Saratoga County, Department of Public Works

SPDES ID

N Y R 2 0 A 2 0 9

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S a r a t o g a C o u n t y C C E I S W M P r o g r a m

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.?

☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

● MM1 C o u n t y - w i d e E d / O u t r e a c h

● MM2 M a t e r i a l / T e c h i n i c a l S u p p o r t

● MM3 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM4 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM5 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM6 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 City of Saratoga Springs

SPDES ID

N Y R 2 0 A 2 1 6

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S a r a t o g a C o u n t y C C E I S W M P r o g r a m

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

 Legally Binding Agreement in accordance
 with GP-0-08-002 Part IV.G.?
☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

● MM1 C o u n t y - w i d e E d / O u t r e a c h

● MM2 M a t e r i a l / T e c h n i c a l S u p p o r t

● MM3 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM4 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM5 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM6 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 South Glens Falls

SPDES ID

N Y R 2 0 A 0 9 1

Section 3 - Partner Information

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

☐ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S a r a t o g a C o u n t y C C E I S W M P r o g r a m

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.?

☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

● MM1 C o u n t y - w i d e E d / O u t r e a c h

● MM2 M a t e r i a l / T e c h n i c a l S u p p o r t

● MM3 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM4 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM5 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM6 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Stillwater

SPDES ID

N Y R 2 0 A 5 4 9

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S a r a t o g a C o u n t y C C E I S W M P r o g r a m

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.?

☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

● MM1 C o u n t y - w i d e E d / O u t r e a c h

● MM2 M a t e r i a l / T e c h n i c a l S u p p o r t

● MM3 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM4 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM5 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM6 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Village of Stillwater

SPDES ID

N Y R 2 0 A 5 4 7

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S a r a t o g a C o u n t y C C E I S W M P r o g r a m

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

City

B a l l s t o n S p a

State

Zip

N Y

1 2 0 2 0 -

eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.?

☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

☒ MM1 C o u n t y - w i d e E d / O u t r e a c h

☒ MM2 M a t e r i a l / T e c h n i c a l S u p p o r t

☒ MM3 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

☒ MM4 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

☒ MM5 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

☒ MM6 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Waterford

SPDES ID

N Y R 2 0 A 0 3 7

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S a r a t o g a C o u n t y C C E I S C M P r o g r a m

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

5 0 W e s t H i g h S t r e e t

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

Legally Binding Agreement in accordance

with GP-0-08-002 Part IV.G.? ☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

● MM1 C o u n t y - w i d e E d / O u t r e a c h

● MM2 M a t e r i a l / T e c h n i c a l S u p p o r t

● MM3 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM4 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM5 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM6 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Village of Waterford

SPDES ID

N Y R 2 0 A 4 6 9

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S a r a t o g a C o u n t y C C E I S W M P r o g r a m

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

City

B a l l s t o n S p a

State

Zip

N Y

1 2 0 2 0 -

eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.?

☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

☒ MM1 C o u n t y - w i d e E d / O u t r e a c h

☒ MM2 M a t e r i a l / T e c h n i c a l S u p p o r t

☒ MM3 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

☒ MM4 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

☒ MM5 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

☒ MM6 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 Town of Wilton

SPDES ID

N Y R 2 0 A 1 1 4

Section 3 - Partner Information

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

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

S a r a t o g a C o u n t y C C E I S W M P r o g r a m

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.?

☒ Yes ☐ No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

☒ MM1 C o u n t y - w i d e E d / O u t r e a c h

☒ MM2 M a t e r i a l / T e c h n i c a l S u p p o r t

☒ MM3 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

☒ MM4 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

☒ MM5 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

☒ MM6 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Saratoga County ISWM Program

SPDES ID

N Y R 2 0 C 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

A r t h u r

MI

M

Last Name

W r i g h t

Title (Clearly print title of individual signing report)

C h a i r o f t h e B o a r d o f S u p e r v i s o r s

Signature



Date

0 5 / 2 4 / 2 0 1 6

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 0 1 6

Name of MS4 Town of Ballston

SPDES ID

N Y R 2 0 A 1 5 7

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

T i m

MI

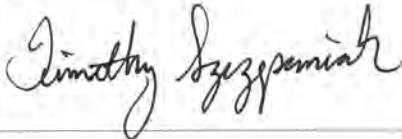
Last Name

S z c z e p a n i a k

Title (Clearly print title of individual signing report)

T o w n S u p e r v i s o r

Signature



Date

05 / 03 / 2 0 1 6

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 | 0 | 1 | 6

SPDES ID

Name of MS4 Village of Ballston Spa

N Y R 2 0 A 3 7 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

J o h n

MI

P

Last Name

R o m a n o

Title (Clearly print title of individual signing report)

M a y o r

Signature



Date

0 4 / 2 8 / 2 0 1 6

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 0 1 6

Name of MS4 Town of Charlton

SPDES ID

N Y R 2 0 A 0 3 2

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

A l a n

MI

Last Name

G r a t t i d g e

Title (Clearly print title of individual signing report)

S u p e r v i s o r

Signature



Date

05/05/2016

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

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Clifton Park

SPDES ID

N Y R 2 0 A 0 3 5

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

P h i l i p

MI

C

Last Name

B a r r e t t

Title (Clearly print title of individual signing report)

S u p e r v i s o r

Signature



Date

05 / 10 / 2016

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

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Greenfield

SPDES ID

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

D a n i e l

MI

Last Name

P e m e r i c k

Title (Clearly print title of individual signing report)

S u p e r v i s o r

Signature



Date

0 4 / 0 5 / 2 0 1 6

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, 2016

Name of MS4 Town of Halfmoon

SPDES ID

N	Y	R	2	0	A	3	7	5
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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

[illegible]

MI

1

Last Name

T	O	L	L	I	S	E	N
---	---	---	---	---	---	---	---

Title (Clearly print title of individual signing report)

T	a	w	n	S	e	r	v	i	s	o	r
---	---	---	---	---	---	---	---	---	---	---	---

Signature

County Town Supervisor

Date _____

0	5	/	0	9	/	2	0	1	6
---	---	---	---	---	---	---	---	---	---

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, 2016

Name of MS4	Town of Malta
-------------	---------------

SPDES ID

N	Y	R	2	0	A	0	8	6
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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

V	i	n	c	e	n	t
---	---	---	---	---	---	---

MI

10

Last Name

D	e	l	u	c	i	a						
---	---	---	---	---	---	---	--	--	--	--	--	--

Title (Clearly print title of individual signing report)

[illegible]

Signature

Wm. H. R. R. R. R.

Date _____

0	5	/	0	6	/	2	0	/	6
---	---	---	---	---	---	---	---	---	---

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, 2016

Name of MS4 City of Mechanieville

SPDES ID

N Y R 2 0 A 5 5 1

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

D e n n i s

MI

M

Last Name

B a k e r

Title (Clearly print title of individual signing report)

M a y o r

Signature



Date

05 / 04 / 2016

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

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Milton

SPDES ID

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."

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

D a n

MI

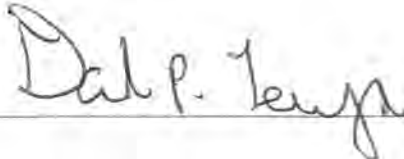
Last Name

L e w z a

Title (Clearly print title of individual signing report)

T o w n S u p e r v i s o r

Signature



Date

05 / 23 / 2016

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

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Town of Moreau

SPDES ID

N Y R 2 0 A 1 5 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."

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

G a r d n e r

MI

Last Name

C o n g d o n

Title (Clearly print title of individual signing report)

T o w n S u p e r v i s o r

Signature



*I would encourage
a audit,*

Date

0 5 / 2 7 / 2 0 1 6

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

*Little or No Public Education
or Outreach*

*Glens Falls Sewer
discharge not
reported as
this report*

*Current Code Enforcement
told me "Joe handled it,
is - don't know that
much"*

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 VILLAGE OF ROUND LAKE

SPDES ID

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

D I X I E

MI

L

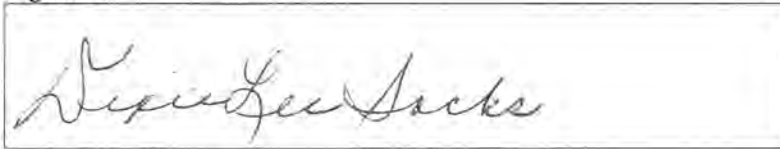
Last Name

S A C K S

Title (Clearly print title of individual signing report)

M A Y O R O F R O U N D L A K E

Signature



Date

0 5 / 0 2 / 2 0 1 6

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 0 1 6

Name of MS4 Saratoga County, Department of Public Works

SPDES ID

N Y R 2 0 A 2 0 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

K e i t h

MI

R

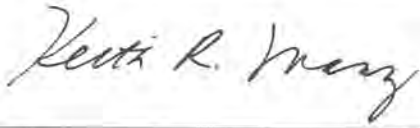
Last Name

M a n z

Title (Clearly print title of individual signing report)

C o m m i s s i o n e r , D e p t . o f P u b l i c W o r k s

Signature



Date

0 5 / 2 9 / 2 0 1 5

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 0 1 6

Name of MS4 City of Saratoga Springs

SPDES ID

N Y R 2 0 A 2 1 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

A n t h o n y

MI

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 P u b l i c W o r k s

Signature



Date

0 5 / 1 0 / 2 0 1 6

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 0 1 6

Name of MS4 South Glens Falls

SPDES ID

N Y R 2 0 A 0 9 1

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

J o e

MI

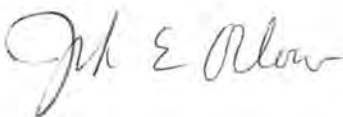
Last Name

O r l o w

Title (Clearly print title of individual signing report)

M a y o r

Signature



Date

0 4 / 1 2 / 2 0 1 6

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 0 1 6

Name of MS4 Town of Stillwater

SPDES ID

N Y R 2 0 A 5 4 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

E d w a r d

MI

Last Name

K i n o w s k i

Title (Clearly print title of individual signing report)

T o w n S u p e r v i s o r

Signature



Date

0 3 / 2 9 / 2 0 1 6

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 0 1 6

Name of MS4 Village of Stillwater

SPDES ID

N Y R 2 0 A 5 4 7

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

R i c k

MI

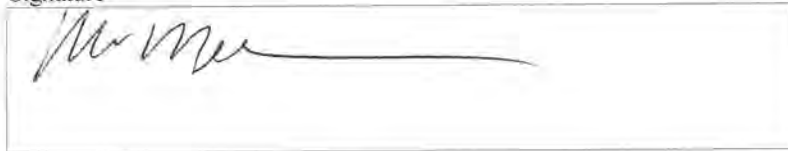
Last Name

N e l s o n

Title (Clearly print title of individual signing report)

M a y o r

Signature



Date

0 3 / 2 2 / 2 0 1 6

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 0 1 6

Name of MS4 Town of Waterford

SPDES ID

N Y R 2 0 A 0 3 7

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

J o h n

MI

E

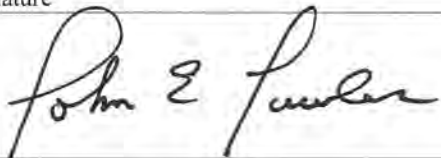
Last Name

L a w l e r

Title (Clearly print title of individual signing report)

T o w n S u p e r v i s o r

Signature



Date

05 / 05 / 2016

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

MS4 Permit Coordinator
Division of Water
4th Floor
625 Broadway
Albany, New York 12233-3505

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 Village of Waterford

SPDES ID

N Y R 2 0 A 4 6 9

Section 4 - Certification Statement

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First Name

B e r t

MI

J

Last Name

M a h o n e y

Title (Clearly print title of individual signing report)

M a y o r

Signature



Date

0 5 / 1 2 / 2 0 1 6

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 0 1 6

Name of MS4 Town of Wilton

SPDES ID

N Y R 2 0 A 1 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."

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First Name

A r t h u r

MI

J

Last Name

J o h n s o n

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

Signature



Date

0 4 / 0 1 / 2 0 1 6

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 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition Town of Ballston

SPDES ID

N	Y	R	2	0	A	1	5	7
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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

If Yes, choose one of the following

- ☐ Report(s) attached to the annual report
- ☐ Web Page(s) where report(s) is/are provided below

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

URL

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URL

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

Village of Ballston Spa

SPDES ID

N	Y	R	2	0	3	7	6
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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

☐ Yes ☒ No

If Yes, choose one of the following

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Charlton
-----------------------	------------------

SPDES ID

N	Y	R	2	0	A	0	3	2
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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?

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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

☒ Yes ☐ No

If Yes, choose one of the following

- ☒ Report(s) attached to the annual report
☐ Web Page(s) where report(s) is/are provided below

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(800) 848-4983 ♦ (518) 434-4546 ♦ Fax (518) 434-0891

November 05, 2015

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

Work Order No: 151021064

TEL: (518) 384-0152

FAX: (518) 384-0385

RE: Stage Road/Alplaus Kill

Dear Michael McNamara-Envir. Design:

Adirondack Environmental Services, Inc received 2 samples on 10/21/2015 for the analyses presented in the following report.

Please see case narrative for specifics on analysis.

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Tara Daniels".

Tara Daniels
Laboratory Manager

ELAP#: 10709

CC:

Mike McNamara-Envir. Design

Adirondack Environmental Services, Inc

CASE NARRATIVE

CLIENT: Charlton, Town of
Project: Stage Road/Alplaus Kill
Lab Order: 151021064

Date: 05-Nov-15

Sample containers were supplied by Adirondack Environmental Services.

These samples were received under ambient conditions. Chilling process was started following receipt at laboratory.

Qualifiers:

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

Note : All Results are reported as wet weight unless noted

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

Adirondack Environmental Services, Inc

Date: 05-Nov-15

CLIENT: Charlton, Town of
Work Order: 151021064
Reference: Stage Road/Alplaus Kill /
PO#:

Client Sample ID: Stage Road
Collection Date: 10/21/2015 2:15:00 PM
Lab Sample ID: 151021064-001
Matrix: WATER

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed
ICP METALS - EPA 200.7						
(Prep: SW3010A - 10/22/2015)						Analyst: SM
Sodium	60.1	0.500		mg/L	10	10/28/2015 3:48:05 PM
ANIONS BY ION CHROMATOGRAPHY - EPA 300.0						
						Analyst: CS
Chloride	110	5.00	M-	mg/L	5	10/30/2015 12:32:09 AM
Nitrate, Nitrogen (As N)	0.75	0.02		mg/L	1	10/21/2015 6:41:46 PM
ALKALINITY TO PH 4.5 -SM 2320B						
						Analyst: RK
Alkalinity, Total (As CaCO3)	140	1		mg/L CaCO3	1	11/3/2015
TOTAL PHOSPHATE - SM 4500 P E						
						Analyst: SH
Phosphorus, Total (as P)	0.02	0.02		mg/L	1	11/2/2015
TOTAL DISSOLVED SOLIDS - SM 2540C						
						Analyst: CS
TDS (Residue, Filterable)	365	5		mg/L	1	10/26/2015
NITRITE - SM4500 NO2 B						
						Analyst: AS
Nitrite Nitrogen (as N)	< 0.01	0.01		mg/L	1	10/22/2015 10:35:00 AM
PH - SM4500 H B - NOT CERTIFIABLE PARAMETER						
						Analyst: AS
pH	7.7	1.0	H	pH Units@70F	1	10/21/2015 5:20:00 PM
SILICA GEL TREATED HEM (SGT-HEM) - EPA 1664A						
(Prep: E1664 - 11/3/2015)						Analyst: AB
Total Petroleum Hydrocarbons	< 5.2	5.2		mg/L	1	11/3/2015

Adirondack Environmental Services, Inc

Date: 05-Nov-15

CLIENT: Charlton, Town of
Work Order: 151021064
Reference: Stage Road/Alplaus Kill /
PO#:

Client Sample ID: Alplaus Kill
Collection Date: 10/21/2015 2:15:00 PM
Lab Sample ID: 151021064-002
Matrix: WATER

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed
ICP METALS - EPA 200.7 Analyst: SM						
(Prep: SW3010A - 10/22/2015)						
Sodium	37.1	0.500		mg/L	10	10/28/2015 3:55:32 PM
ANIONS BY ION CHROMATOGRAPHY - EPA 300.0 Analyst: CS						
Chloride	58.8	1.00		mg/L	1	10/21/2015 6:55:08 PM
Nitrate, Nitrogen (As N)	0.23	0.02		mg/L	1	10/21/2015 6:55:08 PM
ALKALINITY TO PH 4.5 -SM 2320B Analyst: RK						
Alkalinity, Total (As CaCO3)	130	1		mg/L CaCO3	1	11/3/2015
TOTAL PHOSPHATE - SM 4500 P E Analyst: SH						
Phosphorus, Total (as P)	0.03	0.02		mg/L	1	11/3/2015
TOTAL DISSOLVED SOLIDS - SM 2540C Analyst: CS						
TDS (Residue, Filterable)	270	5		mg/L	1	10/26/2015
NITRITE - SM4500 NO2 B Analyst: AS						
Nitrite Nitrogen (as N)	< 0.01	0.01		mg/L	1	10/22/2015 10:35:00 AM
PH - SM4500 H B - NOT CERTIFIABLE PARAMETER Analyst: AS						
pH	8.0	1.0	H	pH Units@70F	1	10/21/2015 5:20:00 PM
SILICA GEL TREATED HEM (SGT-HEM) - EPA 1664A Analyst: AB						
(Prep: E1664 - 11/3/2015)						
Total Petroleum Hydrocarbons	< 6.2	6.2		mg/L	1	11/3/2015



A full service analytical research laboratory offering solutions to environmental concerns

AES Work Order # 151021060

Client Name: TOWN OF CHARLTON		Address: 40 Environmental Design		900 Route 146	CLIFTON PARK NY 12065
Send Report To: Michael McNAMARA		Project Name (Location) Stage Road + Alpau's Kill		Samplers: (Names) Michael McNamara	
Client Phone No: 518-371-7621	Client Email: mmcnamara@	PO Number:		Samplers: (Signature) Michael McNamara	

Shipment Arrived Via: FedEx UPS <u>Client</u> AES Other: _____			CC Report To / Special Instructions/Remarks:					
Turnaround Time Request: ☐ 1 Day ☐ 3 Day ☒ Normal ☐ 2 Day ☐ 5 Day Note: Samples received after 3:30 pm are considered next business day								
Relinquished by: (Signature) <i>Michael McNamee</i>						Received by: (Signature)		Date/Time
Relinquished by: (Signature)						Received by: (Signature)		Date/Time
Relinquished by: (Signature)			Received for Laboratory by: <i>Carmichael</i>		Date/Time <i>10/21/15 3:24p</i>			
TEMPERATURE <u>Ambient</u> or Chilled		AES Bottles Y ☐ N ☐	PROPERLY PRESERVED <u>Y</u> N		RECEIVED WITHIN HOLDING TIMES <u>Y</u> N			
Notes: <i>13</i>		Notes: _____		Notes: _____				

PINK - Generator Copy

Adirondack Environmental Services, Inc.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Clifton Park
-----------------------	----------------------

SPDES ID

N	Y	R	2	0	A	0	3	5
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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

☐ Yes ☒ No

If Yes, choose one of the following

- ☐ Report(s) attached to the annual report
- ☐ Web Page(s) where report(s) is/are provided below

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

URL

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2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Town of Greenfield

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

1

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

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☐ 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.

[illegible][illegible][illegible][illegible]

This report is being submitted for the reporting period ending March 9, 2016

2	0	1	6
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Town of Halfmoon

N	Y	R	2	0	A	3	7	5
---	---	---	---	---	---	---	---	---

1



- How many MS4s are contributed to this report?

☐ Yes ☒ No

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, 2016

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

Name of MS4/Coalition	Town of Malta
-----------------------	---------------

SPDES ID

N	Y	R	2	0	A	0	8	6
---	---	---	---	---	---	---	---	---

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

☐ Yes ☒ No

If Yes, choose one of the following

- ☐ Report(s) attached to the annual report
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Please provide specific address of page where report(s) can be accessed - not home page.

URL

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URL

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

City of Mechanicville

SPDES ID

N	Y	R	2	0	A	5	5	1
---	---	---	---	---	---	---	---	---

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

☐ Yes ☒ No

If Yes, choose one of the following

- ☐ Report(s) attached to the annual report
- ☐ Web Page(s) where report(s) is/are provided below

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URL

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L

2	0	1	6
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N	Y	R	2	0	A	1	0	8
---	---	---	---	---	---	---	---	---

Town of Milton

L



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

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☐ Yes ☒ No

☐ Report(s) attached to the annual report

☐ Web Page(s) where report(s) is/are provided below

URL

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[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If 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
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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?			
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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

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

URL

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URL

[illegible]

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2015

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

Name of MS4/Coalition

Village of Round Lake

SPDES ID

N	Y	R	2	0	A	0	9	9
---	---	---	---	---	---	---	---	---

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	2	3
4	5	6

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

☐ Yes ☒ No

If Yes, choose one of the following

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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
-----------------------	---------------------------------------

SPDES ID

N	Y	R	2	0	A	2	0	9
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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

☐ Yes ☒ No

If Yes, choose one of the following

- ☐ Report(s) attached to the annual report
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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
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SPDES ID

N	Y	R	2	0	A	2	1	6
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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

If Yes, choose one of the following

- ☐ Report(s) attached to the annual report
- ☐ Web Page(s) where report(s) is/are provided below

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

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- ☐ Yes ☒ No

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition Town of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	9
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Water Quality Trends

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

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

How many MS4s are contributed to this report?

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.

☐ Yes ☒ No

If Yes, choose one of the following

- ☐ Report(s) attached to the annual report
- ☐ Web Page(s) where report(s) is/are provided below

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

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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
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SPDES ID

N	Y	R	2	0	A	5	4	7
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Water Quality Trends

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

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

How many MS4s are contributed to this report?

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.

☐ Yes ☒ No

If Yes, choose one of the following

- ☐ Report(s) attached to the annual report
- ☐ Web Page(s) where report(s) is/are provided below

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

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Waterford
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SPDES ID

N	Y	R	2	0	A	0	3	7
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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?		
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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

☐ Yes ☒ No

If Yes, choose one of the following

- ☐ Report(s) attached to the annual report
- ☐ Web Page(s) where report(s) is/are provided below

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

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7

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

Name of MS4/Coalition Village of Waterford

SPDES ID							
N	Y	R	2	0	A	4	6 9

N	Y	R	2	0	A	4	6	9
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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

☐ Yes ☒ No

If Yes, choose one of the following

- ☐ Report(s) attached to the annual report
- ☐ Web Page(s) where report(s) is/are provided below

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

URL	

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

Name of MS4/Coalition	Town of Wilton
-----------------------	----------------

SPDES ID								
N	Y	R	2	0	A	1	1	4

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

If Yes, choose one of the following

- ☐ Report(s) attached to the annual report
- ☐ Web Page(s) where report(s) is/are provided below

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

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition Saratoga County ISWM Program

SPDES ID

N Y R 2 0 C 0 0 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?

19

1. Targeted Public Education and Outreach Best Management Practices

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

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

Law 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 |
| ☒ Residential | ☒ Developers |
| ☐ Businesses | ☒ General Public |
| ☐ Restaurants | ☐ Industries |
| ☒ Other: | ☐ Agricultural |

P l a n n i n g a n d Z o n i n g B o a r d s

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Ballston
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SPDES ID

N	Y	R	2	0	A	1	5	7
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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?

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1. Targeted Public Education and Outreach Best Management Practices

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

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

[illegible]

Other

2. Specific audiences targeted during this reporting period:

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

[illegible]

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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
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SPDES ID

N	Y	R	2	0	A	3	7	6
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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?

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1. Targeted Public Education and Outreach Best Management Practices

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

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

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Other

2. Specific audiences targeted during this reporting period:

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

[illegible]

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Charlton
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SPDES ID

N	Y	R	2	0	A	0	3	2
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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?

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1. Targeted Public Education and Outreach Best Management Practices

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

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

[illegible]

Other

2. Specific audiences targeted during this reporting period:

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

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Other

MS4 Annual Report Form

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

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

Name of MS4/Coalition	Town of Clifton Park
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SPDES ID

N	Y	R	2	0	A	0	3	5
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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
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1. Targeted Public Education and Outreach Best Management Practices

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

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

Other

2. Specific audiences targeted during this reporting period:

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

Other

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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MS4 Annual Report Form

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

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

Name of MS4/Coalition

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SPDES ID

N	Y	R	2	0	A	3	7	5
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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?

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1. Targeted Public Education and Outreach Best Management Practices

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

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

L a w n / o r g a n i c w a s t e m a n a g m e n t

Other

2. Specific audiences targeted during this reporting period:

- | | |
|--|--|
| ☒ Public Employees
☒ Residential
☐ Businesses
☐ Restaurants
☐ Other: | ☒ Contractors
☒ Developers
☒ General Public
☐ Industries
☐ Agricultural |
|--|--|

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If 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
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SPDES ID

N	Y	R	2	0	A	0	8	6
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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?

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1. Targeted Public Education and Outreach Best Management Practices

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

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

[illegible]

Other

2. Specific audiences targeted during this reporting period:

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

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Other

MS4 Annual Report Form

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

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

Name of MS4/Coalition

City of Mechanicville

SPDES ID

N	Y	R	2	0	A	5	5	1
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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?

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1. Targeted Public Education and Outreach Best Management Practices

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

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

[illegible]

Other

2. Specific audiences targeted during this reporting period:

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

[illegible]

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Milton
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SPDES ID

N	Y	R	2	0	A	1	0	8
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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?

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1. Targeted Public Education and Outreach Best Management Practices

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

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

[illegible]

Other

2. Specific audiences targeted during this reporting period:

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

[illegible]

Other

MS4 Annual Report Form

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

2	0	1	6
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If 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
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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?

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1. Targeted Public Education and Outreach Best Management Practices

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

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

[illegible]

Other

2. Specific audiences targeted during this reporting period:

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

[illegible]

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

Village of Round Lake

SPDES ID

N	Y	R	2	0	A	0	9	9
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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?

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1. Targeted Public Education and Outreach Best Management Practices

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

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

[illegible]

Other

2. Specific audiences targeted during this reporting period:

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

[illegible]

Other

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

- How many MS4s contributed to this report?

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

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

[illegible]

Other

☒ Public Employees ☒ Contractors
☐ Residential ☒ Developers
☐ Businesses ☒ General Public
☐ Restaurants ☐ Industries
☐ Other: ☐ Agricultural

[illegible]

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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
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SPDES ID

N	Y	R	2	0	A	2	1	6
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Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

1. Targeted Public Education and Outreach Best Management Practices

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

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

[illegible]

2. Specific audiences targeted during this reporting period:

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

[illegible]

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

N	Y	R	2	0	A	0	9	1
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MCM 1 Page 1 of 4

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	Town of Stillwater
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SPDES ID

N	Y	R	2	0	A	5	4	9
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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?

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1. Targeted Public Education and Outreach Best Management Practices

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

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

[illegible]

Other

2. Specific audiences targeted during this reporting period:

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

[illegible]

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Village of Stillwater
-----------------------	-----------------------

SPDES ID

N	Y	R	2	0	A	5	4	7
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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?

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1. Targeted Public Education and Outreach Best Management Practices

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

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

[illegible]

2. Specific audiences targeted during this reporting period:

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

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

Town of Waterford

SPDES ID

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?

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1. Targeted Public Education and Outreach Best Management Practices

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

☒ Construction Sites

☒ General Stormwater Management Information

☐ Household Hazardous Waste Disposal

☒ Illicit Discharge Detection and Elimination

☐ Infrastructure Maintenance

☐ Smart Growth

☒ Storm Drain Marking

☒ Green Infrastructure/Better Site Design/Low Impact Development

☒ Other:

☒ Pesticide and Fertilizer Application

☒ Pet Waste Management

☐ Recycling

☒ Riparian Corridor Protection/Restoration

☐ Trash Management

☒ Vehicle Washing

☐ Water Conservation

☐ Wetland Protection

☐ None

s e p t i c s y s t e m s ; f u e l s t a .

Other

2. Specific audiences targeted during this reporting period:

☒ Public Employees ☒ Contractors

☒ Residential ☐ Developers

☒ Businesses ☐ General Public

☐ Restaurants ☐ Industries

☐ Other: ☐ Agricultural

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Village of Waterford
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SPDES ID

N	Y	R	2	0	A	4	6	9
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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?

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1. Targeted Public Education and Outreach Best Management Practices

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

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

[illegible]

Other

2. Specific audiences targeted during this reporting period:

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

[illegible]

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Wilton
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SPDES ID

N	Y	R	2	0	A	1	1	4
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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?

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1. Targeted Public Education and Outreach Best Management Practices

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

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

[illegible]

Other

2. Specific audiences targeted during this reporting period:

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

[illegible]

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition Saratoga County ISWM Program

SPDES ID

N Y R 2 0 C 0 0 6

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

☒ Construction Site Operators Trained

Trained 7 8

☐ Direct Mailings

Mailings

☒ Kiosks or Other Displays

Locations 2 1

☒ List-Serves

In List 6 5 7

☐ Mailing List

In List

☐ Newspaper Ads or Articles

Days Run

☒ Public Events/Presentations

Attendees U N K N

☐ School Program

Attendees

☐ TV Spot/Program

Days Run

☒ Printed Materials:

Total # Distributed U N K N

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

T / C / V O f f i c e s ,
C o u n t y B u i l d i n g 5

☐ Other:

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

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

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SPDES ID

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

☒ Construction Site Operators Trained

Trained

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☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

--	--	--	--	--

☐ List-Serves

In List

--	--	--	--	--

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☐ Public Events/Presentations

Attendees

--	--	--	--	--

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

--	--	--	--	--

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

T	o	w	n		H	a	l	l	/	B	u	i	l	d	i	n	g		
D	e	p	a	r	t	m	e	n	t										

☐ Other:

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URL

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m																															

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Village of Ballston Spa

SPDES ID

N Y R 2 0 3 7 6

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

☐ Construction Site Operators Trained

Trained

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☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				1
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☐ List-Serves

In List

--	--	--	--	--

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☐ Public Events/Presentations

Attendees

--	--	--	--	--

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

--	--	--	--	--

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

T / C / V O f f i c e s

C o u n t y B u i l d i n g s 5

☐ Other:

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

URL

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URL

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

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SPDES ID

N	Y	R	2	0	A	0	3	2
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3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				2
--	--	--	--	---

☐ List-Serves

In List

--	--	--	--	--

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☐ Public Events/Presentations

Attendees

--	--	--	--	--

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

			5	0
--	--	--	---	---

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

T	o	w	n		H	a	l	l									
F	o	u	n	d	e	r	s		D	a	y		e	v	e	n	t

☒ Other:

T	o	w	n		N	e	w	s	l	e	t	t	e	r				
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p	r	i	n	g	%	2	0	1	4	%	2	0	n	e	w	s	l	t	s	.	p	d	f								

URL

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

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SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

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

☒ Construction Site Operators Trained

Trained

				6
--	--	--	--	---

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				1
--	--	--	--	---

☐ List-Serves

In List

--	--	--	--	--

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☒ Public Events/Presentations

Attendees

			2	0
--	--	--	---	---

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

			5	5
--	--	--	---	---

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

P	l	a	n	n	i	n	g		a	n	d								
B	u	i	l	d	i	n	g	/	Z	o	n	i	n	g					
D	e	p	a	r	t	m	e	n	t	s									

☐ Other:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Greenfield

SPDES ID

N Y R 2 0 A 1 2 3

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

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				1
--	--	--	--	---

☐ List-Serves

In List

--	--	--	--	--

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☐ Public Events/Presentations

Attendees

--	--	--	--	--

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

				1	0
--	--	--	--	---	---

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

T	o	w	n		H	a	l	l											

☐ Other:

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

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e	n	t	s	/	m	s	4	-	s	t	o	r	m	w	a	t	e	r	-	m	a	n	a	g	e	m	e	n	t	.	h
t	m	l																													

URL

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g	/	s	a	r	a	t	o	g	a	-	c	o	u	n	t	y	-	c	o	n	t	r	a	c	t	o	r	s	-	d	e	

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

If 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

N Y R 2 0 A 3 7 5

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

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				1
--	--	--	--	---

☐ List-Serves

In List

--	--	--	--	--

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☐ Public Events/Presentations

Attendees

--	--	--	--	--

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

--	--	--	--	--

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

H	a	l	f	m	o	o	n		T	o	w	n		H	a	l	l		

☒ Other:

A	p	p	l	i	c	a	t	i	o	n		h	a	n	d	o	u	t	s
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URL

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition Town of Malta

SPDES ID

N Y R 2 0 A 0 8 6

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

☒ Construction Site Operators Trained

Trained

1 0

☒ Direct Mailings

Mailings

1

☒ Kiosks or Other Displays

Locations

2

☐ List-Serves

In List

☐ Mailing List

In List

☐ Newspaper Ads or Articles

Days Run

☐ Public Events/Presentations

Attendees

☐ School Program

Attendees

☐ TV Spot/Program

Days Run

☒ Printed Materials:

Total # Distributed

4 3 7

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

B	u	i	l	d	i	n	g		D	e	p	a	r	t	m	e	n	t	
T	o	w	n		C	l	e	r	k										

☐ Other:

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

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URL

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

City of Mechanicville																			
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SPDES ID

N	Y	R	2	0	A	5	5	1
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3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☐ Construction Site Operators Trained

Trained

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☐ Direct Mailings

Mailings

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☐ Kiosks or Other Displays

Locations

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☐ List-Serves

In List

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☐ Mailing List

In List

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☐ Newspaper Ads or Articles

Days Run

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☐ Public Events/Presentations

Attendees

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☐ School Program

Attendees

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☐ TV Spot/Program

Days Run

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☐ Printed Materials:

Total # Distributed

--	--	--	--	--

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

☐ Other:

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

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URL

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

SPDES ID

N Y R 2 0 A 1 0 8

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

☒ Construction Site Operators Trained

Trained

☐ Direct Mailings

Mailings

☒ Kiosks or Other Displays

Locations

☐ List-Serves

In List

☐ Mailing List

In List

☐ Newspaper Ads or Articles

Days Run

☐ Public Events/Presentations

Attendees

☐ School Program

Attendees

☐ TV Spot/Program

Days Run

☒ Printed Materials:

Total # Distributed

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

T	o	w	n		H	a	l	l											
B	u	i	l	d	i	n	g		D	e	p	a	r	t	m	e	n	t	

☐ Other:

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

URL

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g	/	s	a	r	a	t	o	g	a	-	c	o	u	n	t	y	-	c	o	n	t	r	a	c	t	o	r	s	-	d	e	

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If 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

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

☐ Construction Site Operators Trained

Trained

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☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				1
--	--	--	--	---

☐ List-Serves

In List

--	--	--	--	--

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☐ Public Events/Presentations

Attendees

--	--	--	--	--

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

U	K	N	W	N
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Locations (e.g. libraries, town offices, kiosks)

T	o	w	n		H	a	l	l											
B	u	i	l	d	i	n	g		D	e	p	a	r	t	m	e	n	t	

☐ Other:

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URL

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g	/	s	a	r	a	t	o	g	a	-	c	o	u	n	t	y	-	c	o	n	t	r	a	c	t	o	r	s	-	d	e	

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Village of Round Lake
-----------------------	-----------------------

SPDES ID

N	Y	R	2	0	A	0	9	9
---	---	---	---	---	---	---	---	---

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

- ☐ Construction Site Operators Trained
- ☐ Direct Mailings
- ☐ Kiosks or Other Displays
- ☐ List-Serves
- ☐ Mailing List
- ☐ Newspaper Ads or Articles
- ☐ Public Events/Presentations
- ☐ School Program
- ☐ TV Spot/Program

Trained

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Mailings

--	--	--	--	--

Locations

--	--	--	--	--

In List

--	--	--	--	--

In List

--	--	--	--	--

Days Run

--	--	--	--	--

Attendees

--	--	--	--	--

Attendees

--	--	--	--	--

Days Run

--	--	--	--	--

Total # Distributed

--	--	--	--	--

● **Printed Materials:**

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

V	i	l	l	a	g	e		H	a	l	l								
---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--

R	o	u	n	d		L	a	k	e		L	i	b	r	a	r	y	
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[illegible][illegible]

○ Other:

[illegible]

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

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

SPDES ID

N Y R 2 0 A 2 0 9

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

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--

☒ Kiosks or Other Displays

Locations

				1
--	--	--	--	---

☐ List-Serves

In List

--	--	--	--	--

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☐ Public Events/Presentations

Attendees

--	--	--	--	--

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

U	N	K	N
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Locations (e.g. libraries, town offices, kiosks)

S	a	r	a	t	o	g	a		C	o	u	n	t	y			
C	o	r	n	e	l		C	o	o	p	e	r	a	t	i	v	e
E	x	t	e	n	s	i	o	n									

☐ Other:

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

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g	/	s	a	r	a	t	o	g	a	-	c	o	u	n	t	y	-	r	e	s	i	d	e	n	t	s	.	h	t	m		

URL

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g	/	s	a	r	a	t	o	g	a	-	c	o	u	n	t	y	-	c	o	n	t	r	a	c	t	o	r	s	-	d	e	

MS4 Annual Report Form

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

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

Name of MS4/Coalition

C	i	t	y		E	n	g	i	n	e	e	r		O	f	f	i	c	e
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SPDES ID

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

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

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☒ Direct Mailings

Mailings

			5	0
--	--	--	---	---

☒ Kiosks or Other Displays

Locations

				3
--	--	--	--	---

☐ List-Serves

In List

--	--	--	--	--

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☐ Public Events/Presentations

Attendees

--	--	--	--	--

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☒ Printed Materials:

Total # Distributed

--	--	--	--	--

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

C	i	t	y		E	n	g	i	n	e	e	r		O	f	f	i	c	e
P	u	b	l	i	c		W	o	r	k	s		O	f	f	i	c	e	
C	o	u	n	c	i	l		R	o	o	m		L	o	b	b	y		

☐ Other:

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

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URL

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g	/	s	a	r	a	t	o	g	a	-	c	o	u	n	t	y	-	c	o	n	t	r	a	c	t	o	r	s	-	d	e	

MS4 Annual Report Form

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

2	0	1	6
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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
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3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

☐ Construction Site Operators Trained

Trained

--	--	--	--	--

☐ Direct Mailings

Mailings

3	0	0	0
---	---	---	---

☒ Kiosks or Other Displays

Locations

			2
--	--	--	---

☐ List-Serves

In List

--	--	--	--

☐ Mailing List

In List

--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--

☐ Public Events/Presentations

Attendees

--	--	--	--

☐ School Program

Attendees

--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--

☒ Printed Materials:

Total # Distributed

--	--	--	--

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

P	u	b	l	i	c		W	o	r	k	s		G	a	r	a	g	e	
a	n	d		O	f	f	i	c	e	s	,		V	i	l	l	a	g	e
O	f	f	i	c	e														

☐ Other:

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

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g	/	s	a	r	a	t	o	g	a	-	c	o	u	n	t	y	-	c	o	n	t	r	a	c	t	o	r	s	-	d	e	

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	o	w	n	o	f	S	t	i	l	l	w	a	t	e	r
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	5	4	9
---	---	---	---	---	---	---	---	---

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

☒ Construction Site Operators Trained

Trained

				6
--	--	--	--	---

☐ Direct Mailings

Mailings

--	--	--	--	--

☐ Kiosks or Other Displays

Locations

--	--	--	--	--

☐ List-Serves

In List

--	--	--	--	--

☐ Mailing List

In List

--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--

☐ Public Events/Presentations

Attendees

--	--	--	--	--

☐ School Program

Attendees

--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--

☐ Printed Materials:

Total # Distributed

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

☐ Other:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

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g	/	s	a	r	a	t	o	g	a	-	c	o	u	n	t	y	-	r	e	s	i	d	e	n	t	s	.	h	t	m		

URL

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Waterford
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SPDES ID

N	Y	R	2	0	A	0	3	7
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3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

- ☐ Construction Site Operators Trained
- ☐ Direct Mailings
- ☒ Kiosks or Other Displays
- ☐ List-Serves
- ☐ Mailing List
- ☐ Newspaper Ads or Articles
- ☐ Public Events/Presentations
- ☐ School Program
- ☐ TV Spot/Program
- ☒ Printed Materials:

Trained

--	--	--	--	--

Mailings

--	--	--	--	--

Locations

				2
--	--	--	--	---

In List

--	--	--	--	--

In List

--	--	--	--	--

Days Run

--	--	--	--	--

Attendees

--	--	--	--	--

Attendees

--	--	--	--	--

Days Run

--	--	--	--	--

Total # Distributed

			2	4
--	--	--	---	---

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

[illegible]

- ☐ Other:

[illegible]

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

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition Village of Waterford

SPDES ID

N Y R 2 0 A 4 6 9

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

☐ Construction Site Operators Trained

Trained

--	--	--	--	--	--

☐ Direct Mailings

Mailings

--	--	--	--	--	--

☒ Kiosks or Other Displays

Locations

					1
--	--	--	--	--	---

☐ List-Serves

In List

--	--	--	--	--	--

☐ Mailing List

In List

--	--	--	--	--	--

☐ Newspaper Ads or Articles

Days Run

--	--	--	--	--	--

☒ Public Events/Presentations

Attendees

		9	9	9	
--	--	---	---	---	--

☐ School Program

Attendees

--	--	--	--	--	--

☐ TV Spot/Program

Days Run

--	--	--	--	--	--

☒ Printed Materials:

Total # Distributed

--	--	--	--	--	--

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

V	i	l	l	a	g	e		H	a	l	l								

☐ Other:

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

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URL

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Wilton
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SPDES ID

N	Y	R	2	0	A	1	1	4
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3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

○ Construction Site Operators Trained

# Trained				4
-----------	--	--	--	---

○ Direct Mailings

# Mailings					
------------	--	--	--	--	--

● Kiosks or Other Displays

#Locations					2
------------	--	--	--	--	---

☐ List-Serves

# In List				
-----------	--	--	--	--

● Mailing List

# In List		4	5	0
-----------	--	---	---	---

☐ Newspaper Ads or Articles

# Days Run					
------------	--	--	--	--	--

Public Events/Presentations

# Attendees			5	0	0
-------------	--	--	---	---	---

○ School Program

# Attendees					
-------------	--	--	--	--	--

☐ TV Spot/Program

# Days Run					
------------	--	--	--	--	--

● Printed Materials:

Total # Distributed				3	5
---------------------	--	--	--	---	---

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

[illegible]

T	o	w	n		C	o	m	m	u	n	i	t	y		D	a	y		
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[illegible][illegible]

☐ Other:

[illegible]

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

URL

<http://www.saratogastormwater.org>

g / s a r a t o g a - c o u n t y - r e s i d e n t s . h t m

[illegible]

URL

http://www.saratogastormwater.or

g / s a r a t o g a - c o u n t y - c o n t r a c t o r s - d e

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition Saratoga County ISWM Program

SPDES ID

N Y R 2 0 C 0 0 6

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

URL

w w w . s a r a t o g a s t o r m w a t e r . o r g / r e s i d
e n t s - i l l i c i t - d i s c h a r g e . h t m

URL

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e n t s - c o n s t r u c t i o n - r u n o f f . h t m

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition Town of Ballston

SPDES ID

N Y R 2 0 A 1 5 7

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

URL

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition Village of Ballston Spa

SPDES ID

N Y R 2 0 A 3 7 6

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

URL

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

URL

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

URL

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

URL

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

URL

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

URL

www.saratogastormwater.org/contractors-developers-post-construction.htm

URL

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

SPDES ID

N Y R 2 0 A 0 3 2

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

URL

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

SPDES ID

N Y R 2 0 A 1 2 3

3. Web Page con't.: Provide specific web addresses - 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 1 6

If 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

N Y R 2 0 A 3 7 5

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

URL

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

SPDES ID

N Y R 2 0 A 0 8 6

3. Web Page cont.: Provide specific web addresses - not home page.

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URL

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

City of Mechanicville

SPDES ID

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3. Web Page con't.: Provide specific web addresses - 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 1 6

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

Name of MS4/Coalition

SPDES ID

N Y R 2 0 A 1 0 8

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

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If 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

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

URL

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Village of Round Lake

SPDES ID

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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Name of MS4/Coalition Saratoga County, Department of Public

SPDES ID

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition City of Saratoga Springs

SPDES ID

N Y R 2 0 A 2 1 6

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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Name of MS4/Coalition

SPDES ID

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MS4 Annual Report Form

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

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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, 2 0 1 6

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

Name of MS4/Coalition Village of Stillwater

SPDES ID

N Y R 2 0 A 5 4 7

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

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MS4 Annual Report Form

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

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Name of MS4/Coalition

Town of Waterford

SPDES ID

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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Name of MS4/Coalition Village of Waterford

SPDES ID

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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Name of MS4/Coalition

SPDES ID

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MS4 Annual Report Form

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

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Name of MS4/Coalition

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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Maintain/continue all selected BMPs detailed in the ISWM Program Plan.

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

All kiosks/information displays continue to be maintained at all local MS4 locations; the Eastern NY SW RTC continues to offer professional-level accredited stormwater management practice, regulatory compliance, and SWMP Planning education; the ISWM Program is maintained as the online source for information - updated as needed/when possible; ISWM Program Coordinator continues to conduct direct education/outreach to groups/individuals throughout Saratoga County.

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

1			
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program
 -Maintain website; ongoing throughout the year
 -Maintain "Town Hall" displays/kiosks; ongoing throughout the year
 -Continue direct education/outreach programming; ongoing throughout the year
 -Continue SW Regional Training Center w/ John Dunkle; ongoing throughout the year

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Ballston

SPDES ID

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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue participation in and support of the Saratoga County ISWM Program Education and Outreach Program as detailed in the ISWM Program Plan.

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

The Town of Ballston SWMP Coordinator/SMO continues to participate in the ISWM Program by attending meetings, trainings, and reliance upon ISWM Program for technical and/or material support of the Town of Ballston's (local) public education and outreach efforts.

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

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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue participation in and support of the Saratoga County ISWM Program Education and Outreach Program as detailed in the ISWM Program Plan.

MS4 Annual Report Form

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

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Name of MS4/Coalition

Village of Ballston Spa

SPDES ID

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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach

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

All selected BMP's detailed in the ISWM Program Plan continue to be implemented.

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

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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue implementation of the Saratoga County I-SWM Program Education Outreach Program
 -Maintain website: ongoing throughout the year
 Maintain "Village Hall" display/kiosks: ongoing throughout the year
 -Continue direct education/outreach programming; ongoing throughout the year
 -Continue SW Regional Training Center/John Dunkle: ongoing throughout the year,

MS4 Annual Report Form

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

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Name of MS4/Coalition

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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.

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

Attendance at road cleanups increases yearly. Planning Board has a greater understanding of Stormwater management techniques and has increased focus in this area.

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

			3
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Road cleanup events in spring. Continue participation in County program. Continue town newsletter, rerun MS4 informational article.

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Clifton Park

SPDES ID

N	Y	R	2	0	A	0	3	5
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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach.

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

All selected BMPs detailed in the ISWM Program Plan continue to be implemented.

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program

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

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	o	w	n	o	f	G	r	e	e	n	f	i	e	l	d
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SPDES ID

N	Y	R	2	0	A	1	2	3
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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Actively participate in the Saratoga County Intermunicipal program. Continue providing information brochures at town hall. Continue to educate Board members.

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

Attendance at road and stream cleanups is abundant.

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

			2
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Road and stream cleanup events in the spring. In 2015 the town held fourteen road side cleanups. Home household waste collection was offered once in 2015, 142 tons of household waste material, 175 tires, and 46.81 tons of metal where collected and disposed of by the town. Continue participation in County program.

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	o	w	n	o	f	H	a	l	f	m	o	o	n
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SPDES ID

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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Provide information accessible to the general public at the Town Hall, on the website, and distribute printed materials as handouts.

Continue participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach.

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

A Stormwater Kiosk is permanently set up at the Town Hall. Pamphlets are available for the general public. A Stormwater facts sheet is distributed with various applications.
All selected BMPs detailed in the ISWM Program Plan continue to be implemented.

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

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(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

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Malta

SPDES ID

N	Y	R	2	0	A	0	8	6
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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 37 brochures taken this year. 400 pet waste flyers distributed with dog licenses. Town Clerk had significant personnel change and gaps this year, but new staff is handing out literature again. Website completed but no hits this year. Article included in mailing distributed to all residents. Information for new employees has been distributed to all department heads.

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

2			
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(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).

Send out announcement of our new stormwater website to interested individuals to encourage its use and track page visits and downloads. New personnel to receive basic training on Malta MS4 status and requirements. Maintain Town Hall displays/kiosks and track number of printed materials distributed. Continue to work with Clerk's Office to ensure pet owner education. Stormwater article included in annual town newsletter mailing to all residents.

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Mechanicville

SPDES ID

N	Y	R	2	0	A	5	5	1
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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The City participated in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach program.

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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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City will continue to implement the Saratoga County ISWM Program for Education and Outreach. In addition, the City's Stormwater Management Program Plan will be implemented by December 1, 2016 and educational stormwater brochures will be available in the existing kiosk.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Milton

SPDES ID

N	Y	R	2	0	A	1	0	8
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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach.

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

All selected BMPs detailed in the ISWM Program Plan continue to be implemented.

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

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SPDES ID

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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach.

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

All selected BMPs detailed in the ISWM Program Plan continue to be implemented.

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Village of Round Lake

SPDES ID

N	Y	R	2	0	A	0	9	9
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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Maintain constant stock of literature available at Village Hall and the Round Lake Library generally available to the interested public.

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

Stock of materials was checked and determined adequate.

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

			2
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Round Lake Village newsletter (e-letter; distributed via email and available for viewing at our website) will include a 4-part series of homeowner/resident tips/techniques covering 1) Pet Waste; 2) Lawn/Organic Debris disposal and Property Maintenance; 3) Illicit Discharges; 4) Rain Barrels, Cisterning, & Rain Gardens. One article will appear in each of the Village's Quarterly newsletters.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

S	a	r	a	t	o	g	a		C	o	u	n	t	y		D	e	p	a	r	t	m	e	n	t	o	f		P	u	b	l	i	c
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SPDES ID

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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Maintain public access to stormwater management information.
Continue cooperation and participation with the Saratoga County ISWM Program
Continue ongoing employee training and education efforts

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

All resources described in the SC DPW SWMP &/or ISWM Plans have been implemented and are ongoing.

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Maintain all measures described in the SC DPW &/or ISWM Plans. Continue all ongoing programs.

MS4 Annual Report Form

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

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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									
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SPDES ID

N	Y	R	2	0	A	2	1	6
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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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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program

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

MS4 Annual Report Form

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

2	0	1	6
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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
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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach.

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

All selected BMP's detailed in the ISWM Program Plan continue to be implemented.

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue implementation of the Saratoga County ISWM Program Education/Outreach Program

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

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SPDES ID

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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.

During this reporting period the Town held an informational meeting/workshop in July of 2015 with developers of all open construction sites to discuss the requirements for maintenance of ES&C practices and what the Town's role is for enforcement.
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.

Area sites were maintained to a satisfactory level with no violations occurring.
All selected BMPs detailed in the ISWM Program Plan continue to be implemented.

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

			1
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(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 SWMP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program with activities to include:

- Maintain website; ongoing throughout the year
- Continue direct 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,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	7
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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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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program

- Maintain website; ongoing throughout the year
- Maintain "Village Hall" display; ongoing throughout the year
- Continue direct education/outreach programming; ongoing throughout the year
- Continue SW Regional Training Center; ongoing throughout the year

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Waterford

SPDES ID

N	Y	R	2	0	A	0	3	7
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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town maintained an educational kiosk at the Town Hall and Harbor Center which includes, among other pamphlets and brochures, information about stormwater.

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

Four different stormwater pamphlets/brochures are made available to the public at Town Hall: "Where does all the Dirty Water Go?"; "10 Things You Can do to Prevent Stormwater Runoff Pollution"; "Stormwater Regulations and the Construction Industry"; and "After the Storm". The Town recently contacted NYDSEC requesting additional materials for distribution. The Town maintains approximately one dozen pamphlets at each location.

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

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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to maintain the educational kiosk, and plans to include an educational stormwater flyer in quarterly sewer bills to residents moving forward.

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Waterford

SPDES ID

N	Y	R	2	0	A	4	6	9
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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach.

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

All selected BMPs detailed in the ISWM Program Plan continue to be implemented.

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program

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

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	o	w	n	o	f	W	i	l	t	o	n
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SPDES ID

N	Y	R	2	0	A	1	1	4
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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach.

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

All selected BMPs detailed in the ISWM Program Plan continue to be implemented.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Ballston
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SPDES ID

N	Y	R	2	0	A	1	5	7
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Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

- | | | | | | |
|---|-------------|---|---|---|---|
| ☒ Cleanup Events | # Events | 3 | | | |
| ☐ Comments on SWMP Received | # Comments | | | | |
| ☒ Community Hotlines | Phone # | (| | |) |
| Phone # | (| 5 | 1 | 8 |) |
| Phone # | (| | | |) |
| Phone # | (| | | |) |
| Phone # | (| | | |) |
| Phone # | (| | | |) |
| | | | | | |
| ☐ Community Meetings | # Attendees | | | | |
| ☐ Plantings | Sq. Ft. | | | | |
| ☐ Storm Drain Markings | # Drains | | | | |
| ☐ Stakeholder Meetings | # Attendees | | | | |
| ☐ Volunteer Monitoring | # Events | | | | |
| ☐ Other: | | | | | |

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ☒ Yes

- | | | | | | | |
|---|------------|---|---|---|--|--|
| ☒ List-Serve | # In List | 6 | 1 | 2 | | |
| ☐ Newspaper Advertising | # Days Run | | | | | |
| ☐ TV/Radio Notices | # Days Run | | | | | |
| ☐ Other: | | | | | | |

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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
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SPDES ID

N	Y	R	2	0	A	3	7	6
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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 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 1 |
| ☒ Comments on SWMP Received | # Comments | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0 |
| ☒ Community Hotlines | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # |
| | | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # |
| | | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # |
| | | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # |
| | | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # |
| | | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # |
| ☐ Community Meetings | # Attendees | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| ☐ Plantings | Sq. Ft. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| ☐ Storm Drain Markings | # Drains | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| ☐ Stakeholder Meetings | # Attendees | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| ☐ Volunteer Monitoring | # Events | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| ☒ Other: Literature Distribution | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ☒ Yes

☒ Yes ☐ No

- [illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If 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
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SPDES ID

N	Y	R	2	0	A	1	2	3
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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 | 4 |
| ☐ Comments on SWMP Received | # Comments | | | | | | |
| ☒ Community Hotlines | Phone # | (| | |) | | |
| Phone # | (| 5 | 1 | 8 |) | 8 | 8 |
| | | | | | | - | 8 |
| | | | | | | | 9 |
| | | | | | | | 9 |
| | | | | | | | 5 |
| Phone # | (| | | |) | | |
| Phone # | (| | | |) | | |
| Phone # | (| | | |) | | |
| Phone # | (| | | |) | | |
| Phone # | (| | | |) | | |
| Phone # | (| | | |) | | |
| | | | | | | - | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ☐ Community Meetings | # Attendees | | | | | | |
| ☐ Plantings | Sq. Ft. | | | | | | |
| ☐ Storm Drain Markings | # Drains | | | | | | |
| ☐ Stakeholder Meetings | # Attendees | | | | | | |
| ☐ Volunteer Monitoring | # Events | | | | | | |
| ☐ Other: | | | | | | | |

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ☒ Yes

- [illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If 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

N	Y	R	2	0	A	3	7	5
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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?			
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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:

- [illegible]

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ☒ Yes

- | | | | | | | |
|---|------------|--|--|---|---|---|
| ☒ List-Serve | # In List | | | 6 | 1 | 2 |
| ☐ Newspaper Advertising | # Days Run | | | | | |
| ☐ TV/Radio Notices | # Days Run | | | | | |
| ☐ Other: | | | | | | |

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If 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
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SPDES ID

N	Y	R	2	0	A	0	8	6
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Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

- | | | | | | |
|---|-------------|---|--|---|---|
| ☐ Cleanup Events | # Events | | | | |
| ☐ Comments on SWMP Received | # Comments | | | | |
| ☒ Community Hotlines | Phone # | (| | |) |
| Phone # | (| | |) | - |
| Phone # | (| | |) | - |
| Phone # | (| | |) | - |
| Phone # | (| | |) | - |
| Phone # | (| | |) | - |
| Community Meetings | # Attendees | | | | |
| Plantings | Sq. Ft. | | | | |
| Storm Drain Markings | # Drains | | | | |
| Stakeholder Meetings | # Attendees | | | | |
| Volunteer Monitoring | # Events | | | | |
| Other: | | | | | |

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ☒ Yes

☒ Yes ☐ No

- | | | | | | | |
|---|------------|---|---|---|--|--|
| ☒ List-Serve | # In List | 6 | 1 | 2 | | |
| ☐ Newspaper Advertising | # Days Run | | | | | |
| ☐ TV/Radio Notices | # Days Run | | | | | |
| ☒ Other: T o w n B o a r d m e e t i n g a n n o u n c e m e n t | | | | | | |

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

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	City of Mechanicville
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SPDES ID

N	Y	R	2	0	A	5	5	1
---	---	---	---	---	---	---	---	---

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 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ☐ Comments on SWMP Received | # Comments | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ☒ Community Hotlines | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| ☐ Community Meetings | # Attendees | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ☐ Plantings | Sq. Ft. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ☐ Storm Drain Markings | # Drains | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ☐ Stakeholder Meetings | # Attendees | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ☐ Volunteer Monitoring | # Events | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ☐ Other: | <input type="text"/> | | | | |

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ☒ Yes ☐ No

- | | | | | | |
|--|---|--|--|---|---|
| ☐ List-Serve | # In List | | | | |
| ☒ Newspaper Advertising | # Days Run | | | 3 | 0 |
| ☐ TV/Radio Notices | # Days Run | | | | |
| ☒ Other: | A n n o u n c e a t p u b l i c m e e t i n g | | | | |

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Milton
-----------------------	----------------

SPDES ID

N	Y	R	2	0	A	1	0	8
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Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

- ## ● Cleanup Events

# Events					2
----------	--	--	--	--	---

- Comments on SWMP Received

#Comments					
-----------	--	--	--	--	--

- ## ● Community Hotlines

Phone # () -

Phone# (5 1 8) 8 8 5 - 8 9 9 5

Phone# () -

Phone # () -

Phone# () -

Phone # () -

Phone# () -

Phone# () -

Phone# () -

Phone# () -

Phone# () -

- ### Community Meetings

# Attendees					
-------------	--	--	--	--	--

- ## ● Plantings

Sq. Ft.	2	0	0	0
---------	---	---	---	---

- ### ○ Storm Drain Markings

# Drains					
----------	--	--	--	--	--

- ### ○ Stakeholder Meetings

# Attendees					
-------------	--	--	--	--	--

- ### ● Volunteer Monitoring

# Events					
----------	--	--	--	--	--

- [illegible]

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ☐ Yes

☐ Yes ☒ No

- List-Serve

# In List					
-----------	--	--	--	--	--

- Newspaper Advertising

# Days Run					
------------	--	--	--	--	--

- ### ○ TV/Radio Notices

# Days Run				
------------	--	--	--	--

- ☐ Other:

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If 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 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?		
---	--	--

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

- | | | | | | |
|--|-------------|--|--|---|---|
| ☐ Cleanup Events | # Events | | | | |
| ☒ Comments on SWMP Received | # Comments | | | | 0 |
| ☒ Community Hotlines | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| ☐ Community Meetings | # Attendees | | | | |
| ☐ Plantings | Sq. Ft. | | | | |
| ☐ Storm Drain Markings | # Drains | | | | |
| ☐ Stakeholder Meetings | # Attendees | | | | |
| ☐ Volunteer Monitoring | # Events | | | | |
| ☐ Other: | | | | | |

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ☒ Yes

☒ Yes ☐ No

- | | | | | | |
|---|------------|--|---|---|---|
| ☒ List-Serve | # In List | | 6 | 1 | 2 |
| ☐ Newspaper Advertising | # Days Run | | | | |
| ☐ TV/Radio Notices | # Days Run | | | | |
| ☐ Other: | | | | | |
- ☒ Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	City of Saratoga Springs
-----------------------	--------------------------

SPDES ID

N	Y	R	2	0	A	2	1	6
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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 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ☐ Comments on SWMP Received | # Comments | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ☒ Community Hotlines | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Phone # | (<input type="text"/> <input type="text"/> <input type="text"/>) | <input type="text"/> <input type="text"/> <input type="text"/> | - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| ☐ Community Meetings | # Attendees | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ☐ Plantings | Sq. Ft. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ☒ Storm Drain Markings | # Drains | <input type="text"/> | <input type="text"/> | 8 | 6 |
| ☐ Stakeholder Meetings | # Attendees | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ☐ Volunteer Monitoring | # Events | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ☐ Other: | <input type="text"/> | | | | |

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ☒ Yes

- [illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

☐ Cleanup Events	# Events	
☐ Comments on SWMP Received	# Comments	
☒ Community Hotlines	Phone # () -	
Phone # (5 1 8) 8 8 5 - 8 9 9 5	Phone # () -	
Phone # () -	Phone # () -	
Phone # () -	Phone # () -	
Phone # () -	Phone # () -	
Phone # () -	Phone # () -	
☐ Community Meetings	# Attendees	
☐ Plantings	Sq. Ft.	
☐ Storm Drain Markings	# Drains	
☐ Stakeholder Meetings	# Attendees	
☐ Volunteer Monitoring	# Events	
☐ Other:		

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?

☐ Yes ☐ No

☒ List-Serve	# In List	6 1 2
☐ Newspaper Advertising	# Days Run	
☐ TV/Radio Notices	# Days Run	
☐ Other:		

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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 Stillwater
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N	Y	R	2	0	A	5	4	7
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Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report?

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

○ Cleanup Events

Events

○ Comments on SWMP Received

Comments

● Community Hotlines

Phone #

Phone# (5 1 8) 8 8 5 - 8 9 9 5

Phone #

Phone# () -

Phone #

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Phone #

Phone # (

)

 -

Phone #

Phone # () -

Phone #

○ Community Meetings

Attendees

○ Plantings

Sq. Ft.

○ Storm Drain Markings

Drains

○ Stakeholder Meetings

Attendees

○ Volunteer Monitoring

Events

☐ Other:

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ☒ Yes

☒ Yes ☐ No

- List-Serve

In List

① Newspaper Advertising

Days Run

● TV/Radio Notices

Days Run

☐ Other:

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Waterford
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SPDES ID

N	Y	R	2	0	A	0	3	7
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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?

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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				4
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● Comments on SWMP Received

# Comments				0
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● Community Hotlines

Phone# (5 1 8) 8 8 5 - 8 9 9 5

Phone # (

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Phone # () -

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Phone # () -

○ Community Meetings

# Attendees					
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○ Plantings

Sq. Ft.					
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● Storm Drain Markings

#Drains				1	2
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○ Stakeholder Meetings

# Attendees					
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☐ Volunteer Monitoring

# Events				
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[illegible]

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? ☒ Yes

☒ Yes ☐ No

☐ List-Serve

# In List					
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● Newspaper Advertising

# Days Run				3	0
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○ TV/Radio Notices

# Days Run					
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● Other:	A	n	n	o	u	n	c	e	a	t	T	o	w	n	B	o	a	r	d	M	t	g	.		
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● **Web Page URL:** Enter URL(s) on the following two pages.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

N Y R 2 0 A 4 6 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:

☐ Cleanup Events	# Events				
☐ Comments on SWMP Received	# Comments				
☒ Community Hotlines	Phone #	() -	Phone #	() -	
	Phone #	() -	Phone #	() -	
	Phone #	() -	Phone #	() -	
	Phone #	() -	Phone #	() -	
	Phone #	() -	Phone #	() -	
☐ Community Meetings	# Attendees				
☐ Plantings	Sq. Ft.				
☐ Storm Drain Markings	# Drains				
☐ Stakeholder Meetings	# Attendees				
☐ Volunteer Monitoring	# Events				
☐ Other:					

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?

☒ Yes ☐ No

☒ List-Serve	# In List				
☐ Newspaper Advertising	# Days Run				
☐ TV/Radio Notices	# Days Run				
☐ Other:					

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

SPDES ID

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition Town of Ballston

SPDES ID

N Y R 2 0 A 1 5 7

2. URL(s) con't.:

Please provide specific address(es) where notice(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 1 6

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

Name of MS4/Coalition

Village of Ballston Spa

SPDES ID

N Y R 2 0 A 3 7 6

2. URL(s) con't.:

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

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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, 2016

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

Name of MS4/Coalition	Town of Clifton Park
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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 1 6**

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

Name of MS4/Coalition

SPDES ID

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MS4 Annual Report Form

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

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

Name of MS4/Coalition

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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 1 6

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

Name of MS4/Coalition Town of Malta

SPDES ID

N Y R 2 0 A 0 8 6

2. URL(s) con't.:

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition City of Mechanicville

SPDES ID

N Y R 2 0 A 5 5 1

2. URL(s) con't.:

Please provide specific address(es) where notice(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, 2016

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

Name of MS4/Coalition Town of Milton

SPDES ID

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2. URL(s) con't.:

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

If 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

2. URL(s) con't.:

Please provide specific address(es) where notice(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 1 6**

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

Name of MS4/Coalition Village of Round Lake

SPDES ID

N Y R 2 0 A 0 9 9

2. URL(s) con't.:**Please provide specific address(es) where notice(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, 2016

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

SPDES ID

N Y R 2 0 A 2 0 9

2. URL(s) con't.:

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MS4 Annual Report Form

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

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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																													
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MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9, 2 0 1 6**

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

2. URL(s) con't.:**Please provide specific address(es) where notice(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, 2016

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

Name of MS4/Coalition Town of Stillwater

SPDES ID

N Y R 2 0 A 5 4 9

2. URL(s) con't.:

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition Village of Stillwater

SPDES ID

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

SPDES ID

N Y R 2 0 A 0 3 7

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MS4 Annual Report Form**This report is being submitted for the reporting period ending March 9, 2 0 1 6**

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

Name of MS4/Coalition Village of Waterford

SPDES ID

N Y R 2 0 A 4 6 9

2. URL(s) con't.:**Please provide specific address(es) where notice(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, 2016

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

Name of MS4/Coalition

SPDES ID

N Y R 2 0 A 1 1 4

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

Saratoga County ISWM Program

SPDES ID

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Ballston
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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, 2016

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
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SPDES ID

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Town of Charlton

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Clifton Park
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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, 2016

If 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
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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, 2016

If 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
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SPDES ID

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Town of Malta

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MS4 Annual Report Form

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

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

Name of MS4/Coalition	City of Mechanicville
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MS4 Annual Report Form

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Name of MS4/Coalition Town of Milton

SPDES ID

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MS4 Annual Report Form

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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, 2016

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

Name of MS4/Coalition

Village of Round Lake

SPDES ID

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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
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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, 2016

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Name of MS4/Coalition

Town of Stillwater

SPDES ID

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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
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SPDES ID

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MS4 Annual Report Form

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

Name of MS4/Coalition	Town of Waterford
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MS4 Annual Report Form

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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	Village of Waterford
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Town of Wilton

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition Saratoga County ISWM Program

SPDES ID

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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?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☒ MS4/Coalition Office

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Department

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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Name of MS4/Coalition Town of Ballston

SPDES ID

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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?

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☒ MS4/Coalition Office

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☒ Annual Report ☐ SWMP Plan ☒ Comments

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition Village of Ballston Spa

SPDES ID

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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?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☐ MS4/Coalition Office ☒ Annual Report ☒ SWMP Plan ☒ Comments

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☒ eMail ☐ Comments

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition Town of Charlton

SPDES ID

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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?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☒ MS4/Coalition Office

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition Town of Clifton Park

SPDES ID

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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?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☒ MS4/Coalition Office

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition Town of Greenfield

SPDES ID

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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?

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☒ MS4/Coalition Office

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If 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

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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?

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☒ MS4/Coalition Office

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition Town of Malta

SPDES ID

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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?

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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Name of MS4/Coalition	City of Mechanicville
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SPDES ID

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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?

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● MS4/Coalition Office

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Phone

$$\begin{pmatrix} 5 & 1 & 8 \end{pmatrix} \begin{bmatrix} 6 \\ 6 \\ 4 \end{bmatrix} - \begin{bmatrix} 8 \\ 3 \\ 3 \\ 1 \end{bmatrix}$$

○ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

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Phone

$$\left(\begin{array}{|c|} \hline \\ \hline \end{array} \right) \begin{array}{|c|} \hline \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array}$$

☒ Other

☒ Annual Report ☐ SWMP Plan ☒ Comments

Address

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City

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Phone

$$(\begin{array}{|c|c|c|} \hline 5 & 1 & 8 \\ \hline \end{array}) \begin{array}{|c|c|c|} \hline 8 & 8 & 5 \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline 8 & 9 & 9 & 5 \\ \hline \end{array}$$

● Web Page URL:

☒ Annual Report ☐ SWMP Plan ☐ Comments

http://www.saratogastormwater.o

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10	1	
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Please provide specific address of page where report can be accessed - not home page.

● eMail

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition Town of Milton

SPDES ID

N Y R 2 0 A 1 0 8

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☒ MS4/Coalition Office

☒ Annual Report ☒ SWMP Plan ☒ Comments

Department

T o w n S u p e r v i s o r

Address

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City

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☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

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☒ Other

☒ Annual Report ☐ SWMP Plan ☒ Comments

Address

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☒ Web Page URL:

☒ Annual Report ☐ SWMP Plan ☐ Comments

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Please provide specific address of page where report can be accessed - not home page.

☒ eMail

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If 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

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☒ MS4/Coalition Office

☒ Annual Report ☒ SWMP Plan ☒ Comments

Department

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☒ Annual Report ☐ SWMP Plan ☒ Comments

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☒ eMail

☐ Comments

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

Village of Round Lake

SPDES ID

N Y R 2 0 A 0 9 9

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☒ MS4/Coalition Office

☒ Annual Report ☒ SWMP Plan ☒ Comments

Department

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☐ Annual Report ☐ SWMP Plan ☐ Comments

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☒ Annual Report ☐ SWMP Plan ☒ Comments

Address

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☒ Web Page URL:

☒ Annual Report ☐ SWMP Plan ☐ Comments

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☒ eMail

☒ Comments

v i l l a g e r l @ r o u n d l a k e v i l l a g e . o r g

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

SPDES ID

N Y R 2 0 A 2 0 9

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☒ MS4/Coalition Office

☒ Annual Report ☒ SWMP Plan ☒ Comments

Department

P u b l i c W o r k s

Address

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☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

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City

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☒ Annual Report ☐ SWMP Plan ☒ Comments

Address

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition City of Saratoga Springs

SPDES ID

N Y R 2 0 A 2 1 6

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☒ MS4/Coalition Office

☒ Annual Report ☒ SWMP Plan ☒ Comments

Department

C i t y E n g i n e e r s O f f i c e

Address

4 7 4 B r o a d w a y

City

S a r a t o g a S p r i n g s N Y

Zip

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Phone

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☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

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☒ Annual Report ☐ SWMP Plan ☒ Comments

Address

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City

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☒ Web Page URL:

☒ Annual Report ☐ SWMP Plan ☐ Comments

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☒ eMail

☒ Comments

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☒ MS4/Coalition Office

☒ Annual Report ☒ SWMP Plan ☒ Comments

Department

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Address

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City

S o u t h G l e n s F a l l N Y

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Phone

(5 1 8) 7 9 3 - 1 4 5 5

☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

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☒ Annual Report ☐ SWMP Plan ☒ Comments

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Stillwater

SPDES ID

N Y R 2 0 A 5 4 9

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☐ MS4/Coalition Office ☒ Annual Report ☒ SWMP Plan ☒ Comments

Department

Address

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☐ Library ☐ Annual Report ☐ SWMP Plan ☐ Comments

Address

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☒ Other ☒ Annual Report ☐ SWMP Plan ☒ Comments

Address

5 0 West High Street

City

Ba l l s t o n S p a

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Phone

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☒ Web Page URL: ☒ Annual Report ☐ SWMP Plan ☐ Comments

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☒ eMail ☒ Comments

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition Village of Stillwater

SPDES ID

N Y R 2 0 A 5 4 7

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

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☐ MS4/Coalition Office

☒ Annual Report ☒ SWMP Plan ☒ Comments

Department

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Address

City

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☒ Other

☒ Annual Report ☐ SWMP Plan ☒ Comments

Address

5 0 West High Street

City

Ballston Spa

Zip

N Y

1 2 0 2 0 -

Phone

(5 1 8) 8 8 5 - 8 9 9 5

☒ Web Page URL:

☒ Annual Report ☐ SWMP Plan ☐ Comments

http://www.saratogastormwater.org/municipalities-additional-resources.htm

Please provide specific address of page where report can be accessed - not home page.

☒ eMail

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stlclerk@nycap.rr.com
brn5@cornell.edu

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Waterford

SPDES ID

N Y R 2 0 A 0 3 7

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☒ MS4/Coalition Office

☒ Annual Report ☒ SWMP Plan ☒ Comments

Department

T o w n H a l l

Address

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City

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☐ Web Page URL:

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition Village of Waterford

SPDES ID

N Y R 2 0 A 4 6 9

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☒ MS4/Coalition Office

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Department

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Address

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition Town of Wilton

SPDES ID

N Y R 2 0 A 1 1 4

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

☐ MS4/Coalition Office

☒ Annual Report ☒ SWMP Plan ☒ Comments

Department

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☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

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☒ Annual Report ☐ SWMP Plan ☒ Comments

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Please provide specific address of page where report 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,

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

Name of MS4/Coalition

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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

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If No, is one planned?

☐ Yes ☒ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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

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

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

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If No, is one planned?

☐ Yes ☒ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Village of Ballston Spa

SPDES ID

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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

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If No, is one planned?

☐ Yes ☒ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	o	w	n	o	f	C	h	a	r	l	t	o	n
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SPDES ID

N	Y	R	2	0	A	0	3	2
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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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0	6
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2	0	1	6
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4.b. For how many days was/will this report be posted?

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

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If No, is one planned?

☐ Yes ☒ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Clifton Park

SPDES ID

N	Y	R	2	0	A	0	3	5
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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

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If No, is one planned?

☐ Yes ☒ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

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SPDES ID

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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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

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

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☐ No

If Yes, what was the date of the meeting?

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1	4
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2	0	1	6
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If No, is one planned?

☐ Yes ☐ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

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SPDES ID

N	Y	R	2	0	A	3	7	5
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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☒ Yes ☐ No

If Yes, what was the date of the meeting?

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2	0	1	6
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If No, is one planned?

☐ Yes ☐ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Malta

SPDES ID

N	Y	R	2	0	A	0	8	6
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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

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If No, is one planned?

☐ Yes ☒ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

Name of MS4/Coalition

City of Mechanicville

SPDES ID

N Y R 2 0 A 5 5 1

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0 4 / 2 2 / 2 0 1 6

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..

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

If Yes, what was the date of the meeting?

/ /

If No, is one planned?

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

If No, is one planned for each?

☐ Yes ☐ No**6. Were comments received during this reporting period?**☐ Yes ☒ No

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

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	o	w	n	o	f	M	i	l	t	o	n
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SPDES ID

N	Y	R	2	0	A	1	0	8
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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

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If No, is one planned?

☐ Yes ☐ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	o	w	n	o	f	M	o	r	e	a	u
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SPDES ID

N	Y	R	2	0	A	1	5	8
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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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2	0	1	6
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4.b. For how many days was/will this report be posted?

3	6	5
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☐ No

If Yes, what was the date of the meeting?

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If No, is one planned?

☐ Yes ☐ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Round Lake

SPDES ID

N	Y	R	2	0	A	0	9	9
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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

		/			/				
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If No, is one planned?

☐ Yes ☒ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

N Y R 2 0 A 2 0 9

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0 5 / 2 7 / 2 0 1 6

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..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

/ /

If No, is one planned?

☐ Yes ☒ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

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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																			
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SPDES ID

N	Y	R	2	0	A	2	1	6
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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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2	0	1	6
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4.b. For how many days was/will this report be posted?

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☐ No

If Yes, what was the date of the meeting?

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If No, is one planned?

☐ Yes ☐ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

2	0	1	6
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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
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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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

If Yes, what was the date of the meeting?

		/			/				
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If No, is one planned?

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

If No, is one planned for each?

☐ Yes ☒ No
6. Were comments received during this reporting period?
☐ Yes ☒ No

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

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

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SPDES ID

N	Y	R	2	0	A	5	4	9
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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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

3	6	5
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☐ No

If Yes, what was the date of the meeting?

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If No, is one planned?

☐ Yes ☐ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

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SPDES ID

N	Y	R	2	0	A	5	4	7
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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

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If No, is one planned?

☐ Yes ☒ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Waterford

SPDES ID

N	Y	R	2	0	A	0	3	7
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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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0	4
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2	0	1	6
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4.b. For how many days was/will this report be posted?

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

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

If Yes, what was the date of the meeting?

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If No, is one planned?

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

If No, is one planned for each?

☐ Yes ☐ No
6. Were comments received during this reporting period?
☐ Yes ☒ No

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

V	i	l	l	a	g	e		o	f		W	a	t	e	r	f	o	r	d
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SPDES ID

N	Y	R	2	0	A	4	6	9
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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0	5	/	1	6	/	2	0	1	6
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4.b. For how many days was/will this report be posted?

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

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If No, is one planned?

☐ Yes ☒ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Wilton																			
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SPDES ID

N	Y	R	2	0	A	1	1	4
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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☐ No

If Yes, what was the date of the meeting?

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If No, is one planned?

☐ Yes ☐ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

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

Name of MS4/Coalition

S	a	r	a	t	o	g	a		C	o	u	n	t	y		I	S	W	M		P	r	o	g	r	a	m
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SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

On-time publication of the Annual Report (Y11) and 90% (or better) participation in clean up events by all groups.

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

Annual Report was 0 days overdue - this goal was met;
100% Participation by all registered groups - this goal has been met.

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

2			
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Saratoga County Biological Monitoring & Assessment - Kayaderosseras Ck (BioMAK) and the Dwaas Kill (BioMAD) in coordination with the NYS DEC WAVE Program was implemented (06 - 09/2014); 10 volunteers/groups, results pending at this time;
Continue administration of all Adopt-A-Highway Programs;
Continue current ISWM Program publication of a Combined Saratoga County MS4 Annual Report,

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Ballston

SPDES ID

N	Y	R	2	0	A	1	5	7
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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 participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

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

The Town of Ballston MS4 Annual Report was delivered complete and on-time to the ISWM Program Coordinator.

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

1			
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to participate with the ISWM Program 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,

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

Name of MS4/Coalition

Village of Ballston Spa

SPDES ID

N	Y	R	2	0	A	3	7	6
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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.

Continued Community support and participation with the Town of Milton sponsored Hazardous Household clean-up and recycling event.

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

Participation in events continues to be strong

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to participate in County and local events

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Charlton

SPDES ID

N	Y	R	2	0	A	0	3	2
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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Participate in Saratoga County Intermunicipal Storm program. Continue free tree plantings giveaway. Continue waste collection and recycling events as possible.

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

Attendance at tree planting giveaway and roadside pickup events increases annually.

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

			2
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue participation in County program and town wide cleanup events.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Clifton Park

SPDES ID

N	Y	R	2	0	A	0	3	5
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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue to sponsor and support local stewardship activities.
Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

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

12 stewardship activities were conducted during this reporting year.
The Town of Clifton Park MS4 Annual Report was delivered complete and on-time to the ISWM Program Coordinator.

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

			1
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(e.g., samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue all specified measures detailed in the Town of Clifton Park SWMP Plan.
Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

MS4 Annual Report Form

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

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If 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																			
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SPDES ID

N	Y	R	2	0	A	1	2	3
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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 (once per year).

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

Public participation in collection events increases annually.

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

			2
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue all specified measures detailed in the Town of Greenfield SWMP Plan.
Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

MS4 Annual Report Form

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

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If 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

N	Y	R	2	0	A	3	7	5
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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue Clean-up events including Annual Spring Cleanup Event, Annual Fall Cleanup Event (6 days each), and the Mohawk River Cleanup Event. The SWMPP and annual reports (all) to be available for review at the Planning Department, during regular business hours to the general public or upon request for review.

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

Clean up events were held throughout the reporting year. The SWMPP and annual reports are available for review at the Planning Department. No requests to review documents this reporting period

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue all specified measures detailed in the Town of Halfmoon SWMP Plan. Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Malta

SPDES ID

N	Y	R	2	0	A	0	8	6
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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town will endeavor to engage with one interested group or organization per reporting year.

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

No response to outreach with the Boy Scouts was received so staff has done outreach by putting a notice in the Saratoga Lake Association newsletter for volunteers for drain inlet marking for 2016 and has received some response.

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

2			
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town of Malta will endeavor to continue outreach for volunteers for drain marking.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

City of Mechanicville

SPDES ID

N	Y	R	2	0	A	5	5	1
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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The City participated in the Saratoga County CCE ISWM Program's Stormwater Management Public Participation and Involvement program.

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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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City will continue to implement the Saratoga County ISWM Program for Public Involvement and Participation. In addition, the City's Stormwater Management Program Plan will be implemented by December 1, 2016.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

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SPDES ID

N	Y	R	2	0	A	1	0	8
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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.

Continued participation in all ISWM program MM2 activities including:

1. Publication of the Combined Saratoga County MS4 Annual Reports
2. Twice-Annual Stream Clean Ups in partnership with The Friends of the Kayaderosseras.

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

Two (2) clean up events were conducted by The Friends of the Kayaderosseras; 05/2015 and 11/2015

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

			2
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue all specified measures detailed in the Town of Milton SWMP Plan.
Continue to participate in the ISWM Program 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,

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If 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
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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue to sponsor and support local stewardship activities.
Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

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

The Town of Moreau MS4 Annual Report was delivered complete and on-time to the ISWM Program Coordinator.

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue all specified measures detailed in the Town of Moreau SWMP Plan.
Continue to participate in the ISWM Program 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,

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

Name of MS4/Coalition

Village of Round Lake

SPDES ID

N	Y	R	2	0	A	0	9	9
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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue cooperation with the Saratoga County/CCE Saratoga Intermunicipal Stormwater Management/ISWM Program; submittal of local Annual Report on/before 05/01/2013 to ISWM Program for publication; continue offering opportunity for public participation through Village-wide Spring Clean Up event; continue to provide opportunity for public inquiry &/or comment via monthly Village Board Meetings (i.e. Board of Trustees, Planning Board)

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

This year's AR was completed and signed on April 30th and submitted to the Saratoga County ISWM Program; Village Clean Up was held throughout the last week of April 2012; the public is welcome to attend Village Board meetings (i.e. Board of Trustees, Planning Board) wherein Public Comment period is open to anyone in attendance with comments &/or questions for the respective Board or the current business before that Board.

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

		2	6
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue all protocols cited above. No new initiatives planned for next reporting year.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

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SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue Saratoga County DPW Adopt-A-Highway program.

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

59 of 60 member-groups of the Saratoga County DPW Adopt-a-Highway program participated in the Spring and Fall (2015/2016) Clean Ups. As 98% of all groups officially registered with the program affected clean ups the goal of the program was met.

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue Saratoga County DPW Adopt-A-Highway program.

MS4 Annual Report Form

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

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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																			
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SPDES ID

N	Y	R	2	0	A	2	1	6
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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue to sponsor and support local stewardship activities.
Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

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

The City of Saratoga Springs MS4 Annual Report was delivered complete and on-time to the ISWM Program Coordinator.

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue all specified measures detailed in the City of Saratoga Springs SWMP Plan.
Continue to participate in the ISWM Program 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,

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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
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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue to sponsor and support local stewardship activities.
Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

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

The South Glens Falls Annual report was delivered complete and on-time to the ISWM Program Coordinator.

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

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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue all specified measures detailed in the South Glens Falls SWMP Plan.
Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	9
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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.

Continue to sponsor and support local stewardship activities.
Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

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

The Town of Stillwater MS4 Annual Report was delivered complete and on-time to the ISWM Program Coordinator.

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

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(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 SWMP?

☒ 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 the Town of Stillwater SWMP Plan with targeted completion date by November 2016.
Continue to participate in the ISWM Program including monthly 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,

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

Name of MS4/Coalition

Village of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	7
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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue to sponsor and support local stewardship activities.
Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

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

The Village of Stillwater MS4 Annual Report was delivered complete and on-time to the ISWM Program Coordinator.

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

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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue all specified measures detailed in the Village of Stillwater SWMP Plan.
Continue to participate in the ISWM Program 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	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Waterford

SPDES ID

N	Y	R	2	0	A	0	3	7
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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.

The Town hosts Canal Clean-up Days, when volunteers participate in removing litter from the banks of the canal. The Town also coordinates with local Boy Scouts for general litter pick-up as part of their merit badge program.

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

Two canal clean-up days and two Boy Scout clean-up days were hosted this year, with successful participation.

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

			4
--	--	--	---

(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to publicize and host these cleanup days.

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

V	i	l	l	a	g	e		o	f		W	a	t	e	r	f	o	r	d
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SPDES ID

N	Y	R	2	0	A	4	6	9
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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue to sponsor and support local stewardship activities.
Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

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

The Village of Waterford MS4 Annual Report was delivered complete and on-time to the ISWM Program Coordinator.

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue all specified measures detailed in the Village of Waterford SWMP Plan.
Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Wilton

SPDES ID

N	Y	R	2	0	A	1	1	4
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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue to sponsor and support local stewardship activities.
Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

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

The Town of Wilton MS4 Annual Report was delivered complete and on-time to the ISWM Program Coordinator.

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue all specified measures detailed in the Town of Wilton SWMP Plan.
Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Ballston
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SPDES ID

N	Y	R	2	0	A	1	5	7
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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:

5	3			
---	---	--	--	--

 #

1	0	0
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 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? E

- 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?**

- ☐ Auto Recyclers
 - ☒ Building Maintenance
 - ☐ Churches
 - ☐ Commercial Carwashes
 - ☐ Commercial Laundry/Dry Cleaners
 - ☐ Construction Vehicle Washouts
 - ☒ Cross-Connections
 - ☐ Distribution Centers
 - ☐ Food Processing Facilities
 - ☐ Garbage Truck Washouts
 - ☐ Hospitals
 - ☐ Improper RV Waste Disposal
 - ☐ Industrial Process Water
 - ☐ Other:
 - ☐ Landscaping (Irrigation)
 - ☐ Marinas
 - ☐ Metal Plateing Operations
 - ☐ Outdoor Fluid Storage
 - ☐ Parking Lot Maintenance
 - ☐ Printing
 - ☐ Residential Carwashing
 - ☐ Restaurants
 - ☐ Schools and Universities
 - ☐ Septic Maintenance
 - ☐ Swimming Pools
 - ☒ Vehicle Fueling
 - ☒ Vehicle Maint./Repair Shops
 - ☐ None

☐ Other:

☐ None

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

Village of Ballston Spa

SPDES ID

N	Y	R	2	0	A	3	7	6
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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:

			7	0	#				1	0	0	%
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2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

		0
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3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ☐ Auto Recyclers
- ☐ Building Maintenance
- ☐ Churches
- ☐ Commercial Carwashes
- ☐ Commercial Laundry/Dry Cleaners
- ☐ Construction Vehicle Washouts
- ☐ Cross-Connections
- ☐ Distribution Centers
- ☐ Food Processing Facilities
- ☐ Garbage Truck Washouts
- ☐ Hospitals
- ☐ Improper RV Waste Disposal
- ☐ Industrial Process Water
- ☐ Other:
- ☐ Landscaping (Irrigation)
- ☐ Marinas
- ☐ Metal Plateing Operations
- ☐ Outdoor Fluid Storage
- ☐ Parking Lot Maintenance
- ☐ Printing
- ☐ Residential Carwashing
- ☐ Restaurants
- ☐ Schools and Universities
- ☐ Septic Maintenance
- ☐ Swimming Pools
- ☐ Vehicle Fueling
- ☐ Vehicle Maint./Repair Shops
- ☒ None

☐ Other:

☒ None

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Charlton
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SPDES ID

N	Y	R	2	0	A	0	3	2
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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	7
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 #

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/sewersheds were targeted for inspection during this reporting period?

- | | |
|---|---|
| ☐ Auto Recyclers | ☐ Landscaping (Irrigation) |
| ☐ Building Maintenance | ☐ Marinas |
| ☐ Churches | ☐ Metal Plateing Operations |
| ☐ Commercial Carwashes | ☐ Outdoor Fluid Storage |
| ☐ Commercial Laundry/Dry Cleaners | ☐ Parking Lot Maintenance |
| ☐ Construction Vehicle Washouts | ☐ Printing |
| ☐ Cross-Connections | ☒ Residential Carwashing |
| ☐ Distribution Centers | ☒ Restaurants |
| ☐ Food Processing Facilities | ☐ Schools and Universities |
| ☐ Garbage Truck Washouts | ☒ Septic Maintenance |
| ☐ Hospitals | ☐ Swimming Pools |
| ☐ Improper RV Waste Disposal | ☐ Vehicle Fueling |
| ☐ Industrial Process Water | ☐ Vehicle Maint./Repair Shops |
| ☐ Other: | ☐ None |

[illegible]

○ Sewersheds:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Clifton Park
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SPDES ID

N	Y	R	2	0	A	0	3	5
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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
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1. Enter the number and approx. percent of outfalls mapped:

	6	4	1	#
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1	0	0	%
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2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? ☐

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- | | |
|---|--|
| ☐ Auto Recyclers | ☐ Landscaping (Irrigation) |
| ☐ Building Maintenance | ☐ Marinas |
| ☐ Churches | ☐ Metal Plateing Operations |
| ☐ Commercial Carwashes | ☐ Outdoor Fluid Storage |
| ☐ Commercial Laundry/Dry Cleaners | ☒ Parking Lot Maintenance |
| ☐ Construction Vehicle Washouts | ☐ Printing |
| ☐ Cross-Connections | ☐ Residential Carwashing |
| ☐ Distribution Centers | ☐ Restaurants |
| ☐ Food Processing Facilities | ☐ Schools and Universities |
| ☐ Garbage Truck Washouts | ☒ Septic Maintenance |
| ☐ Hospitals | ☒ Swimming Pools |
| ☐ Improper RV Waste Disposal | ☐ Vehicle Fueling |
| ☐ Industrial Process Water | ☐ Vehicle Maint./Repair Shops |
| ☐ Other: | ☐ None |

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○ Sewersheds:

[illegible]

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition | Town of Greenfield

SPDES ID

N	Y	R	2	0	A	1	2	3
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Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report?

1. Enter the number and approx. percent of outfalls mapped:

				6
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 #

1	0	0
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 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ☐ Auto Recyclers
- ☐ Building Maintenance
- ☐ Churches
- ☐ Commercial Carwashes
- ☐ Commercial Laundry/Dry Cleaners
- ☐ Construction Vehicle Washouts
- ☐ Cross-Connections
- ☐ Distribution Centers
- ☐ Food Processing Facilities
- ☐ Garbage Truck Washouts
- ☐ Hospitals
- ☐ Improper RV Waste Disposal
- ☐ Industrial Process Water
- ☒ Other:
- ☐ Landscaping (Irrigation)
- ☐ Marinas
- ☐ Metal Plateing Operations
- ☐ Outdoor Fluid Storage
- ☐ Parking Lot Maintenance
- ☐ Printing
- ☐ Residential Carwashing
- ☐ Restaurants
- ☐ Schools and Universities
- ☒ Septic Maintenance
- ☐ Swimming Pools
- ☐ Vehicle Fueling
- ☐ Vehicle Maint./Repair Shops
- ☐ None

[illegible]

- Sewersheds:

R	o	a	d	s	i	e	D	r	a	i	n	a	g	e	D	i	t	c	h	e	s						
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If 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

N	Y	R	2	0	A	3	7	5
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Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report?

1. Enter the number and approx. percent of outfalls mapped:

				0
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 #

				0
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 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ☐ Auto Recyclers
- ☐ Building Maintenance
- ☐ Churches
- ☐ Commercial Carwashes
- ☐ Commercial Laundry/Dry Cleaners
- ☐ Construction Vehicle Washouts
- ☐ Cross-Connections
- ☐ Distribution Centers
- ☐ Food Processing Facilities
- ☐ Garbage Truck Washouts
- ☐ Hospitals
- ☐ Improper RV Waste Disposal
- ☐ Industrial Process Water
- ☐ Other:
- ☐ Landscaping (Irrigation)
- ☐ Marinas
- ☐ Metal Plateing Operations
- ☐ Outdoor Fluid Storage
- ☐ Parking Lot Maintenance
- ☐ Printing
- ☐ Residential Carwashing
- ☐ Restaurants
- ☐ Schools and Universities
- ☐ Septic Maintenance
- ☐ Swimming Pools
- ☐ Vehicle Fueling
- ☐ Vehicle Maint./Repair Shops
- ☒ None

○ Other:

☒ None

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If 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
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SPDES ID

N	Y	R	2	0	A	0	8	6
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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:

3	5			
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 #

1	0	0
---	---	---

 %
2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

7		
---	--	--
- 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ☐ Auto Recyclers
- ☐ Building Maintenance
- ☐ Churches
- ☐ Commercial Carwashes
- ☐ Commercial Laundry/Dry Cleaners
- ☐ Construction Vehicle Washouts
- ☐ Cross-Connections
- ☐ Distribution Centers
- ☐ Food Processing Facilities
- ☐ Garbage Truck Washouts
- ☐ Hospitals
- ☐ Improper RV Waste Disposal
- ☐ Industrial Process Water
- ☐ Other:
- ☐ Landscaping (Irrigation)
- ☐ Marinas
- ☐ Metal Plateing Operations
- ☐ Outdoor Fluid Storage
- ☐ Parking Lot Maintenance
- ☐ Printing
- ☐ Residential Carwashing
- ☐ Restaurants
- ☐ Schools and Universities
- ☐ Septic Maintenance
- ☐ Swimming Pools
- ☐ Vehicle Fueling
- ☐ Vehicle Maint./Repair Shops
- ☒ None

☐ Other:

[illegible]

○ Sewersheds:

[illegible]

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Mechanicville

SPDES ID

N	Y	R	2	0	A	5	5	1
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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:

			3	0
--	--	--	---	---

 #

1	0	0
---	---	---

 %
2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

		0
--	--	---
- 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Parking Lot Maintenance
- Printing
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops

○ Other:

☐ None

○ Sewersheds:

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Town of Milton

SPDES ID

N	Y	R	2	0	A	1	0	8
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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	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/sewersheds were targeted for inspection during this reporting period?**

- ☐ Auto Recyclers
- ☐ Building Maintenance
- ☐ Churches
- ☐ Commercial Carwashes
- ☐ Commercial Laundry/Dry Cleaners
- ☐ Construction Vehicle Washouts
- ☐ Cross-Connections
- ☐ Distribution Centers
- ☐ Food Processing Facilities
- ☐ Garbage Truck Washouts
- ☐ Hospitals
- ☐ Improper RV Waste Disposal
- ☐ Industrial Process Water
- ☐ Other:
- ☐ Landscaping (Irrigation)
- ☐ Marinas
- ☐ Metal Plateing Operations
- ☐ Outdoor Fluid Storage
- ☐ Parking Lot Maintenance
- ☐ Printing
- ☐ Residential Carwashing
- ☐ Restaurants
- ☐ Schools and Universities
- ☐ Septic Maintenance
- ☐ Swimming Pools
- ☐ Vehicle Fueling
- ☐ Vehicle Maint./Repair Shops
- ☒ None

- ☐ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If 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
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Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report?

1. Enter the number and approx. percent of outfalls mapped:

			4	0
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 #

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/sewersheds were targeted for inspection during this reporting period?

- ☐ Auto Recyclers
- ☐ Building Maintenance
- ☐ Churches
- ☐ Commercial Carwashes
- ☐ Commercial Laundry/Dry Cleaners
- ☐ Construction Vehicle Washouts
- ☐ Cross-Connections
- ☐ Distribution Centers
- ☐ Food Processing Facilities
- ☐ Garbage Truck Washouts
- ☐ Hospitals
- ☐ Improper RV Waste Disposal
- ☐ Industrial Process Water
- ☐ Other:
- ☐ Landscaping (Irrigation)
- ☐ Marinas
- ☐ Metal Plateing Operations
- ☐ Outdoor Fluid Storage
- ☐ Parking Lot Maintenance
- ☐ Printing
- ☐ Residential Carwashing
- ☐ Restaurants
- ☐ Schools and Universities
- ☐ Septic Maintenance
- ☐ Swimming Pools
- ☐ Vehicle Fueling
- ☐ Vehicle Maint./Repair Shops
- ☒ None

☐ Other:

[illegible]

○ Sewersheds:

[illegible]

2	0	1	6
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2	0	1	6
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Village of Round Lake

N	Y	R	2	0	A	0	9	9
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				4	#					1	0	0	%
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				4	#					1	0	0	%
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		0
--	--	---

				4	#					1	0	0	%
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- | | | | | | | | | | | | | | |
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| | | | | 4 | # | | | | | 1 | 0 | 0 | % |
|--|--|--|--|---|---|--|--|--|--|---|---|---|---|

				4	#					1	0	0	%
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				4	#					1	0	0	%
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				4	#					1	0	0	%
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MS4 Annual Report Form

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

2	0	1	6
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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

SPDES ID

N	Y	R	2	0	A	2	0	9
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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:

1	8	5
---	---	---

 #

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/sewersheds were targeted for inspection during this reporting period?**

- ☐ Auto Recyclers
- ☐ Building Maintenance
- ☐ Churches
- ☐ Commercial Carwashes
- ☐ Commercial Laundry/Dry Cleaners
- ☐ Construction Vehicle Washouts
- ☐ Cross-Connections
- ☐ Distribution Centers
- ☐ Food Processing Facilities
- ☐ Garbage Truck Washouts
- ☐ Hospitals
- ☐ Improper RV Waste Disposal
- ☐ Industrial Process Water
- ☐ Other:
- ☐ Landscaping (Irrigation)
- ☐ Marinas
- ☐ Metal Plateing Operations
- ☐ Outdoor Fluid Storage
- ☐ Parking Lot Maintenance
- ☐ Printing
- ☐ Residential Carwashing
- ☐ Restaurants
- ☐ Schools and Universities
- ☐ Septic Maintenance
- ☐ Swimming Pools
- ☐ Vehicle Fueling
- ☐ Vehicle Maint./Repair Shops
- ☒ None

- Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	City of Saratoga Springs
-----------------------	--------------------------

SPDES ID

N	Y	R	2	0	A	2	1	6
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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:

			8	5
--	--	--	---	---

 #

1	0	0
---	---	---

 %
2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

	1	1
--	---	---
- 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- | | |
|--|---|
| ☐ Auto Recyclers | ☐ Landscaping (Irrigation) |
| ☐ Building Maintenance | ☐ Marinas |
| ☐ Churches | ☐ Metal Plateing Operations |
| ☐ Commercial Carwashes | ☐ Outdoor Fluid Storage |
| ☐ Commercial Laundry/Dry Cleaners | ☐ Parking Lot Maintenance |
| ☒ Construction Vehicle Washouts | ☐ Printing |
| ☐ Cross-Connections | ☐ Residential Carwashing |
| ☐ Distribution Centers | ☒ Restaurants |
| ☐ Food Processing Facilities | ☐ Schools and Universities |
| ☐ Garbage Truck Washouts | ☐ Septic Maintenance |
| ☐ Hospitals | ☐ Swimming Pools |
| ☐ Improper RV Waste Disposal | ☐ Vehicle Fueling |
| ☐ Industrial Process Water | ☐ Vehicle Maint./Repair Shops |
| ☒ Other: | ☐ None |

[illegible]

- Sewersheds:

[illegible]

MS4 Annual Report Form

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

2	0	1	6
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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
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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:

			1	4
--	--	--	---	---

 #

1	0	0
---	---	---

 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

		0
--	--	---

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

☐ Auto Recyclers

☐ Building Maintenance

☐ Churches

☐ Commercial Carwashes

☐ Commercial Laundry/Dry Cleaners

☐ Construction Vehicle Washouts

☐ Cross-Connections

☐ Distribution Centers

☐ Food Processing Facilities

☐ Garbage Truck Washouts

☐ Hospitals

☐ Improper RV Waste Disposal

☐ Industrial Process Water

☐ Other:

☒ Landscaping (Irrigation)

☐ Marinas

☐ Metal Plateing Operations

☐ Outdoor Fluid Storage

☒ Parking Lot Maintenance

☐ Printing

☒ Residential Carwashing

☐ Restaurants

☐ Schools and Universities

☐ Septic Maintenance

☐ Swimming Pools

☐ Vehicle Fueling

☐ Vehicle Maint./Repair Shops

☐ None

☐ Sewersheds:

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Town of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	9
---	---	---	---	---	---	---	---	---

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report?			
---	--	--	--

1. Enter the number and approx. percent of outfalls mapped:

				0
--	--	--	--	---

 #

				0
--	--	--	--	---

 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Parking Lot Maintenance
- Printing
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops

☐ Other:

☐ None

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Village of Stillwater
-----------------------	-----------------------

SPDES ID

N	Y	R	2	0	A	5	4	7
---	---	---	---	---	---	---	---	---

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report?

1. Enter the number and approx. percent of outfalls mapped:

				0
--	--	--	--	---

 #

				0
--	--	--	--	---

 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- ☐ Auto Recyclers
- ☐ Building Maintenance
- ☐ Churches
- ☐ Commercial Carwashes
- ☐ Commercial Laundry/Dry Cleaners
- ☐ Construction Vehicle Washouts
- ☐ Cross-Connections
- ☐ Distribution Centers
- ☐ Food Processing Facilities
- ☐ Garbage Truck Washouts
- ☐ Hospitals
- ☐ Improper RV Waste Disposal
- ☐ Industrial Process Water
- ☐ Other:
- ☐ Landscaping (Irrigation)
- ☐ Marinas
- ☐ Metal Plateing Operations
- ☐ Outdoor Fluid Storage
- ☐ Parking Lot Maintenance
- ☐ Printing
- ☐ Residential Carwashing
- ☐ Restaurants
- ☐ Schools and Universities
- ☐ Septic Maintenance
- ☐ Swimming Pools
- ☐ Vehicle Fueling
- ☐ Vehicle Maint./Repair Shops
- ☒ None

[illegible]

○ Sewersheds:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

Town of Waterford

SPDES ID

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 (check one):

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

How many MS4s contributed to this report?

--	--	--

1. Enter the number and approx. percent of outfalls mapped:

			4	6
--	--	--	---	---

 #

1	0	0
---	---	---

 %

			4	6
--	--	--	---	---

1	0	0	%
---	---	---	---

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

		0
--	--	---

- 3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?**

- ☐ Auto Recyclers
- ☐ Building Maintenance
- ☐ Churches
- ☐ Commercial Carwashes
- ☐ Commercial Laundry/Dry Cleaners
- ☐ Construction Vehicle Washouts
- ☐ Cross-Connections
- ☐ Distribution Centers
- ☐ Food Processing Facilities
- ☐ Garbage Truck Washouts
- ☐ Hospitals
- ☐ Improper RV Waste Disposal
- ☐ Industrial Process Water
- ☐ Landscaping (Irrigation)
- ☐ Marinas
- ☐ Metal Plateing Operations
- ☐ Outdoor Fluid Storage
- ☐ Parking Lot Maintenance
- ☐ Printing
- ☐ Residential Carwashing
- ☐ Restaurants
- ☐ Schools and Universities
- ☐ Septic Maintenance
- ☐ Swimming Pools
- ☐ Vehicle Fueling
- ☐ Vehicle Maint./Repair Shops

- ☐ Other:

- ☐
- None

[illegible]

- Sewersheds:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Village of Waterford
-----------------------	----------------------

SPDES ID

N	Y	R	2	0	A	4	6	9
---	---	---	---	---	---	---	---	---

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report?

1. Enter the number and approx. percent of outfalls mapped:

				4
--	--	--	--	---

 #

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/sewersheds were targeted for inspection during this reporting period?

- ☐ Auto Recyclers
- ☐ Building Maintenance
- ☐ Churches
- ☐ Commercial Carwashes
- ☐ Commercial Laundry/Dry Cleaners
- ☐ Construction Vehicle Washouts
- ☐ Cross-Connections
- ☐ Distribution Centers
- ☐ Food Processing Facilities
- ☐ Garbage Truck Washouts
- ☐ Hospitals
- ☐ Improper RV Waste Disposal
- ☐ Industrial Process Water
- ☐ Other:
- ☐ Landscaping (Irrigation)
- ☐ Marinas
- ☐ Metal Plateing Operations
- ☐ Outdoor Fluid Storage
- ☐ Parking Lot Maintenance
- ☐ Printing
- ☐ Residential Carwashing
- ☐ Restaurants
- ☐ Schools and Universities
- ☐ Septic Maintenance
- ☐ Swimming Pools
- ☐ Vehicle Fueling
- ☐ Vehicle Maint./Repair Shops
- ☒ None

☐ Other:

[illegible]

☉ Sewersheds:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Wilton
-----------------------	----------------

SPDES ID

N	Y	R	2	0	A	1	1	4
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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:

				3
--	--	--	--	---

 #

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/sewersheds were targeted for inspection during this reporting period?

- ☐ Auto Recyclers
 - ☐ Building Maintenance
 - ☐ Churches
 - ☐ Commercial Carwashes
 - ☐ Commercial Laundry/Dry Cleaners
 - ☐ Construction Vehicle Washouts
 - ☐ Cross-Connections
 - ☐ Distribution Centers
 - ☐ Food Processing Facilities
 - ☐ Garbage Truck Washouts
 - ☐ Hospitals
 - ☐ Improper RV Waste Disposal
 - ☐ Industrial Process Water
 - ☐ Other:
 - ☐ Landscaping (Irrigation)
 - ☐ Marinas
 - ☐ Metal Plateing Operations
 - ☐ Outdoor Fluid Storage
 - ☒ Parking Lot Maintenance
 - ☐ Printing
 - ☐ Residential Carwashing
 - ☐ Restaurants
 - ☐ Schools and Universities
 - ☒ Septic Maintenance
 - ☐ Swimming Pools
 - ☐ Vehicle Fueling
 - ☒ Vehicle Maint./Repair Shops
 - ☐ None

☐ Other:

[illegible]

○ Sewersheds:

[illegible]

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	Town of Ballston
-----------------------	------------------

SPDES ID

N	Y	R	2	0	A	1	5	7
---	---	---	---	---	---	---	---	---

3.b. What types of illicit discharges have been found during this reporting period?

- ☒ Broken Lines From Sanitary Sewer
☐ Cross Connections
☒ Failing Septic Systems
☐ Floor Drains Connected To Storm Sewers
☒ Illegal Dumping
☐ Other: _____
- ☐ Industrial Connections
☐ Inflow/Infiltration
☐ Pump Station Failure
☐ Sanitary Sewer Overflows
☐ Straight Pipe Sewer Discharges
☐ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

0		
---	--	--

5. How many illicit discharges have been confirmed during this reporting period?

0		
---	--	--

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

0		
---	--	--

7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

			00
--	--	--	----

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

● Yes ○ No

If Yes, provide URL(s):

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

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Village of Ballston Spa

SPDES ID

N	Y	R	2	0	A	3	7	6
---	---	---	---	---	---	---	---	---

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer
☐ Cross Connections
☐ Failing Septic Systems
☐ Floor Drains Connected To Storm Sewers
☐ Illegal Dumping
☐ Other:
- ☐ Industrial Connections
☐ Inflow/Infiltration
☐ Pump Station Failure
☐ Sanitary Sewer Overflows
☐ Straight Pipe Sewer Discharges
☒ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		0
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		0
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		0
--	--	---

7. Has the storm sewershed mapping been completed in this reporting period?

☐ Yes ☒ No

If No, approximately what percent was completed in this reporting period?

		0	%
--	--	---	---

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Charlton
-----------------------	------------------

SPDES ID

N	Y	R	2	0	A	0	3	2
---	---	---	---	---	---	---	---	---

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer ☐ Industrial Connections
☐ Cross Connections ☐ Inflow/Infiltration
☐ Failing Septic Systems ☐ Pump Station Failure
☐ Floor Drains Connected To Storm Sewers ☐ Sanitary Sewer Overflows
☐ Illegal Dumping ☐ Straight Pipe Sewer Discharges
☐ Other: ☒ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		0
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		0
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		0
--	--	---

7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

			%
--	--	--	---

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

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 /

[illegible][illegible]

URL

[illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6
 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Town of Clifton Park

SPDES ID

N Y R 2 0 A 0 3 5

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer ☐ Industrial Connections
☐ Cross Connections ☐ Inflow/Infiltration
☐ Failing Septic Systems ☐ Pump Station Failure
☐ Floor Drains Connected To Storm Sewers ☒ Sanitary Sewer Overflows
☐ Illegal Dumping ☐ Straight Pipe Sewer Discharges
☒ Other: ☐ None

S w i m m i n g P o o l D i s c h a r g e

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

5

5. How many illicit discharges have been confirmed during this reporting period?

5

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

5

7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

%

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

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 /

URL

MS4 Annual Report Form

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

2	0	1	6
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If 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
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SPDES ID

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer ☐ Industrial Connections
☐ Cross Connections ☐ Inflow/Infiltration
☐ Failing Septic Systems ☐ Pump Station Failure
☐ Floor Drains Connected To Storm Sewers ☐ Sanitary Sewer Overflows
☐ Illegal Dumping ☐ Straight Pipe Sewer Discharges
☐ Other: ☒ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		0
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		0
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		0
--	--	---

7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

			%
--	--	--	---

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

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

2	0	1	6
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If 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

N	Y	R	2	0	A	3	7	5
---	---	---	---	---	---	---	---	---

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer ☐ Industrial Connections
☐ Cross Connections ☐ Inflow/Infiltration
☐ Failing Septic Systems ☐ Pump Station Failure
☐ Floor Drains Connected To Storm Sewers ☐ Sanitary Sewer Overflows
☐ Illegal Dumping ☐ Straight Pipe Sewer Discharges
☐ Other: _____ ☒ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		0
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		0
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		0
--	--	---

7. Has the storm sewershed mapping been completed in this reporting period?

☐ Yes ☒ No

If No, approximately what percent was completed in this reporting period?

1	0	0	%
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8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

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 /

[illegible][illegible]

URL

[illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

Town of Malta

SPDES ID

N	Y	R	2	0	A	0	8	6
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3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer
☐ Cross Connections
☒ Failing Septic Systems
☐ Floor Drains Connected To Storm Sewers
☐ Illegal Dumping
☒ Other: _____
- ☐ Industrial Connections
☐ Inflow/Infiltration
☐ Pump Station Failure
☒ Sanitary Sewer Overflows
☐ Straight Pipe Sewer Discharges
☐ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

3		
---	--	--

5. How many illicit discharges have been confirmed during this reporting period?

3		
---	--	--

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

3		
---	--	--

7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

			%
--	--	--	---

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☐ Yes ☒ No

If Yes, provide URL(s):

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

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Mechanicville

SPDES ID

N	Y	R	2	0	A	5	5	1
---	---	---	---	---	---	---	---	---

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☐ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☐ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		0
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		0
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? [] []

		0
--	--	---

7. Has the storm sewershed mapping been completed in this reporting period?

☐ Yes ☒ No

If No, approximately what percent was completed in this reporting period?

		0	0
--	--	---	---

8. Is the above information available in GIS?

☐ Yes ☒ No

Is this information available on the web?

☐ Yes ☒ No

If Yes, provide URL(s):

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

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Milton
-----------------------	----------------

SPDES ID

N	Y	R	2	0	A	1	0	8
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3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer ☐ Industrial Connections
☐ Cross Connections ☐ Inflow/Infiltration
☐ Failing Septic Systems ☐ Pump Station Failure
☐ Floor Drains Connected To Storm Sewers ☐ Sanitary Sewer Overflows
☐ Illegal Dumping ☐ Straight Pipe Sewer Discharges
☐ Other: _____ ☒ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		0
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		0
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		0
--	--	---

7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

			%
--	--	--	---

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

● Yes ○ No

If Yes, provide URL(s):

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

URL

[illegible]

URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If 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
---	---	---	---	---	---	---	---	---

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer ☐ Industrial Connections
☐ Cross Connections ☐ Inflow/Infiltration
☐ Failing Septic Systems ☐ Pump Station Failure
☐ Floor Drains Connected To Storm Sewers ☐ Sanitary Sewer Overflows
☐ Illegal Dumping ☐ Straight Pipe Sewer Discharges
☐ Other: _____ ☒ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		0
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		0
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		0
--	--	---

7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

1	0	0	%
---	---	---	---

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

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URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

Village of Round Lake

SPDES ID

N	Y	R	2	0	A	0	9	9
---	---	---	---	---	---	---	---	---

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☐ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☒ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		0
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		0
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		0
--	--	---

7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

1	0	0	%
---	---	---	---

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

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URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

SPDES ID

N Y R 2 0 A 2 0 9

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer ☐ Industrial Connections
☐ Cross Connections ☐ Inflow/Infiltration
☐ Failing Septic Systems ☐ Pump Station Failure
☐ Floor Drains Connected To Storm Sewers ☐ Sanitary Sewer Overflows
☐ Illegal Dumping ☐ Straight Pipe Sewer Discharges
☒ Other: ☐ None

e r o s i o n f r o m c o n s t r u c t i o n a c t i v i

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

0

5. How many illicit discharges have been confirmed during this reporting period?

0

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

0

7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

%

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

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URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	City of Saratoga Springs
-----------------------	--------------------------

SPDES ID

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

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer ☐ Industrial Connections
☐ Cross Connections ☐ Inflow/Infiltration
☐ Failing Septic Systems ☐ Pump Station Failure
☐ Floor Drains Connected To Storm Sewers ☐ Sanitary Sewer Overflows
☒ Illegal Dumping ☐ Straight Pipe Sewer Discharges
☒ Other: ☐ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		3
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		3
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		3
--	--	---

7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

1	0	0
---	---	---

 $\frac{2}{3}$

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

<http://www.maphost.com/saratoga/>

[illegible][illegible]

URL

[illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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
---	---	---	---	---	---	---	---	---

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer ☐ Industrial Connections
☐ Cross Connections ☐ Inflow/Infiltration
☐ Failing Septic Systems ☐ Pump Station Failure
☐ Floor Drains Connected To Storm Sewers ☐ Sanitary Sewer Overflows
☐ Illegal Dumping ☐ Straight Pipe Sewer Discharges
☐ Other: _____ ☒ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		0
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		0
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		0
--	--	---

7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

1	0	0	%
---	---	---	---

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

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URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Stillwater
-----------------------	--------------------

SPDES ID

N	Y	R	2	0	A	5	4	9
---	---	---	---	---	---	---	---	---

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer ☐ Industrial Connections
☐ Cross Connections ☐ Inflow/Infiltration
☐ Failing Septic Systems ☐ Pump Station Failure
☐ Floor Drains Connected To Storm Sewers ☐ Sanitary Sewer Overflows
☐ Illegal Dumping ☐ Straight Pipe Sewer Discharges
☐ Other: _____ ☒ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		0
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		0
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? [] []

		0
--	--	---

7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

1	0	0	%
---	---	---	---

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

<http://www.maphost.com/saratoga/>

[illegible][illegible]

URL

[illegible][illegible][illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Village of Stillwater
-----------------------	-----------------------

SPDES ID

N	Y	R	2	0	A	5	4	7
---	---	---	---	---	---	---	---	---

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer ☐ Industrial Connections
☐ Cross Connections ☐ Inflow/Infiltration
☐ Failing Septic Systems ☐ Pump Station Failure
☐ Floor Drains Connected To Storm Sewers ☐ Sanitary Sewer Overflows
☐ Illegal Dumping ☐ Straight Pipe Sewer Discharges
☐ Other: _____ ☒ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		0
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		0
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		0
--	--	---

7. Has the storm sewershed mapping been completed in this reporting period?

☐ Yes ☒ No

If No, approximately what percent was completed in this reporting period?

		0	%
--	--	---	---

8. Is the above information available in GIS?

☐ Yes ☒ No

Is this information available on the web?

☐ Yes ☒ No

If Yes, provide URL(s):

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

URL

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URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

Town of Waterford

SPDES ID

N	Y	R	2	0	A	0	3	7
---	---	---	---	---	---	---	---	---

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer ☐ Industrial Connections
☐ Cross Connections ☐ Inflow/Infiltration
☐ Failing Septic Systems ☐ Pump Station Failure
☐ Floor Drains Connected To Storm Sewers ☐ Sanitary Sewer Overflows
☐ Illegal Dumping ☐ Straight Pipe Sewer Discharges
☐ Other: ☒ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		0
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		0
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

		0
--	--	---

7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

			8
--	--	--	---

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

URL

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URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Village of Waterford
-----------------------	----------------------

SPDES ID

N	Y	R	2	0	A	4	6	9
---	---	---	---	---	---	---	---	---

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer ☐ Industrial Connections
☐ Cross Connections ☐ Inflow/Infiltration
☐ Failing Septic Systems ☐ Pump Station Failure
☐ Floor Drains Connected To Storm Sewers ☐ Sanitary Sewer Overflows
☐ Illegal Dumping ☐ Straight Pipe Sewer Discharges
☐ Other: _____ ☒ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

		0
--	--	---

5. How many illicit discharges have been confirmed during this reporting period?

		0
--	--	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

--	--	--

7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

			%
--	--	--	---

8. Is the above information available in GIS?

☒ Yes ☐ No

Is this information available on the web?

☒ Yes ☐ No

If Yes, provide URL(s):

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

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URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition Town of Wilton

SPDES ID

N	Y	R	2	0	A	1	1	4
---	---	---	---	---	---	---	---	---

3.b. What types of illicit discharges have been found during this reporting period?

- ☐ Broken Lines From Sanitary Sewer ☐ Industrial Connections
☐ Cross Connections ☐ Inflow/Infiltration
☒ Failing Septic Systems ☐ Pump Station Failure
☐ Floor Drains Connected To Storm Sewers ☐ Sanitary Sewer Overflows
☐ Illegal Dumping ☐ Straight Pipe Sewer Discharges
☐ Other: _____ ☐ None

[illegible]

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

	3	0
--	---	---

5. How many illicit discharges have been confirmed during this reporting period?

	3	0
--	---	---

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

	3	0
--	---	---

7. Has the storm sewershed mapping been completed in this reporting period?

☒ Yes ☐ No

If No, approximately what percent was completed in this reporting period?

1	0	0	%
---	---	---	---

8. Is the above information available in GIS?

☐ Yes ☒ No

Is this information available on the web?

☐ Yes ☒ No

If Yes, provide URL(s):

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

URL

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URL

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Ballston
-----------------------	------------------

SPDES ID

N	Y	R	2	0	A	1	5	7
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8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

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URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

1	0	0	$\frac{9}{8}$
---	---	---	---------------

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Village of Ballston Spa
-----------------------	-------------------------

SPDES ID

N	Y	R	2	0	A	3	7	6
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8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

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URL

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URL

[illegible]

URL

[illegible]

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

- 11. What percent of staff in relevant positions and departments has received IDDE training?**

	5	0	%
--	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Charlton
-----------------------	------------------

SPDES ID

N	Y	R	2	0	A	0	3	2
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8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

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URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

2	5		%
---	---	--	---

7

2	0	1	6
---	---	---	---

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

Name of MS4/Coalition: Town of Clifton Park

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

[illegible][illegible][illegible][illegible][illegible]

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

11. What percent of staff in relevant positions and departments has received IDDE training?
- | | | | |
|--|---|---|---|
| | 5 | 0 | % |
|--|---|---|---|

7

2	0	1	6
---	---	---	---

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

Town of Greenfield

N	Y	R	2	0	A	1	2	3
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8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

[illegible][illegible][illegible][illegible]

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

- 11. What percent of staff in relevant positions and departments has received IDDE training?**

1	0	0	%
---	---	---	---

1

2	0	1	6
---	---	---	---

Town of Halfmoon

N	Y	R	2	0	A	3	7	5
---	---	---	---	---	---	---	---	---

8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page

[illegible][illegible][illegible][illegible][illegible]

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

- | | | | |
|--|---|---|---|
| | 5 | 0 | % |
|--|---|---|---|

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition

Town of Malta

SPDES ID

N	Y	R	2	0	A	0	8	6
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8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

- 11. What percent of staff in relevant positions and departments has received IDDE training?**

1	0	0	%
---	---	---	---

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Mechanicville

SPDES ID

N	Y	R	2	0	A	5	5	1
---	---	---	---	---	---	---	---	---

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

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URL

URL

URL

URL

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☐ Yes ☒ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☐ Yes ☐ No ☐ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

		0
--	--	---

 %

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	Town of Milton
-----------------------	----------------

SPDES ID

N	Y	R	2	0	A	1	0	8
---	---	---	---	---	---	---	---	---

8. URL(s) con't.:

Please provide specific address of page where map(s) can be accessed - not home page

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

URL

[illegible]

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

1	0	0	%
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If 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
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SPDES ID

N	Y	R	2	0	A	1	5	8
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9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

- 11. What percent of staff in relevant positions and departments has received IDDE training?**

1	0	0	%
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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
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SPDES ID

N	Y	R	2	0	A	0	9	9
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9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

- 11. What percent of staff in relevant positions and departments has received IDDE training?**

	5	0	%
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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
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SPDES ID

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9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

- 11. What percent of staff in relevant positions and departments has received IDDE training?**

1	0	0	%
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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
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SPDES ID

N	Y	R	2	0	A	2	1	6
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9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

1	0	0	%
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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
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9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

- 11. What percent of staff in relevant positions and departments has received IDDE training?**

	2	0	%
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Stillwater
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SPDES ID

N	Y	R	2	0	A	5	4	9
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8. URL(s) con't.:

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9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☐ Yes ☒ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☐ Yes ☒ No ☐ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

0	3	0	%
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2	0	1	6
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Name of MS4/Coalition	Village of Stillwater
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N	Y	R	2	0	A	5	4	7
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9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☐ Yes ☒ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☐ Yes ☒ No ☐ NT

11. What percent of staff in relevant positions and departments has received IDDE training?
- | | | | |
|---|---|---|---|
| 0 | 0 | 0 | % |
|---|---|---|---|

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Town of Waterford
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SPDES ID

N	Y	R	2	0	A	0	3	7
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9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No
10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT
11. What percent of staff in relevant positions and departments has received IDDE training?

		0	$\frac{9}{8}$
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition	Village of Waterford
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SPDES ID

N	Y	R	2	0	A	4	6	9
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9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

- 11. What percent of staff in relevant positions and departments has received IDDE training?**

0			%
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MS4 Annual Report Form

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

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

Name of MS4/Coalition Town of Wilton

SPDES ID

N	Y	R	2	0	A	1	1	4
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9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? ☒ Yes ☐ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? ☒ Yes ☐ No ☐ NT

11. What percent of staff in relevant positions and departments has received IDDE training?

1	0	0	%
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MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Ballston

SPDES ID

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 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.

take an active role to prevent any illicit discharges thru surveillance and public education

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

Observations and follow-up inspections were made of illicit discharges or failed septic systems. corrective measures were submitted and corrections were performed to eliminate violations

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

1			
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to be pro active with educating the public and to continue monitoring for illicit discharges

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Village of Ballston Spa

SPDES ID

N	Y	R	2	0	A	3	7	6
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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.

The Village inspects their outfalls on a 5year rotation basis. Also provides follow-up inspections to reported incidents.

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

No illicit discharges were observed or reported at stormwater outfalls

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Stormwater outfalls were inspected late fall 2013

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Charlton

SPDES ID

N	Y	R	2	0	A	0	3	2
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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 IILC.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?

			3
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to perform the same tasks related to Illicit Discharge Detection and Elimination at the regularly scheduled times.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Clifton Park

SPDES ID

N	Y	R	2	0	A	0	3	5
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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.

Continued location and identification of all drainage facilities in town. Most of the field data collection now being completed by the county.

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

County mapping system continues to improve.

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

			1
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(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 the dry weather inspections.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Greenfield

SPDES ID

N	Y	R	2	0	A	1	2	3
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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.

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 no failing septic systems. The Town continues to monitor six locations previously identified as key locations for Dry weather Storm Outfalls. Each of the six locations is observed a minimum of two times per year and the observations are documented.

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

			2
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue performance of septic system replacements and modifications, dry weather observations, water quality testing and investigation of any reported illicit discharge violations.

MS4 Annual Report Form

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

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If 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

N	Y	R	2	0	A	3	7	5
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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.

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 anticipated completion date of this project is 2017. The information obtained from this will be mapped with GIS and made available to all members of the coalition and public. The Town developed and adopted the required IDDE local law in 2007.

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

The County -wide stormwater sewershed mapping is underway in a large portion of the County by the ISWM Program and development of a standardized logging mechanism is being developed. The County intends to begin the Town of Halfmoon mapping in the spring of 2015. The Stormwater Management Officer's contact information is available on the Town website to report possible violations. An inspection log is maintained and records are kept regarding any investigations.

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The watersheds are being mapped and a full outfall reconnaissance is being undertaken through the coalition that the Town is a member, the Saratoga County ISWM Program. The anticipated completion date of this project is 2017. The information obtained from this will be mapped with GIS and made available to all members of the coalition. The local law for IDDE will continue to be enforced and the SMO's info will be available to the public on the Town's website.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Malta

SPDES ID

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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.

All outfalls must be inspected once over the course of a five year cycle. Record complaints and suspected violations, investigate in a timely manner and maintain a record of the outcome of all complaints and suspected violations. Maintain an archive of all outfall inspections.

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

The Town has 35 known outfalls in the regulated MS4 and has inspected 7 of them and filed reports of these inspections in this reporting year.

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

2			
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(ex. : samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town intends to inspect more than 20% of the outfalls in the coming reporting year so that it can meet the deadline in the MS4 permit. 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.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

City of Mechanicville

SPDES ID

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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.

Stormwater outfalls were located and mapped in the previous reporting year.

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

Mapping was maintained, and inspections and sewershed mapping are forthcoming as the City's program is not required to have full implementation until December 1, 2016.

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

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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City's Stormwater Management Program Plan will be implemented by December 1, 2016, as well as the IDDE Local Law. Plans for outfall inspections and training will be outlined at that time.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Milton

SPDES ID

N	Y	R	2	0	A	1	0	8
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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.

Conduct ORI outfall reconnaissance for all outfalls inspected each year. Policy is to use ORI when outfalls are inspected. Inspections performed by Highway Department.

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

The Town has begun recording outfall inspections using the standard ORI for according to EPA guidance.

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to record outfall inspections using the standard ORI form. Ongoing.

MS4 Annual Report Form

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

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If 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

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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.

Conduct ORI outfall reconnaissance for each outfall inspected during the year.

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

The Town records outfall inspections using standard ORI form according to EPA guidance.

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to record outfall inspections using standard ORI form. -Ongoing.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Village of Round Lake

SPDES ID

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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.

Mapping of the village collection system is complete, in partnership with the Town of Malta and Saratoga County. Updates to this mapping will continue through 2013 and will be available to the public through the above referenced online GIS Viewer (www.maphost.com/saratoga/); 100% of the outfalls have already been dry-weather screened in this 5-year permit cycle (ref. GP-0-10-002), the Village of Round Lake has met its compliance requirement for this MCM.

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

All outfalls were screened in reporting year 9 (2011 - 2012).

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Complete mapping to include flow direction and connection/s creating a system map (e.g. versus a series of points); complete additional dry-weather screening of all outfalls.

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Saratoga County, Department of Public Works

SPDES ID

N	Y	R	2	0	A	2	0	9
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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.

Dry-weather screening of 20% (minimum of 35) of County DPW outfalls per year using the Center For Watershed Protection/EPA IDDE Outfall Reconnaissance Inventory (ORI) form.

Re-mapping of collection/conveyance systems and discharge points/outfalls.

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

Measurable Goal had been exceeded in previous reporting years; approximately 80% of outfalls screened to date. Screening continued this reporting year; 32 outfalls screened (target is 40 per year). The goal has not been met.

Re-mapping of collection/conveyance systems and discharge points/outfalls initiated this reporting year; target completion date of 05/31/2015.

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

			1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to implement the IDDE Program as planned (i.e. public education and outfall screening programs). To date 80% of all known/mapped outfalls have been dry-weather screened. On-target to complete 100% of dry-weather screening of all outfalls by 2015; approximately 37 outfalls in Year-13/2015-2016.

MS4 Annual Report Form

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

2	0	1	6
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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																			
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SPDES ID

N	Y	R	2	0	A	2	1	6
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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.

Collect test samples of stormwater from areas of the City that have greater potential to pollute stormwater such as the downtown business district, neighborhoods with older infrastructure, and locations with recurring sewer problems or public complaints. Testing parameters should be based on Pollutant(s) of Concern or from field investigations.

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

(3) stormwater sampling events were conducted (June, September, December) at outfalls downstream of seventeen (17) sub-drainage areas in the inner-City district where infrastructure is older. Lab tests were performed to determine the presence of fecal coliform as pathogens are a known Pollutant of Concern.

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

			3
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Stormwater sampling events will continue to be conducted 3x per year.

MS4 Annual Report Form

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

2	0	1	6
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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, NY																			
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SPDES ID

N	Y	R	2	0	A	2	1	6
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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.

Inventory newly constructed (or discovered) stormwater outfalls and identify their location on the City's Stormwater Outfall Map. Inspect each outfall, maintain records, and re-inspect each outfall at once every (5) years.

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

Eleven (11) stormwater outfalls were inspected.

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

		1	1
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City will continue to inventory, map, and inspect new outfalls as well as perform re-inspections once every (5) years.

MS4 Annual Report Form

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

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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, NY																			
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SPDES ID

N	Y	R	2	0	A	2	1	6
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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.

Maintain up-to-date mapping of the City's sanitary and storm sewer systems to facilitate the IDDE program and any necessary repairs or mitigation measures.

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

Mapping of the sanitary and storm sewer systems located in the City's inner district has been updated. This work included manhole inspections, smoke & dye testing, and video pipeline inspection to assess system integrity.

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

			1
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(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 SWMP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Stormwater sampling events will continue to be conducted 3x per year.

MS4 Annual Report Form

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

2	0	1	6
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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, NY

SPDES ID

N	Y	R	2	0	A	2	1	6
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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.

The illicit discharge of pollutants poses a significant threat to stormwater quality, however, this threat can be mitigated by implementing a comprehensive IDDE program. To be effective, the IDDE program must raise public awareness.

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

Approximately (9200) utility bills were sent to residents and businesses quarterly during the year. Each utility bill included tips and information on preventing stormwater pollution. In addition, "Don't Pollute Stormwater" storm drain markers were installed in high foot-traffic areas around the City.

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

9	2	0	0
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City will continue to implement its' IDDE Program including a concerted effort to raise public awareness by providing information and education.

MS4 Annual Report Form

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

2	0	1	6
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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
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SPDES ID

N	Y	R	2	0	A	0	9	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.

Possible purchase of GPS unit with the town of Moreau.

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

Continue to follow the MS4 permit.

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

			1
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(ex.: samples/participants/events)

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

☐ Yes ☒ No

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

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to check outfalls for Illicit discharges.
Train employees.
Work on getting paper maps onto GIS.

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	9
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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.

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 will be mapped and a full outfall reconnaissance will be undertaken through the coalition. The completion date of this project is 2016. 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 is working on the development of their Stormwater Management Plan (SWMP) with target completion date of November 2016.

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

			1
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(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).

As of this reporting year the Town of Stillwater is working on the development of their Stormwater Management Plan (SWMP). 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 will be mapped and a full outfall reconnaissance will be undertaken through the coalition. The completion date of this project is 2016. The information obtained from this will be mapped with GIS and made available to all members of the coalition and

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Village of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	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 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 watershed database. The watersheds are being mapped and a full outfall reconnaissance is being undertaken through the coalition. The anticipated completion date of this project is 2015. 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 Village of Stillwater is working on the development of their Stormwater Management Plan (SWMP). The Village is working with the NYS DEC as part of the beta testing for the SWMP Template that is being studied.

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

			1
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(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).

As of this reporting year the Village of Stillwater is working on the development of their Stormwater Management Plan (SWMP). The Village is working with the NYS DEC as part of the beta testing for the SWMP Template that is being studied. The watersheds are being mapped and a full outfall reconnaissance is being undertaken through the coalition that the Village is a member, the Saratoga County ISWM Program. The anticipated completion date of this project is 2015. The information obtained from this will be mapped with GIS and made available to all members of the coalition. The

MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Waterford

SPDES ID

N	Y	R	2	0	A	0	3	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 achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Outfall inspections are performed at a rate of 100% of the outfalls every five years, as required.

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

100% of the outfalls have been inspected within the previous 5 years, therefore outfall inspections were not performed this reporting year. No illicit discharges were identified during regular catch basin and outfall maintenance activities.

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

		0
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to adhere to the required outfall inspection schedule as well as perform regular catch basin and outfall cleaning and maintenance. The five-year cycle for outfall inspections was from 2010 to 2015, therefore a new round of outfall inspections will be planned.

MS4 Annual Report Form

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

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Waterford

SPDES ID

N	Y	R	2	0	A	4	6	9
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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.

100% dry weather screening of all outfalls annually

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

This reporting year the goal was unmet

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☐ Yes ☒ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Unknown. At this time the Village has no full-time staff, officials, or contractors that can complete this task. The Village may contract with the Saratoga CCE ISWM Program to complete this task.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Wilton

SPDES ID

N	Y	R	2	0	A	1	1	4
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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.

Continue program of outfall inspections and data collection for IDDE;
Continue performing dry weather inspections on a minimum of 20% of total outfalls.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

No illicit discharges found at outfall locations.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue with outfall inspections
Continue performing inspections with reports and photographs when necessary.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Ballston

SPDES ID

N	Y	R	2	0	A	1	5	7
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Minimum Control Measures 4 and 5.**Construction Site and Post-Construction Control**

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ☒ Yes ☐ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? ☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

1	4	
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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

0		
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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ☒ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Ballston Spa

SPDES ID

N	Y	R	2	0	A	3	7	6
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?

☒ Yes ☐ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?

☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place?

☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

		0
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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?

☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

		0
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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?

☒ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Charlton									
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SPDES ID

N	Y	R	2	0	A	0	3	2
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?** ☒ Yes ☐ No
- 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?** ☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

- 2. Does your MS4/Coalition have a SWPPP review procedure in place?** ☒ Yes ☐ No
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

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- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?** ☒ Yes ☐ No ☐ NT
- If Yes, how many public comments were received during this reporting period?

		0
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- 5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?** ☒ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Clifton Park

SPDES ID

N	Y	R	2	0	A	0	3	5
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ☒ Yes ☐ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? ☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ☒ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Greenfield

SPDES ID

N	Y	R	2	0	A	1	2	3
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?** ☒ Yes ☐ No
- 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?** ☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

- 2. Does your MS4/Coalition have a SWPPP review procedure in place?** ☒ Yes ☐ No
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

		4
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- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?** ☒ Yes ☐ No ☐ NT
- If Yes, how many public comments were received during this reporting period?

		0
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- 5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?** ☒ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	o	w	n	o	f	H	a	l	f	m	o	o	n
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SPDES ID

N	Y	R	2	0	A	3	7	5
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ☒ Yes ☐ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? ☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☒ 09/2004 ☐ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ☒ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Malta

SPDES ID

N	Y	R	2	0	A	0	8	6
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?

☒ Yes ☐ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?

☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place?

☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?

☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?

☒ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Mechanicville

SPDES ID

N	Y	R	2	0	A	5	5	1
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

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- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ☐ Yes ☒ No
- 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? ☐ Yes ☒ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☐ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ☒ Yes ☐ No
3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ☒ Yes ☐ No ☐ NT
- If Yes, how many public comments were received during this reporting period?

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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ☒ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Milton

SPDES ID

N	Y	R	2	0	A	1	0	8
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?

☒ Yes ☐ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?

☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☒ 09/2004 ☐ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place?

☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?

☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?

☒ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If 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
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?** ☒ Yes ☐ No
- 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?** ☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

- 2. Does your MS4/Coalition have a SWPPP review procedure in place?** ☒ Yes ☐ No
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

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- 4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?** ☒ Yes ☐ No ☐ NT
- If Yes, how many public comments were received during this reporting period?

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- 5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?** ☒ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Round Lake

SPDES ID

N	Y	R	2	0	A	0	9	9
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ☒ Yes ☐ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? ☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ☒ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

S	a	r	a	t	o	g	a		C	o	u	n	t	y	,	D	e	p	a	r	t	m	e	n	t	o	f	P	u	b	l	i	c
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SPDES ID

N	Y	R	2	0	A	2	0	9
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ☒ Yes ☐ No
- 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? ☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☒ 09/2004 ☐ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ☒ Yes ☐ No
3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ☒ Yes ☐ No ☐ NT
- If Yes, how many public comments were received during this reporting period?

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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ☒ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Saratoga Springs

SPDES ID

N	Y	R	2	0	A	2	1	6
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ☒ Yes ☐ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? ☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ☒ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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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
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?

☒ Yes ☐ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?

☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place?

☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

		1
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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?

☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

		0
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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?

☒ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	o	w	n	o	f	S	t	i	l	l	w	a	t	e	r
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SPDES ID

N	Y	R	2	0	A	5	4	9
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ☐ Yes ☒ No

- 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? ☐ Yes ☒ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ☐ Yes ☒ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

		2
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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

		0
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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ☒ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	7
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?

☐ Yes ☒ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?

☐ Yes ☒ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place?

☐ Yes ☒ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?

☐ Yes ☒ No ☐ NT

If Yes, how many public comments were received during this reporting period?

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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?

☐ Yes ☒ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Waterford

SPDES ID

N	Y	R	2	0	A	0	3	7
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ☒ Yes ☐ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? ☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☐ 09/2004 ☒ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ☒ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Waterford

SPDES ID

N	Y	R	2	0	A	4	6	9
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?

☒ Yes ☐ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?

☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☒ 09/2004 ☐ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place?

☒ Yes ☐ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?

☒ Yes ☐ No ☐ NT

If Yes, how many public comments were received during this reporting period?

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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?

☒ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Wilton

SPDES ID

N	Y	R	2	0	A	1	1	4
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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- 1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ☒ Yes ☐ No
- 1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? ☒ Yes ☐ No ☐ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

☒ 09/2004 ☐ 03/2006 ☐ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ☒ Yes ☐ No
3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

		4
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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ☒ Yes ☐ No ☐ NT
- If Yes, how many public comments were received during this reporting period?

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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ☒ Yes ☐ No

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☐ Termination of Contracts	#						☐ No Authority
☐ Administrative Fines	#						☐ No Authority
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☒ Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	☐ No Authority
				0				
☒ Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	☐ No Authority
				0				
☒ Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	☐ No Authority
				0				
☒ Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	☐ No Authority
				0				
☒ Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	☐ No Authority
				0				
☒ Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	☐ No Authority
				0				
☒ Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	☐ No Authority
				0				
☒ Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	
				0				
☐ Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						☐ No Authority

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☐ Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td>0</td></tr></table>						0	☐ No Authority
					0				
☐ Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td>0</td></tr></table>						0	☐ No Authority
					0				
☐ Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							☐ No Authority
☐ Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td>0</td></tr></table>						0	☐ No Authority
					0				
☐ Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							☒ No Authority
☐ Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td>0</td></tr></table>						0	☐ No Authority
					0				
☐ Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							☒ No Authority
☐ Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td>0</td></tr></table>						0	
					0				
☐ Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							☐ No Authority

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

☒ Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						☐ No Authority
☐ Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						☐ No Authority
☐ Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						☐ No Authority
☐ Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						☐ No Authority
☐ Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						☐ No Authority
☐ Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						☐ No Authority
☐ Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						☐ No Authority
☐ Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						☐ No Authority
☐ Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						☐ No Authority

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	o	w	n	o	f	B	a	l	l	s	t	o	n
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SPDES ID

N	Y	R	2	0	A	1	5	7
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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?

1	4	
---	---	--
 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

1	0	
---	---	--
 3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
---	---	---

 %
 4. What percent of active construction sites were inspected more than once? ☐ NT

1	0	0
---	---	---

 %
 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT
 6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Ballston Spa

SPDES ID

N	Y	R	2	0	A	3	7	6
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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?

		1
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		1
--	--	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Charlton

SPDES ID

N	Y	R	2	0	A	0	3	2
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

		2
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		2
--	--	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Clifton Park

SPDES ID

N	Y	R	2	0	A	0	3	5
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

	4	5
--	---	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

	1	5
--	---	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Greenfield

SPDES ID

N	Y	R	2	0	A	1	2	3
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

	0	4
--	---	---
 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

	0	6
--	---	---
 3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
---	---	---

 %
 4. What percent of active construction sites were inspected more than once? ☐ NT

1	0	0
---	---	---

 %
 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT
 6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If 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

N	Y	R	2	0	A	3	7	5
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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?

		5
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

	2	1
--	---	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Malta

SPDES ID

N	Y	R	2	0	A	0	8	6
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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?

9		
---	--	--

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

2	1	
---	---	--

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

8	1	
---	---	--

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

7	1	
---	---	--

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Mechanicville

SPDES ID

N	Y	R	2	0	A	5	5	1
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

		0
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		0
--	--	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

		0
--	--	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

		0
--	--	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Milton

SPDES ID

N	Y	R	2	0	A	1	0	8
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

		2
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		3
--	--	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	o	w	n	o	f	M	o	r	e	a	u
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SPDES ID

N	Y	R	2	0	A	1	5	8
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

		7
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		9
--	--	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Round Lake

SPDES ID

N	Y	R	2	0	A	0	9	9
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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?

		1
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		1
--	--	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

		0
--	--	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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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

SPDES ID

N	Y	R	2	0	A	2	0	9
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

		0
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		0
--	--	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

n	/	a
---	---	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

n	/	a
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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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																			
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SPDES ID

N	Y	R	2	0	A	2	1	6
---	---	---	---	---	---	---	---	---

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?

		9
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

	2	3
--	---	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

	9	1
--	---	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

	8	3
--	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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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
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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?

		1
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		2
--	--	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?

☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?

☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?

☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	o	w	n	o	f	S	t	i	l	l	w	a	t	e	r
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SPDES ID

N	Y	R	2	0	A	5	4	9
---	---	---	---	---	---	---	---	---

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

		2
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		6
--	--	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

		0
--	--	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

		0
--	--	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?

☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?

☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	7
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

		0
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		1
--	--	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

		1
--	--	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

		0
--	--	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Waterford

SPDES ID

N	Y	R	2	0	A	0	3	7
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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?

		1
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		0
--	--	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

		0
--	--	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

		0
--	--	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

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SPDES ID

N	Y	R	2	0	A	4	6	9
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Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

		0
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

		0
--	--	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

		0
--	--	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

		0
--	--	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Wilton

SPDES ID

N	Y	R	2	0	A	1	1	4
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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?

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1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

		4
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

	2	3
--	---	---

3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once? ☐ NT

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? ☒ Yes ☐ No ☐ NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? ☒ Yes ☐ No ☐ NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ☐ Yes ☐ No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Town of Ballston

SPDES ID

N Y R 2 0 A 1 5 7

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

T o w n o f B a l l s t o n B u i l d i n g D e p t .

Address

3 2 3 C h a r l t o n R o a d

City

B a l l s t o n S p a

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Zip

1 2 0 2 0 -

Phone

(5 1 8) 8 8 5 - 8 5 0 2

○ Library

Address

City

N Y

Zip

-

Phone

(5 1 8) -

○ Other

Address

City

N Y

Zip

-

Phone

(5 1 8) -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	Town of Charlton
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SPDES ID

N	Y	R	2	0	A	0	3	2
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6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

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City

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Phone

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○ Library

Address

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Phone

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☐ Other

Address

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☐ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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 1 2 3

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

B u i l 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 l d C t r

N Y

Zip

1 2 8 3 3 -

Phone

(5 1 8) 8 9 3 - 7 4 3 2

○ Library

Address

City

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● Other

Address

E D P - L L P ; 9 0 0 R o u t e 1 4 6

City

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○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID

N Y R 2 0 A 3 7 5

6. con't.:

Submit additional pages as needed.

☒ MS4/Coalition Office

Department

P l a n n i n g D e p a r t m e n t

Address

2 H a l f m o o n T o w n H a l l P l a z a

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Zip

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☐ Other

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Zip

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☐ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Mechanicville

SPDES ID

N Y R 2 0 A 5 5 1

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

C o m m i s s i o n e r o f A c c o u n t s

Address

3 6 N o r t h M a i n S t r e e t

City

M e c h a n i c v i l l e

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Zip

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Phone

(5 1 8) 6 6 4 - 9 8 8 4

○ Library

Address

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○ Other

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○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID

N Y R 2 0 A 1 0 8

6. con't.:

Submit additional pages as needed.

☒ MS4/Coalition Office

Department

B u i l d i n g D e p a r t m e n t

Address

5 0 3 G e y s e r R o a d

City

B a l l s t o n S p a

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Zip

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Phone

(5 1 8) 8 8 4 - 2 7 6 4

☐ Library

Address

City

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☐ Other

Address

City

N Y

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Phone

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☐ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Round Lake

SPDES ID

N Y R 2 0 A 0 9 9

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

R o u n d L a k e V i l l a g e H a l l

Address

4 9 B u r l i n g t o n A v e n u e

City

R o u n d L a k e

N Y

Zip

1 2 1 5 1 -

Phone

(5 1 8) 8 9 9 - 2 8 0 0

○ Library

Address

3 1 W e s l e y A v e

City

R o u n d L a k e

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Phone

(5 1 8) 8 9 9 - 2 2 8 5

○ Other

Address

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○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

SPDES ID

N Y R 2 0 A 2 0 9

6. con't.:

Submit additional pages as needed.

☒ MS4/Coalition Office

Department

v a r i e s b y p r o j e c t

Address

4 0 M c M a s t e r S t r e e t

City

B a l l s t o n S p a N Y

Zip

1 2 0 2 0 -

Phone

(5 1 8) 8 8 4 - 2 2 4 0

☐ Library

Address

City

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Zip

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Phone

(5 1 8) -

☐ Other

Address

City

N Y

Zip

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Phone

(5 1 8) -

☐ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition City of Saratoga Springs

SPDES ID

N Y R 2 0 A 2 1 6

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

C i t y E n g i n e e r s O f f i c e

Address

4 7 4 B r o a d w a y C i t y H a l l

City

S a r a t o g a S p r i n g s N Y

Zip

1 2 8 6 6 -

Phone

(5 1 8) 5 8 7 - 7 0 9 8

○ Library

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○ Other

Address

City

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○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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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

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6. con't.:

Submit additional pages as needed.

☐ MS4/Coalition Office

Department

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Address

[illegible]

City

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Phone

$$\begin{pmatrix} 5 & 1 & 8 \end{pmatrix} \begin{matrix} 7 & 9 & 3 \end{matrix} - \begin{matrix} 4 & 0 & 3 & 3 \end{matrix}$$

○ Library

Address

[illegible]

City

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Phone

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☐ Other

Address

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City

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Phone

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☐ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

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URL

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Town of Stillwater

SPDES ID

N Y R 2 0 A 5 4 9

6. con't.:

Submit additional pages as needed.

☐ MS4/Coalition Office

Department

B l d g , P l a n n i n g , a n d D e v . O f f i c e

Address

8 8 1 H u d s o n A v e n u e

City

S t i l l w a t e r N Y

Zip

1 2 1 7 0 -

Phone

(5 1 8) 6 6 4 - 5 1 4 8

☐ Library

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☐ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Village of Stillwater

SPDES ID

N Y R 2 0 A 5 4 7

6. con't.:

Submit additional pages as needed.

☐ MS4/Coalition Office

Department

V i l l a g e H a l l

Address

1 S c h o o l S t r e e t

City

S t i l l w a t e r

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Zip

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Phone

(5 1 8) 6 6 4 - 6 2 5 8

☐ Library

Address

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☐ Other

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City

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☐ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

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URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Village of Waterford

SPDES ID

N Y R 2 0 A 4 6 9

6. con't.:

Submit additional pages as needed.

☒ MS4/Coalition Office

Department

V i l l a g e C l e r k

Address

6 5 B r o a d S t r e e t

City

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Zip

1 2 0 2 0 -

Phone

(5 1 8) 2 3 5 - 9 8 9 8

☐ Library

Address

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Phone

(5 1 8) -

☐ Other

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Phone

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☐ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

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SPDES ID

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Submit additional pages as needed.

● MS4/Coalition Office

Department

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○ Library

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○ Other

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○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Ballston

SPDES ID

N	Y	R	2	0	A	1	5	7
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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.

Take an approach that would prevent stormwater runoff on construction sites over one acre in size and to work with individual contractors and homeowners to provide for BMP for sediment and erosion control

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Inspections have been performed on effected construction sites in order to maintain compliance with approved SWPP's.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(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 SWMP?

☒ 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 monitor on-going construction projects and to meet with any future project managers prior to commencement of construction to review projects in order to prevent any violations from occurring.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Ballston Spa

SPDES ID

N	Y	R	2	0	A	3	7	6
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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Village monitors 100% of active construction sites.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

No notice of violations or stop work orders were issued during this reporting period.

C. How many times was this observation measured or evaluated in this reporting period?

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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to review SWPPP's and monitor active construction sites

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Charlton

SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

continue review of development projects by PB and Town Engineer, continue municipal review of temporary mitigation efforts used during construction to combat erosion, review written storm water pollution prevention plans & erosion and sediment control plan drawings, issue approval of developer SWPPP and erosion plans, supervise field conditions, continue implementation of small construction program, continue inform developers of their obligations under Local Law #2 of 2007

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Only 2 current projects in Town during reporting period with greater than one acre of disturbance. No prolonged erosion problems during construction. No erosion and sediment related complaints Town wide related to any construction projects.

C. How many times was this observation measured or evaluated in this reporting period?

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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

continue with items listed above as applications are submitted for additional projects.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Clifton Park

SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Review and comment on 100% of all SWPPP's.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

100% of all submitted plans were reviewed. 100% of all submitted plans were compliant NYSDEC and Town requirements prior to approval.

C. How many times was this observation measured or evaluated in this reporting period?

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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continued review of all SWPPP's by the Planning Dept. Stormwater Management Technician, Building Dept. and an outside engineering firm to ensure compliance.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Greenfield

SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town continues to review all development projects and enforces compliance with the NYS Stormwater Design Manual for water quality compliance. The Town reviews all applications for building permits and addresses the need for temporary and permanent erosion control measures. During the reporting period the Town issued forty six building permits (8 with 1 acre disturbance or more) and four on going large developments (over one acre with active SWPPP's).

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Town personnel have come to understand the requirements of the Construction Site Runoff and Post Construction Runoff Control and follow a standard program within the Town to review and track all new construction projects for the initial planning and application to the final construction. The Town regularly inspects active sites and maintains records of inspections and violations.

C. How many times was this observation measured or evaluated in this reporting period?

			2
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to implement and follow the program that is established in the Town.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

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SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Stormwater Control local law authorizes the enforcement to reduce runoff from construction sites. Copies of all inspection reports completed by the developer's inspector are received via email and kept on record by the SMO. Active construction sites are inspected by the SMO on a regular basis and after heavy rainfall events. The Town's consulting engineering firm reviews all SWPPPs for construction projects during the review process. A pre-construction meeting is held with all

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town's local law is continually enforced. Inspections on construction sites are performed regularly by the SMO. Copies of inspection reports performed by developer's certified inspector are received weekly for all active sites and maintained on record by the SMO. When a complaint or violation is detected, the SMO ensures that compliance is obtained in a reasonable time frame.

C. How many times was this observation measured or evaluated in this reporting period?

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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to review all SWPPPs for proposed projects, pre-construction meetings will be held, construction site inspections will occur, enforcement actions will be taken when necessary to ensure compliance with regulations.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Malta

SPDES ID

N	Y	R	2	0	A	0	8	6
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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

MS4 will inspect each active construction site a least once per report year, will maintain an inventory of all active construction sites, will maintain an archive of all inspection records and enforcement actions, and will record all relevant employee training.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town strives to inspect all sites in a year and will continue working towards this goal.

C. How many times was this observation measured or evaluated in this reporting period?

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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will periodically review our list of active construction sites to ensure that inspections are distributed among them.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Mechanicville

SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The measurable goal tracked was the number of SWPPPs reviewed.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

No SWPPPS were reviewed during the reporting period.

C. How many times was this observation measured or evaluated in this reporting period?

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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

SWPPPs will continue to be reviewed and tracked, and the local law will be implemented. In addition, the City's Stormwater Management Program Plan will be implemented by December 1, 2016.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Milton

SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Ensure state and local water quality standards are met through construction plan review process.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All construction projects that received a SWPPP met NYS standards as required in the "Blue Book", NYS Stormwater Design Manual, and local standards as required in construction stormwater local law.

C. How many times was this observation measured or evaluated in this reporting period?

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(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 coordinated review of construction plans and modify process as necessary to ensure conformance with any new NYS guidelines. Ongoing.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Milton

SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Utilize construction site inspection form developed for SWMPP to conduct stormwater related inspection of active construction sites.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town has continued use of construction site inspection form to document all site visits.

C. How many times was this observation measured or evaluated in this reporting period?

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(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 use of form on all site visits. Ongoing.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If 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
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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Ensure state and local water quality standards are met through construction plan review process.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All construction projects that received a SWPPP approval met NYS standards as required in the "Blue Book" and NYS Stormwater Design Manual and local standards as required in the construction stormwater local law.

C. How many times was this observation measured or evaluated in this reporting period?

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(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 coordinated review of construction plans and modify process as necessary to ensure conformance with any new NYS guidelines. -Ongoing.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Round Lake

SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Require SWPPP submittal as part of overall project application & approval process for any/all project/s that will disturb one acre or more; conduct technical & substantive review of all SWPPPs submitted; conduct (minimum) 3 inspections of any/all active sites within Village jurisdiction (typically 1) at ground-breaking; 2) interim; 3) final inspection for permanent stabilization. More inspections as needed.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The one (1) approved/active site within Village jurisdiction was inspected on 09/09/2014 for temporary/winter stabilization; the contractor was contacted and stabilization measures were in place on/before 09/12/2014. The site has not actively engaged in earth-disturbing activities since that time. A SWPPP has been submitted to the Village for review; was reviewed; but, only given conditional approval as the applicant will not be the builder. This project is anticipated to begin in May 2015.

C. How many times was this observation measured or evaluated in this reporting period?

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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to implement above cited protocols, meeting requirements as outline in SPDES GP-0-10-002; Part VII.A.4).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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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

SPDES ID

N	Y	R	2	0	A	2	0	9
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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

To ensure that all County of Saratoga County capital construction projects which require it, comply with the NYS DEC SPDES GP-0-10-001 (or as amended or revised) Permit.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

No active projects/qualifying construction projects this reporting-year.

C. How many times was this observation measured or evaluated in this reporting period?

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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue self-inspection and compliance commitments for all Saratoga County capital projects requiring GP-0-10-001 coverage and/or Local MS4 construction jurisdiction.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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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									
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SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Assign City staff or private engineering consultants to review Stormwater Pollution Prevention Plans, Erosion and Sediment Control Plans, construction drawings, and other documents to insure compliance with the SPDES General Permit for Construction Activity, the NYS Stormwater Management Design Manual, the NYS Standards and Specifications for Erosion and Sediment Control, and local stormwater laws.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

A total of fourteen (14) Stormwater Pollution Prevention Plans (SWPPP) for projects of an acre or more were reviewed by the City Engineers Office.

C. How many times was this observation measured or evaluated in this reporting period?

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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City Engineers Office will continue to review SWPPP's relative to new construction activity.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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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, NY																			
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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.

Verify erosion and sediment control measures are installed & maintained at construction sites. Likewise, insure project owners regularly inspect their sites and file reports. Also provide for periodic inspections and enforcement by trained City staff.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

A total of twenty three (23) active construction sites were regularly inspected by the project owner with routine oversight by City staff.

C. How many times was this observation measured or evaluated in this reporting period?

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(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 SWMP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

City will continue to monitor construction sites to verify adequate erosion and sediment control measures, inspections, and general permit compliance.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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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, NY																			
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SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Provide information regarding stormwater management requirements to project developers, design engineers, and site contractors. This includes requiring said parties to attend a mandatory pre-construction meeting with City Engineer.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

A total of (7) pre-construction meetings were conducted by the City Engineers Office.

C. How many times was this observation measured or evaluated in this reporting period?

			7
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

A pre-construction meeting will continue to be a prerequisite for the City Engineer's approval to commence construction at all SWPPP-regulated sites.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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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
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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Require SWPPPs be submitted for all projects disturbing 1 or more acres in the Village Of South Glens Falls.

Inspect all active construction sites with approved SWPPPs at least once each reporting year.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All required SWPPPs were reviewed.

All active sites w/SWPPPs (2) were inspected at least once this reporting year.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue ongoing implementation of measures detailed in the SGF SWMP Plan for SWPPP requirements, site inspections, and enforcement of the local SW Construction law.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	9
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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

As of this reporting year the Town of Stillwater is working on the development of their Stormwater Management Plan (SWMP). The target date for completion is November 2016. The Town held a kickoff meeting of the Stormwater Committee with six (6) Town employees and contracted employees present.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

A Stormwater Committee Kickoff Meeting was held on November 17th 2016 with 6 members. The committee was educated on the needed steps for the implementation of the Town's MS4 Program. The Committee has set a target to meet for the spring of 2016 to continue the process and set the next step goals.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will complete the drafting of the SWMP with implementation by November 2016. The Town of Stillwater intends to begin review of the current Zoning Code, and begin analysis of necessary changes and adaptations to allow for the adoption of the Stormwater Local Law by November 2016

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	7
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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

As of this reporting year the Village of Stillwater is working on the development of their Stormwater Management Plan (SWMP). The Village is working with the NYS DEC as part of the beta testing for the SWMP Template that is being studied.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

As of this reporting year the Village of Stillwater is working on the development of their Stormwater Management Plan (SWMP). The Village is working with the NYS DEC as part of the beta testing for the SWMP Template that is being studied.

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 ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Village of Stillwater intends to begin review of the current Zoning Code, and begin analysis of necessary changes and adaptations to allow for the adoption of the Stormwater Local Law by November 2016

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Waterford

SPDES ID

N	Y	R	2	0	A	0	3	7
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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town continues to review SWPPPS for 100% of all projects disturbing 1 or more acres of land to ensure compliance with the Town of Waterford local stormwater law and NYSDEC regulations. The Town also records any notices of violation and/or stop work orders issued in relation to active/approved sites.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

One SWPPP was reviewed by the Town's Environmental Consultant, while five other smaller sites were reviewed even though SWPPPS were not required. The Town Code Enforcement Officer inspects ALL construction sites, regardless of size, and requires ALL sites to have silt fence and a stabilized construction entrance. Problematic erosion on all sites is required to be managed by use of rolled erosion control products, seed and placement of silt sacks in downgradient catch basins.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to review all SWPPPS, inspect active construction sites, and require stormwater and erosion and sediment control practices on construction sites of all sizes.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Waterford

SPDES ID

N	Y	R	2	0	A	4	6	9
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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Conduct review of 100% of proposed SWPPPs submitted for Village approval. Conduct one formal compliance inspection annually of each active construction site within the Village that disturbs one or more acres.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

N/A. There were no SWPPPs submitted. There were no active or approved construction projects within the Village which disturbed one or more acres.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Conduct a review of 100% of SWPPPs submitted for Village approval. Conduct one formal compliance inspection of any construction project within the Village that disturbs one or more acres.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Wilton

SPDES ID

N	Y	R	2	0	A	1	1	4
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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

SWPPP Review - Goal that 100% of SWPPP's meet NYS Standard

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

100% of submitted plans were reviewed. After necessary changes and revisions, the plans were approved.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to review and comment on SWPPP's as they are submitted to the Town, with continued goal of 100% of SWPPP's meeting all NYS Standards.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Town of Ballston

SPDES ID

N	Y	R	2	0	A	1	5	7
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Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?			
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1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
☐ Alternative Practices			
☐ Filter Systems			
☐ Infiltration Basins			
☐ Open Channels			
☒ Ponds	1	1	1
☐ Wetlands			
☐ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes ☐ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☒ Building Codes ☒ Municipal Comprehensive Plans
☒ Overlay Districts ☐ Open Space Preservation Program
☒ Zoning ☒ Local Law or Ordinance
☐ None ☒ Land Use Regulation/Zoning
☐ Watershed Plans ☐ Other Comprehensive Plan

☐ Other:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Village of Ballston Spa

SPDES ID

N Y R 2 0 A 3 7 6

Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
☐ Alternative Practices			
☐ Filter Systems			
☐ Infiltration Basins			
☐ Open Channels			
☐ Ponds			
☐ Wetlands			
☐ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☐ Yes ☒ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☐ Building Codes ☐ Municipal Comprehensive Plans
☐ Overlay Districts ☐ Open Space Preservation Program
☐ Zoning ☐ Local Law or Ordinance
☐ None ☐ Land Use Regulation/Zoning
☐ Watershed Plans ☐ Other Comprehensive Plan

☒ Other:

P l a n n i n g B o a r d r e v i e w s

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N	Y	R	2	0	A	0	3	2
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The information in this section is being reported (check one):

- How many MS4s contributed to this report?

# Inventoried	# Inspections	# Times Maintained
1	0	0
1	1	0
2	0	0
6 5	6 5	0
2	2	0

☐ Yes ☒ No

☐ Building Codes ☒ Municipal Comprehensive Plans
☐ Overlay Districts ☒ Open Space Preservation Program
☒ Zoning ☐ Local Law or Ordinance
☐ None ☒ Land Use Regulation/Zoning
☐ Watershed Plans ☐ Other Comprehensive Plan

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	Town of Clifton Park
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SPDES ID

N	Y	R	2	0	A	0	3	5
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Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?	1
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1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
☐ Alternative Practices			
☐ Filter Systems			
☐ Infiltration Basins			
☐ Open Channels			
☒ Ponds	4 2	4	4
☐ Wetlands			
☐ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes ☐ No

☒ Yes ☐ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☒ Building Codes ☒ Municipal Comprehensive Plans
☒ Overlay Districts ☒ Open Space Preservation Program
☒ Zoning ☐ Local Law or Ordinance
☐ None ☒ Land Use Regulation/Zoning
☐ Watershed Plans ☐ Other Comprehensive Plan
☐ Other:

[illegible]

This report is being submitted for the reporting period ending March 9, 2016

2	0	1	6
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Name of MS4/Coalition

N	Y	R	2	0	A	1	2	3
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Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report?

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1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
☐ Alternative Practices			
☐ Filter Systems			
☐ Infiltration Basins			
☒ Open Channels	1 3	1 3	1 3
☒ Ponds	3	3	3
☐ Wetlands			
☒ Other	7	7	7

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes

● Yes ○ No

- 3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?**

- ☒ Building Codes ☒ Municipal Comprehensive Plans
☒ Overlay Districts ☐ Open Space Preservation Program
☒ Zoning ☐ Local Law or Ordinance
☐ None ☒ Land Use Regulation/Zoning
☐ Watershed Plans ☐ Other Comprehensive Plan

☐ Other:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If 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
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SPDES ID

N	Y	R	2	0	A	3	7	5
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Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
☐ Alternative Practices			
☐ Filter Systems			
☒ Infiltration Basins	3	3	0
☐ Open Channels			
☐ Ponds			
☐ Wetlands			
☐ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☐ Yes

☐ Yes ☒ No

- 3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?**

- ☒ Building Codes
- ☐ Overlay Districts
- ☒ Zoning
- ☐ None
- ☐ Watershed Plans
- ☒ Municipal Comprehensive Plans
- ☒ Open Space Preservation Program
- ☒ Local Law or Ordinance
- ☒ Land Use Regulation/Zoning
- ☐ Other Comprehensive Plan

○ Other:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If 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
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SPDES ID

N	Y	R	2	0	A	0	8	6
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Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report?

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
☐ Alternative Practices	0	0	0
☐ Filter Systems	0	0	0
☐ Infiltration Basins	0	0	0
☐ Open Channels	0	0	0
☐ Ponds	0	0	0
☐ Wetlands	0	0	0
☐ Other	0	0	0

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☐ Yes

☐ Yes ☒ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☐ Building Codes ☒ Municipal Comprehensive Plans
☒ Overlay Districts ☒ Open Space Preservation Program
☐ Zoning ☒ Local Law or Ordinance
☐ None ☐ Land Use Regulation/Zoning
☐ Watershed Plans ☐ Other Comprehensive Plan

○ Other:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Mechanicville

SPDES ID

N	Y	R	2	0	A	5	5	1
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Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?		
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1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
☐ Alternative Practices			
☐ Filter Systems			
☐ Infiltration Basins			
☐ Open Channels			
☐ Ponds			
☐ Wetlands			
☒ Other	1		

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☐ Yes ☒ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☐ Building Codes ☐ Municipal Comprehensive Plans
☐ Overlay Districts ☐ Open Space Preservation Program
☐ Zoning ☐ Local Law or Ordinance
☐ None ☐ Land Use Regulation/Zoning
☐ Watershed Plans ☐ Other Comprehensive Plan

☐ Other:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	Town of Milton
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SPDES ID

N	Y	R	2	0	A	1	0	8
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Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report?

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
☐ Alternative Practices			
☐ Filter Systems			
☒ Infiltration Basins	2 1	0	0
☐ Open Channels			
☐ Ponds			
☐ Wetlands			
☐ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes

☒ Yes ☐ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☐ Building Codes ☐ Municipal Comprehensive Plans
☐ Overlay Districts ☐ Open Space Preservation Program
☐ Zoning ☐ Local Law or Ordinance
☒ None ☐ Land Use Regulation/Zoning
☐ Watershed Plans ☐ Other Comprehensive Plan

☐ Other:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If 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
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SPDES ID

N	Y	R	2	0	A	1	5	8
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Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
☐ Alternative Practices			
☐ Filter Systems			
☒ Infiltration Basins	4	4	4
☐ Open Channels			
☐ Ponds			
☐ Wetlands			
☐ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes

☒ Yes ☐ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☐ Building Codes ☐ Municipal Comprehensive Plans
☐ Overlay Districts ☐ Open Space Preservation Program
☐ Zoning ☒ Local Law or Ordinance
☐ None ☐ Land Use Regulation/Zoning
☐ Watershed Plans ☐ Other Comprehensive Plan

☐ Other:[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Round Lake

SPDES ID

N	Y	R	2	0	A	0	9	9
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Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
☐ Alternative Practices			
☐ Filter Systems			
☐ Infiltration Basins			
☐ Open Channels			
☐ Ponds			
☐ Wetlands			
☐ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☐ Yes ☐ No

☐ Yes ☒ No

- 3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?**

- ☐ Building Codes ☒ Municipal Comprehensive Plans
☐ Overlay Districts ☐ Open Space Preservation Program
☐ Zoning ☒ Local Law or Ordinance
☐ None ☒ Land Use Regulation/Zoning
☐ Watershed Plans ☐ Other Comprehensive Plan

○ Other:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

S	a	r	a	t	o	g	a		C	o	u	n	t	y		D	e	p	a	r	t	m	e	n	t	o	f		P	u	b	l	i	c
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SPDES ID

N	Y	R	2	0	A	2	0	9
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Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained									
☐ Alternative Practices	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
☐ Filter Systems	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
☒ Infiltration Basins	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
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☐ Open Channels	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
☒ Ponds	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0	<table><tr><td></td><td></td><td>0</td></tr></table>			0
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		0										
		0										
☐ Wetlands	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			
☐ Other	<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>				<table><tr><td></td><td></td><td></td></tr></table>			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes ☐ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☐ Building Codes ☐ Municipal Comprehensive Plans
☐ Overlay Districts ☐ Open Space Preservation Program
☐ Zoning ☐ Local Law or Ordinance
☐ None ☐ Land Use Regulation/Zoning
☐ Watershed Plans ☐ Other Comprehensive Plan

- ☒ Other:

E	d	u	c	a	t	i	o	n		/		T	r	a	i	n	i	n	g		P	r	o	g	r	a	m	s			
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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
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SPDES ID

N	Y	R	2	0	A	2	1	6
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Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?			
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1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
● Alternative Practices	1		
○ Filter Systems			
● Infiltration Basins	4		
○ Open Channels			
● Ponds	1		
○ Wetlands			
● Other	1		

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☐ Yes ☒ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☐ Building Codes ☒ Municipal Comprehensive Plans
☒ Overlay Districts ☒ Open Space Preservation Program
☐ Zoning ☐ Local Law or Ordinance
☐ None ☒ Land Use Regulation/Zoning
☐ Watershed Plans ☐ Other Comprehensive Plan
☐ Other:

[illegible]

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

South Glens Falls

N	Y	R	2	0	A	0	9	1
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How many MS4s contributed to this report?

L

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	Town of Stillwater
-----------------------	--------------------

SPDES ID

N	Y	R	2	0	A	5	4	9
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Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained									
☐ Alternative Practices	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
☐ Filter Systems	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
☐ Infiltration Basins	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
☐ Open Channels	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
☐ Ponds	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
☐ Wetlands	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
☐ Other	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☐ Yes ☒ No

☐ Yes ☒ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☐ Building Codes ☐ Municipal Comprehensive Plans
☐ Overlay Districts ☐ Open Space Preservation Program
☐ Zoning ☐ Local Law or Ordinance
☒ None ☐ Land Use Regulation/Zoning
☐ Watershed Plans ☐ Other Comprehensive Plan

☐ Other:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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
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SPDES ID

N	Y	R	2	0	A	5	4	7
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Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?			
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1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
☐ Alternative Practices			
☐ Filter Systems			
☐ Infiltration Basins			
☐ Open Channels			
☐ Ponds			
☐ Wetlands			
☐ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☐ Yes

☐ Yes ☒ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☐ Building Codes ☐ Municipal Comprehensive Plans
☐ Overlay Districts ☐ Open Space Preservation Program
☐ Zoning ☐ Local Law or Ordinance
☐ None ☐ Land Use Regulation/Zoning
☐ Watershed Plans ☐ Other Comprehensive Plan

○ Other:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Waterford

SPDES ID

N	Y	R	2	0	A	0	3	7
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Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained									
☐ Alternative Practices	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
☐ Filter Systems	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
☐ Infiltration Basins	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
☐ Open Channels	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
☒ Ponds	<table border="1"><tr><td></td><td>2</td><td></td></tr></table>		2		<table border="1"><tr><td></td><td>2</td><td></td></tr></table>		2		<table border="1"><tr><td></td><td></td><td>2</td></tr></table>			2
	2											
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☐ Wetlands	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
☐ Other	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes ☐ No

- 3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?**

- ☐ Building Codes ☐ Municipal Comprehensive Plans
☐ Overlay Districts ☐ Open Space Preservation Program
☐ Zoning ☐ Local Law or Ordinance
☒ None ☐ Land Use Regulation/Zoning
☐ Watershed Plans ☐ Other Comprehensive Plan
☐ Other:

[illegible]

MS4 Annual Report Form

This form is to be submitted for the reporting period from 12/31/2010 to 12/31/2011.

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Village of Waterford

SPDES ID

N	Y	R	2	0	A	4	6	9
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Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

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1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
☐ Alternative Practices			
☐ Filter Systems			
☐ Infiltration Basins			
☐ Open Channels			
☐ Ponds			
☐ Wetlands			
☐ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes ☐ No

☒ Yes ☐ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☐ Building Codes
- ☐ Overlay Districts
- ☐ Zoning
- ☒ None
- ☐ Watershed Plans
- ☐ Municipal Comprehensive Plans
- ☐ Open Space Preservation Program
- ☐ Local Law or Ordinance
- ☐ Land Use Regulation/Zoning
- ☐ Other Comprehensive Plan

☐ Other:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	Town of Wilton
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SPDES ID

N	Y	R	2	0	A	1	1	4
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Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- ☒ On behalf of an individual MS4
☐ On behalf of a coalition

How many MS4s contributed to this report?

--	--	--

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
☐ Alternative Practices			
☐ Filter Systems			
☐ Infiltration Basins			
☐ Open Channels			
☐ Ponds			
☐ Wetlands			
☐ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? ☒ Yes ☐ No

☒ Yes ☐ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- ☐ Building Codes ☒ Municipal Comprehensive Plans
☐ Overlay Districts ☐ Open Space Preservation Program
☐ Zoning ☐ Local Law or Ordinance
☐ None ☒ Land Use Regulation/Zoning
☐ Watershed Plans ☐ Other Comprehensive Plan

☐ Other:

[illegible]

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Ballston

SPDES ID

N	Y	R	2	0	A	1	5	7
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☒ Yes ☐ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

3		
---	--	--

5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impact Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

1	0	0
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 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Ballston Spa

SPDES ID

N	Y	R	2	0	A	3	7	6
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
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 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Charlton

SPDES ID

N	Y	R	2	0	A	0	3	2
---	---	---	---	---	---	---	---	---

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
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 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Clifton Park

SPDES ID

N	Y	R	2	0	A	0	3	5
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impact Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

	3	0
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 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If 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									
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SPDES ID

N	Y	R	2	0	A	1	2	3
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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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?

	2	5
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 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If 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

N	Y	R	2	0	A	3	7	5
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
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 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Malta

SPDES ID

N	Y	R	2	0	A	0	8	6
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0		
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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?

1	0	0
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 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Mechanicville

SPDES ID

N	Y	R	2	0	A	5	5	1
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
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 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Milton

SPDES ID

N	Y	R	2	0	A	1	0	8
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☒ Yes ☐ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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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?

	5	0
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If 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
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
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 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Round Lake

SPDES ID

N	Y	R	2	0	A	0	9	9
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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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?

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 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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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

SPDES ID

N	Y	R	2	0	A	2	0	9
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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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?

1	0	0
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 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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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																			
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SPDES ID

N	Y	R	2	0	A	2	1	6
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

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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?

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 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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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
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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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?

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 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	9
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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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?

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 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	7
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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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?

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 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Waterford

SPDES ID

N	Y	R	2	0	A	0	3	7
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
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 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Waterford

SPDES ID

N	Y	R	2	0	A	4	6	9
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
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 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Wilton

SPDES ID

N	Y	R	2	0	A	1	1	4
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

☐ Yes ☒ No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

☐ Yes ☒ No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

☐ Yes ☒ No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

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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?

1	0	0
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 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Ballston

SPDES ID

N	Y	R	2	0	A	1	5	7
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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.

Local laws were adopted to insure that once projects have been completed and to ensure that sites are maintained to prevent system failures.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

At least on an annual basis; completed construction sites are inspected to ensure that all systems are working properly.

C. How many times was this observation measured or evaluated in this reporting period?

1			
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to monitor completed projects for compliance and to work with property owners for improvements.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Ballston Spa

SPDES ID

N	Y	R	2	0	A	3	7	6
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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.

Number of Notice of Violations and public complaints

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

There have been no notice of violations issued during this reporting period.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(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 inspection of new/existing facilities
Continue monitoring new construction BMP's

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Charlton

SPDES ID

N	Y	R	2	0	A	0	3	2
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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.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Charlton has had only two major development projects in at least 20 years. Currently there are only six modern stormwater management facilities town wide. The oldest of those facilities is less than seven years old.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

2 major subdivision projects continue to be under construction. The Town has inspected the sites numerous times to ensure compliance with their SWPPPs.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Clifton Park

SPDES ID

N	Y	R	2	0	A	0	3	5
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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 refine mapping and obtain all elevation data.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Mapping inventory has been completed, now the assembly of the data to usable format is underway.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to inventory the existing practices in town. Continue to have an outside firm develop mapping for all of the town's storm sewer sheds.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Greenfield

SPDES ID

N	Y	R	2	0	A	1	2	3
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6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town has inventoried all existing Post-Construction Runoff Control facilities and has established a maintenance plan for each location. As new projects are dedicated within the Town the post-Construction Runoff Control data base will be updated to add any new facilities to the maintenance schedule.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town Highway Department has been keeping logs of maintenance visits to all existing locations and has established a program to monitor and repair locations as needed.

C. How many times was this observation measured or evaluated in this reporting period?

			2
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to follow the program established within the Town.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If 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

N	Y	R	2	0	A	3	7	5
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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
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Prior to dedication to the Town, a final inspection is performed of all BMPs. Inspections and maintenance will continue to be performed by the Town Highway Dept. All records are kept for such actions.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Malta

SPDES ID

N	Y	R	2	0	A	0	8	6
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6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The town will develop a complete inventory of municipally owned stormwater management practices and those privately owned that discharge to the MS4. Periodically inspect and maintain an archive of inspections.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

No treatment practices have been inventoried or inspected but the town has begun mapping the stormwater management practices.

C. How many times was this observation measured or evaluated in this reporting period?

1			
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The town will continue mapping its facilities and plans to undertake research to determine which facilities the town is responsible for maintaining.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Mechanicville

SPDES ID

N	Y	R	2	0	A	5	5	1
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6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The measurable goal tracked was the number of permanent stormwater management practice inspections.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The City's MS4 program, which will include prescriptive measures for inspection and maintenance of stormwater management practices, is not yet required to be implemented. Implementation will take place on or before December 1, 2016.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Stormwater management practices will continue to be inventoried and inspected, as well as maintained when necessary. In addition, the City's Stormwater Management Program Plan will be implemented by December 1, 2016.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Milton

SPDES ID

N	Y	R	2	0	A	1	0	8
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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.

By spring 2009; Review as built plans accepted between March 10, 2003 and passage of LL2-2006 (Construction Stormwater Local Law) and determine which facilities have O&M Manuals.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

To date, a partial list of facilities has been developed.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Complete review of as-built plans and list of facilities which do not have an O&M manual, by spring 2014. Goal incomplete.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Milton

SPDES ID

N	Y	R	2	0	A	1	0	8
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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.

Develop O&M manual for post-construction stormwater management facilities identified as not having one.
Develop Standard Operating Procedure, a formal schedule for inspections, and inspection checklists for all post-construction stormwater management facilities.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town has obtained model Standard Operating Procedures and inspection checklists for post-construction stormwater management facilities.
The Town has not developed a formal schedule for inspection of post-construction stormwater management facilities.
The Town has not developed O&M manuals for facilities which do not have them.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(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).

Develop O&M manuals for facilities which need them by Fall 2014.
Adopt formal schedule for inspection of post-construction facilities by Summer 2014.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If 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
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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 post-construction stormwater management facilities as needed to ensure performance.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Routine maintenance was performed on post-construction stormwater management facilities.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(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).

Update list of post-construction stormwater management facilities and maintenance lists as new facilities are constructed or dedicated to the Town. -Ongoing.
Train new Town officials on LID, BSD, and Green Infrastructure during 2016-2017 reporting period.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Round Lake

SPDES ID

N	Y	R	2	0	A	0	9	9
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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
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

N/A. The Village of Round Lake does not own, operate, or maintain any SMPs as of this report. However, the MS4 collection/conveyance system is continuously inspected each year.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Saratoga County, Department of Public Works

SPDES ID

N	Y	R	2	0	A	2	0	9
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6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Inspection and maintenance of applicable SMPs on County property or within the County Right-of-Way.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

8 of 8 SMPs currently on-line/in use were inspected this reporting period. 1 maintenance action was needed. NOTE: 6 of 8 SMPs were installed/constructed, permanently stabilized and put into service in reporting Year-9, (2011-12); the SMP Operations & Maintenance Plan for these practices call for annual inspection in/following year-2 of continuous operation.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continued implementation of SMP inspection program.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Saratoga Springs

SPDES ID

N	Y	R	2	0	A	2	1	6
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6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Inventory stormwater management practices and maintain data that includes the development's name and address, the name of the property owner, the specific stormwater practice(s) located on the property, and the party responsible for maintenance and repair.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

SWPPP documents, construction prints, as-built drawings, and/or field inspections were used to identify (7) new stormwater management practices.

C. How many times was this observation measured or evaluated in this reporting period?

		1	4
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

City Engineers Office will continue to inventory stormwater management practices and maintain a database of related information.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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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, NY																			
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SPDES ID

N	Y	R	2	0	A	2	1	6
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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.

Review Stormwater Pollution Prevention Plans for compliance with post construction stormwater management design standards and promote practices which meet long-term planning and development goals.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

(14) Stormwater Pollution Prevention Plans were reviewed by the City Engineers Office.

C. How many times was this observation measured or evaluated in this reporting period?

1	4		
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(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).

SWPPP's will be reviewed by the City Engineers Office with input received from the City Planning Department.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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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
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6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Inventory, inspect and/ or maintain post-construction SMPs as required by the O&M Plan for each.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

7 SMPs were inventoried, 5 were inspected and 4 maintenance actions were taken.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue implementation of MM5 measures as detailed in SGF SWMP plan.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	9
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6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

As of this reporting year the Town of Stillwater is working on the development of their Stormwater Management Plan (SWMP) with implementation by November 2016.
The Town intends to pass the Local Law for Stormwater by November 2016.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

A Stormwater Committee Kickoff Meeting was held in November of 2016 to educate the affected Town employees and set goals for the next step in the programs development.
The Town of Stillwater is working on the development of their Stormwater Management Plan (SWMP).
Review of the Town's Zoning Code has begun to address conflicts with the Model Local Law for

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The watersheds were mapped and a full outfall reconnaissance was undertaken through the coalition that the Town is a member, the Saratoga County ISWM Program. The information obtained from this will be mapped with GIS and made available to all members of the coalition.
The Town of Stillwater is working on the development of their Stormwater Management Plan (SWMP).

Review of the Town's Zoning Code has begun to address conflicts with the Model Local Law for

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

V	i	l	l	a	g	e		o	f		S	t	i	l	l	w	a	t	e	r
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SPDES ID

N	Y	R	2	0	A	5	4	7
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6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

As of this reporting year the Village of Stillwater is working on the development of their Stormwater Management Plan (SWMP). The Village is working with the NYS DEC as part of the beta testing for the SWMP Template that is being studied.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

As of this reporting year the Village of Stillwater is working on the development of their Stormwater Management Plan (SWMP). The Village is working with the NYS DEC as part of the beta testing for the SWMP Template that is being studied.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☐ Yes ☒ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The watersheds are being mapped and a full outfall reconnaissance is being undertaken through the coalition that the Village is a member, the Saratoga County ISWM Program. The anticipated completion date of this project is 2015. The information obtained from this will be mapped with GIS and made available to all members of the coalition.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Waterford

SPDES ID

N	Y	R	2	0	A	0	3	7
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6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town has a robust inspection and maintenance program for all ditches, catch basins, and stormwater management practices.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town has two stormwater management ponds. One of the two ponds was inspected, at which time all pipes into and out of the pond are cleaned, all fallen trees and other debris removed, and general landscape maintenance (removal of vines along the fence) is performed.

C. How many times was this observation measured or evaluated in this reporting period?

			2
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to implement and track operations related to its maintenance program, and an inspection of the second pond is planned for late spring.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Waterford

SPDES ID

N	Y	R	2	0	A	4	6	9
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6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The question of MS4 ownership within the Village remains in doubt. All existing stormwater infrastructure was constructed by the Town of Waterford Sewer District #1 as a result of an Order on Consent issued by NYS DEC (c1994-5 & 2000). At this time the Village program entails assuring new construction that disturbs one or more acres complies with the Local Stormwater Construction Law and the Post-Construction requirements thereof

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Because no projects were proposed or approved within the Village the past reporting year which disturbed one or more acres, no observations could be made.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Application and Enforcement of the Local Stormwater Construction Law and the Post-Construction requirements by the Village Planning Board, should a project propose to disturb one or more acres.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Wilton

SPDES ID

N	Y	R	2	0	A	1	1	4
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6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue with post construction stormwater practices, inspections and maintenance on an annual basis.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Continue inspections with reported condition and maintenance requirements as needed.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Post construction practices deemed to the Town will continue to be inspected and maintained on an annual basis.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Ballston

SPDES ID

N	Y	R	2	0	A	1	5	7
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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?

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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.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment</u> <u>Operation/Activity/Facility</u> <u>performed within the past 3</u>	
			<u>years?</u>	
Street Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Bridge Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Winter Road Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Salt Storage.....	☒ Yes	☐ No	☒ Yes	☐ No
Solid Waste Management.....	☒ Yes	☐ No	☒ Yes	☐ No
New Municipal Construction and Land Disturbance..	☐ Yes	☒ No	☐ Yes	☒ No
Right of Way Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Marine Operations.....	☒ Yes	☐ No	☒ Yes	☐ No
Hydrologic Habitat Modification.....	☐ Yes	☒ No	☐ Yes	☒ No
Parks and Open Space.....	☐ Yes	☒ No	☐ Yes	☒ No
Municipal Building.....	☒ Yes	☐ No	☒ Yes	☐ No
Stormwater System Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Vehicle and Fleet Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Other.....	☐ Yes	☐ No	☐ Yes	☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Ballston Spa

SPDES ID

N	Y	R	2	0	A	3	7	6
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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?

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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.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Bridge Maintenance.....	☐ Yes ☒ No	☐ Yes ☒ No
Winter Road Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Salt Storage.....	☒ Yes ☐ No	☐ Yes ☒ No
Solid Waste Management.....	☐ Yes ☒ No	☐ Yes ☒ No
New Municipal Construction and Land Disturbance..	☒ Yes ☐ No	☐ Yes ☒ No
Right of Way Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Marine Operations.....	☐ Yes ☒ No	☐ Yes ☒ No
Hydrologic Habitat Modification.....	☐ Yes ☒ No	☐ Yes ☒ No
Parks and Open Space.....	☒ Yes ☐ No	☐ Yes ☒ No
Municipal Building.....	☒ Yes ☐ No	☐ Yes ☒ No
Stormwater System Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Vehicle and Fleet Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Other.....	☐ Yes ☐ No	☐ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID

N Y R 2 0 A 0 3 2

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.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Bridge Maintenance.....	☐ Yes ☒ No	☐ Yes ☒ No
Winter Road Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Salt Storage.....	☒ Yes ☐ No	☒ Yes ☐ No
Solid Waste Management.....	☐ Yes ☒ No	☐ Yes ☒ No
New Municipal Construction and Land Disturbance..	☒ Yes ☐ No	☒ Yes ☐ No
Right of Way Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Marine Operations.....	☐ Yes ☒ No	☐ Yes ☒ No
Hydrologic Habitat Modification.....	☐ Yes ☒ No	☐ Yes ☒ No
Parks and Open Space.....	☒ Yes ☐ No	☒ Yes ☐ No
Municipal Building.....	☒ Yes ☐ No	☒ Yes ☐ No
Stormwater System Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Vehicle and Fleet Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Other.....	☐ Yes ☐ No	☐ Yes ☐ No

MS4 Annual Report FormThis report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Clifton Park									
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SPDES ID

N	Y	R	2	0	A	0	3	5
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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 coalitionHow many MS4s contributed to this report?

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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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Bridge Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No
Winter Road Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Salt Storage.....	☒ Yes	☐ No	☒ Yes	☐ No
Solid Waste Management.....	☒ Yes	☐ No	☒ Yes	☐ No
New Municipal Construction and Land Disturbance..	☒ Yes	☐ No	☒ Yes	☐ No
Right of Way Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Marine Operations.....	☐ Yes	☒ No	☐ Yes	☒ No
Hydrologic Habitat Modification.....	☒ Yes	☐ No	☒ Yes	☐ No
Parks and Open Space.....	☒ Yes	☐ No	☒ Yes	☐ No
Municipal Building.....	☒ Yes	☐ No	☒ Yes	☐ No
Stormwater System Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Vehicle and Fleet Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Other.....	☐ Yes	☐ No	☐ Yes	☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Greenfield

SPDES ID

N	Y	R	2	0	A	1	2	3
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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?

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- 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.**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Bridge Maintenance.....	☐ Yes ☒ No	☐ Yes ☒ No
Winter Road Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Salt Storage.....	☒ Yes ☐ No	☒ Yes ☐ No
Solid Waste Management.....	☒ Yes ☐ No	☒ Yes ☐ No
New Municipal Construction and Land Disturbance..	☒ Yes ☐ No	☒ Yes ☐ No
Right of Way Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Marine Operations.....	☐ Yes ☒ No	☐ Yes ☒ No
Hydrologic Habitat Modification.....	☐ Yes ☒ No	☐ Yes ☒ No
Parks and Open Space.....	☒ Yes ☐ No	☒ Yes ☐ No
Municipal Building.....	☒ Yes ☐ No	☒ Yes ☐ No
Stormwater System Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Vehicle and Fleet Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Other.....	☐ Yes ☐ No	☐ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If 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									
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SPDES ID

N	Y	R	2	0	A	3	7	5
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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?

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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.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Bridge Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Winter Road Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Salt Storage.....	☒ Yes ☐ No	☒ Yes ☐ No
Solid Waste Management.....	☒ Yes ☐ No	☒ Yes ☐ No
New Municipal Construction and Land Disturbance..	☒ Yes ☐ No	☒ Yes ☐ No
Right of Way Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Marine Operations.....	☐ Yes ☒ No	☐ Yes ☒ No
Hydrologic Habitat Modification.....	☒ Yes ☐ No	☒ Yes ☐ No
Parks and Open Space.....	☒ Yes ☐ No	☒ Yes ☐ No
Municipal Building.....	☒ Yes ☐ No	☒ Yes ☐ No
Stormwater System Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Vehicle and Fleet Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Other.....	☐ Yes ☐ No	☐ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If 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																			
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SPDES ID

N	Y	R	2	0	A	0	8	6
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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?

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- 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.**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Bridge Maintenance.....	☐ Yes ☒ No	☐ Yes ☒ No
Winter Road Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Salt Storage.....	☒ Yes ☐ No	☒ Yes ☐ No
Solid Waste Management.....	☒ Yes ☐ No	☒ Yes ☐ No
New Municipal Construction and Land Disturbance..	☒ Yes ☐ No	☒ Yes ☐ No
Right of Way Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Marine Operations.....	☐ Yes ☒ No	☐ Yes ☒ No
Hydrologic Habitat Modification.....	☐ Yes ☒ No	☐ Yes ☒ No
Parks and Open Space.....	☒ Yes ☐ No	☒ Yes ☐ No
Municipal Building.....	☒ Yes ☐ No	☒ Yes ☐ No
Stormwater System Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Vehicle and Fleet Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Other.....	☐ Yes ☒ No	☐ Yes ☒ No

MS4 Annual Report FormThis report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Mechanicville

SPDES ID

N	Y	R	2	0	A	5	5	1
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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?

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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.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>				<u>Self-Assessment</u> <u>Operation/Activity/Facility</u> <u>performed within the past 3</u>	
					<u>years?</u>	
Street Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No	☐ Yes	☒ No
Bridge Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No	☐ Yes	☒ No
Winter Road Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No	☐ Yes	☒ No
Salt Storage.....	☐ Yes	☒ No	☐ Yes	☒ No	☐ Yes	☒ No
Solid Waste Management.....	☐ Yes	☒ No	☐ Yes	☒ No	☐ Yes	☒ No
New Municipal Construction and Land Disturbance..	☐ Yes	☒ No	☐ Yes	☒ No	☐ Yes	☒ No
Right of Way Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No	☐ Yes	☒ No
Marine Operations.....	☐ Yes	☒ No	☐ Yes	☒ No	☐ Yes	☒ No
Hydrologic Habitat Modification.....	☐ Yes	☒ No	☐ Yes	☒ No	☐ Yes	☒ No
Parks and Open Space.....	☐ Yes	☒ No	☐ Yes	☒ No	☐ Yes	☒ No
Municipal Building.....	☐ Yes	☒ No	☐ Yes	☒ No	☐ Yes	☒ No
Stormwater System Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No	☐ Yes	☒ No
Vehicle and Fleet Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No	☐ Yes	☒ No
Other.....	☐ Yes	☒ No	☐ Yes	☒ No	☐ Yes	☒ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID

N Y R 2 0 A 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

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>years?</u>
Street Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Bridge Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Winter Road Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Salt Storage.....	☒ Yes ☐ No	☒ Yes ☐ No
Solid Waste Management.....	☒ Yes ☐ No	☐ Yes ☒ No
New Municipal Construction and Land Disturbance..	☒ Yes ☐ No	☐ Yes ☒ No
Right of Way Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Marine Operations.....	☐ Yes ☒ No	☐ Yes ☒ No
Hydrologic Habitat Modification.....	☐ Yes ☒ No	☐ Yes ☒ No
Parks and Open Space.....	☒ Yes ☐ No	☐ Yes ☒ No
Municipal Building.....	☒ Yes ☐ No	☒ Yes ☐ No
Stormwater System Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Vehicle and Fleet Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Other.....	☐ Yes ☐ No	☐ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	o	w	n	o	f	M	o	r	e	a	u
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SPDES ID

N	Y	R	2	0	A	1	5	8
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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?

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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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>years?</u>
Street Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Bridge Maintenance.....	☐ Yes ☒ No	☐ Yes ☒ No
Winter Road Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Salt Storage.....	☒ Yes ☐ No	☐ Yes ☒ No
Solid Waste Management.....	☒ Yes ☐ No	☐ Yes ☒ No
New Municipal Construction and Land Disturbance..	☒ Yes ☐ No	☐ Yes ☒ No
Right of Way Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Marine Operations.....	☐ Yes ☒ No	☐ Yes ☒ No
Hydrologic Habitat Modification.....	☐ Yes ☒ No	☐ Yes ☒ No
Parks and Open Space.....	☒ Yes ☐ No	☐ Yes ☒ No
Municipal Building.....	☒ Yes ☐ No	☐ Yes ☒ No
Stormwater System Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Vehicle and Fleet Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Other.....	☐ Yes ☐ No	☐ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Round Lake

SPDES ID

N	Y	R	2	0	A	0	9	9
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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?

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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.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Bridge Maintenance.....	☐ Yes ☒ No	☐ Yes ☒ No
Winter Road Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Salt Storage.....	☒ Yes ☐ No	☐ Yes ☒ No
Solid Waste Management.....	☒ Yes ☐ No	☐ Yes ☒ No
New Municipal Construction and Land Disturbance..	☐ Yes ☒ No	☐ Yes ☒ No
Right of Way Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Marine Operations.....	☐ Yes ☒ No	☐ Yes ☒ No
Hydrologic Habitat Modification.....	☐ Yes ☒ No	☐ Yes ☒ No
Parks and Open Space.....	☒ Yes ☐ No	☐ Yes ☒ No
Municipal Building.....	☒ Yes ☐ No	☐ Yes ☒ No
Stormwater System Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Vehicle and Fleet Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Other.....	☐ Yes ☐ No	☐ Yes ☒ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

SPDES ID

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 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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>years?</u>
Street Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Bridge Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Winter Road Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Salt Storage.....	☒ Yes ☐ No	☒ Yes ☐ No
Solid Waste Management.....	☒ Yes ☐ No	☒ Yes ☐ No
New Municipal Construction and Land Disturbance..	☒ Yes ☐ No	☒ Yes ☐ No
Right of Way Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Marine Operations.....	☐ Yes ☒ No	☐ Yes ☒ No
Hydrologic Habitat Modification.....	☐ Yes ☒ No	☐ Yes ☒ No
Parks and Open Space.....	☐ Yes ☒ No	☐ Yes ☒ No
Municipal Building.....	☒ Yes ☐ No	☒ Yes ☐ No
Stormwater System Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Vehicle and Fleet Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Other.....	☐ Yes ☐ No	☐ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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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									
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SPDES ID

N	Y	R	2	0	A	2	1	6
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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?

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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.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Bridge Maintenance.....	☐ Yes ☒ No	☐ Yes ☒ No
Winter Road Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Salt Storage.....	☒ Yes ☐ No	☐ Yes ☒ No
Solid Waste Management.....	☒ Yes ☐ No	☐ Yes ☒ No
New Municipal Construction and Land Disturbance..	☒ Yes ☐ No	☐ Yes ☒ No
Right of Way Maintenance.....	☐ Yes ☒ No	☐ Yes ☒ No
Marine Operations.....	☐ Yes ☒ No	☐ Yes ☒ No
Hydrologic Habitat Modification.....	☐ Yes ☒ No	☐ Yes ☒ No
Parks and Open Space.....	☒ Yes ☐ No	☐ Yes ☒ No
Municipal Building.....	☒ Yes ☐ No	☐ Yes ☒ No
Stormwater System Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Vehicle and Fleet Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Other.....	☒ Yes ☐ No	☐ Yes ☒ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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

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.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Bridge Maintenance.....	☐ Yes ☒ No	☐ Yes ☒ No
Winter Road Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Salt Storage.....	☒ Yes ☐ No	☒ Yes ☐ No
Solid Waste Management.....	☐ Yes ☒ No	☐ Yes ☒ No
New Municipal Construction and Land Disturbance..	☒ Yes ☐ No	☐ Yes ☒ No
Right of Way Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Marine Operations.....	☐ Yes ☒ No	☐ Yes ☒ No
Hydrologic Habitat Modification.....	☐ Yes ☒ No	☐ Yes ☒ No
Parks and Open Space.....	☒ Yes ☐ No	☒ Yes ☐ No
Municipal Building.....	☒ Yes ☐ No	☒ Yes ☐ No
Stormwater System Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Vehicle and Fleet Maintenance.....	☒ Yes ☐ No	☒ Yes ☐ No
Other.....	☐ Yes ☐ No	☐ Yes ☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	9
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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?

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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.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
Street Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No
Bridge Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No
Winter Road Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No
Salt Storage.....	☐ Yes	☒ No	☐ Yes	☒ No
Solid Waste Management.....	☐ Yes	☒ No	☐ Yes	☒ No
New Municipal Construction and Land Disturbance..	☐ Yes	☒ No	☐ Yes	☒ No
Right of Way Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No
Marine Operations.....	☐ Yes	☒ No	☐ Yes	☒ No
Hydrologic Habitat Modification.....	☐ Yes	☒ No	☐ Yes	☒ No
Parks and Open Space.....	☐ Yes	☒ No	☐ Yes	☒ No
Municipal Building.....	☐ Yes	☒ No	☐ Yes	☒ No
Stormwater System Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No
Vehicle and Fleet Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No
Other.....	☐ Yes	☒ No	☐ Yes	☒ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Village of Stillwater

SPDES ID

N Y R 2 0 A 5 4 7

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No
Bridge Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No
Winter Road Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No
Salt Storage.....	☐ Yes	☒ No	☐ Yes	☒ No
Solid Waste Management.....	☐ Yes	☒ No	☐ Yes	☒ No
New Municipal Construction and Land Disturbance..	☐ Yes	☒ No	☐ Yes	☒ No
Right of Way Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No
Marine Operations.....	☐ Yes	☒ No	☐ Yes	☒ No
Hydrologic Habitat Modification.....	☐ Yes	☒ No	☐ Yes	☒ No
Parks and Open Space.....	☐ Yes	☒ No	☐ Yes	☒ No
Municipal Building.....	☐ Yes	☒ No	☐ Yes	☒ No
Stormwater System Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No
Vehicle and Fleet Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No
Other.....	☐ Yes	☒ No	☐ Yes	☒ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Waterford

SPDES ID

N	Y	R	2	0	A	0	3	7
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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.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment</u> <u>Operation/Activity/Facility</u> <u>performed within the past 3</u> <u>years?</u>	
		<u> </u>	<u> </u>
Street Maintenance.....	☒ Yes ☐ No	☒ Yes	☐ No
Bridge Maintenance.....	☒ Yes ☐ No	☒ Yes	☐ No
Winter Road Maintenance.....	☒ Yes ☐ No	☒ Yes	☐ No
Salt Storage.....	☒ Yes ☐ No	☒ Yes	☐ No
Solid Waste Management.....	☒ Yes ☐ No	☒ Yes	☐ No
New Municipal Construction and Land Disturbance..	☐ Yes ☒ No	☐ Yes	☒ No
Right of Way Maintenance.....	☒ Yes ☐ No	☒ Yes	☐ No
Marine Operations.....	☐ Yes ☒ No	☐ Yes	☒ No
Hydrologic Habitat Modification.....	☐ Yes ☒ No	☐ Yes	☒ No
Parks and Open Space.....	☒ Yes ☐ No	☒ Yes	☐ No
Municipal Building.....	☒ Yes ☐ No	☒ Yes	☐ No
Stormwater System Maintenance.....	☒ Yes ☐ No	☒ Yes	☐ No
Vehicle and Fleet Maintenance.....	☒ Yes ☐ No	☒ Yes	☐ No
Other.....	☐ Yes ☐ No	☐ Yes	☐ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Village of Waterford

SPDES ID

N Y R 2 0 A 4 6 9

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.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Bridge Maintenance.....	☐ Yes ☒ No	☐ Yes ☒ No
Winter Road Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Salt Storage.....	☐ Yes ☒ No	☐ Yes ☒ No
Solid Waste Management.....	☒ Yes ☐ No	☐ Yes ☒ No
New Municipal Construction and Land Disturbance..	☐ Yes ☒ No	☐ Yes ☒ No
Right of Way Maintenance.....	☒ Yes ☐ No	☐ Yes ☒ No
Marine Operations.....	☐ Yes ☒ No	☐ Yes ☒ No
Hydrologic Habitat Modification.....	☐ Yes ☒ No	☐ Yes ☒ No
Parks and Open Space.....	☐ Yes ☒ No	☐ Yes ☒ No
Municipal Building.....	☒ Yes ☐ No	☐ Yes ☒ No
Stormwater System Maintenance.....	☐ Yes ☒ No	☐ Yes ☒ No
Vehicle and Fleet Maintenance.....	☐ Yes ☒ No	☐ Yes ☒ No
Other.....	☐ Yes ☒ No	☐ Yes ☒ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID

N Y R 2 0 A 1 1 4

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Bridge Maintenance.....	☐ Yes	☒ No	☐ Yes	☒ No
Winter Road Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Salt Storage.....	☒ Yes	☐ No	☒ Yes	☐ No
Solid Waste Management.....	☒ Yes	☐ No	☒ Yes	☐ No
New Municipal Construction and Land Disturbance..	☒ Yes	☐ No	☐ Yes	☒ No
Right of Way Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Marine Operations.....	☐ Yes	☒ No	☐ Yes	☒ No
Hydrologic Habitat Modification.....	☐ Yes	☒ No	☐ Yes	☒ No
Parks and Open Space.....	☒ Yes	☐ No	☐ Yes	☒ No
Municipal Building.....	☒ Yes	☐ No	☐ Yes	☒ No
Stormwater System Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Vehicle and Fleet Maintenance.....	☒ Yes	☐ No	☒ Yes	☐ No
Other.....	☐ Yes	☒ No	☐ Yes	☒ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Ballston

SPDES ID

N	Y	R	2	0	A	1	5	7
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

				2
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles

			5	2
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

			7	8
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				0
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Pesticide/Herbicide Applied # Acres

			0	.	0
--	--	--	---	---	---

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				2
--	--	--	--	---

4. What was the date of the last training?

0	4	/	2	2	/	2	0	1	5
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		2
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0	%
---	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Ballston Spa

SPDES ID

N	Y	R	2	0	A	3	7	6
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres

				2
--	--	--	--	---
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles

			2	0
--	--	--	---	---
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

			1	0
--	--	--	---	---
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				0
--	--	--	--	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- ☐ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

			0	.	0
--	--	--	---	---	---

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				0
--	--	--	--	---

4. What was the date of the last training?

			/			/				
--	--	--	---	--	--	---	--	--	--	--

5. How many municipal employees have been trained in this reporting period?

		0
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	5	0	%
--	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Charlton

SPDES ID

N Y R 2 0 A 0 3 2

2. Provide the following information about municipal operations good housekeeping programs:

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres

--	--	--	--	--
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

			1	5
--	--	--	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

			2	0
--	--	--	---	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				1
--	--	--	--	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

					.	
--	--	--	--	--	---	--

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				1
--	--	--	--	---

4. What was the date of the last training?

0	5
---	---

 /

0	1
---	---

 /

2	0	1	5
---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		1
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	2	5
--	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	o	w	n	o	f	C	l	i	f	t	o	n	P	a	r	k
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- ☒ Parking Lots Swept (Number of acres X Number of times swept) # Acres

			2	4
--	--	--	---	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

		4	5	4
--	--	---	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

		6	8	0
--	--	---	---	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				4
--	--	--	--	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☒ Nitrogen Applied In Chemical Fertilizer # Lbs.

	4	2	0	0
--	---	---	---	---
- ☒ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

		9	3	.	8
--	--	---	---	---	---

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				1
--	--	--	--	---

4. What was the date of the last training?

1	0	/	1	5	/	2	0	1	5
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		1
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	5	0	%
--	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	o	w	n	o	f	G	r	e	e	n	f	i	e	r	d
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- ☒ Parking Lots Swept (Number of acres X Number of times swept) # Acres

				6
--	--	--	--	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

			1	2
--	--	--	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

			2	4
--	--	--	---	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			2	3
--	--	--	---	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

					+	
--	--	--	--	--	---	--

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				2
--	--	--	--	---

4. What was the date of the last training?

1	0	/	1	7	/	2	0	1	5
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		2
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	5	0	%
--	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	o	w	n	o	f	H	a	l	f	m	o	o	n
---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	3	7	5
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- ☒ Parking Lots Swept (Number of acres X Number of times swept) # Acres

			1	2
--	--	--	---	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

		2	4	1
--	--	---	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

			7	8
--	--	--	---	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				3
--	--	--	--	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☒ Nitrogen Applied In Chemical Fertilizer # Lbs.

		6	2	2
--	--	---	---	---
- ☒ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

		1	0	.	0
--	--	---	---	---	---

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				5
--	--	--	--	---

4. What was the date of the last training?

0	9	/	1	4	/	2	0	1	5
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		2
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0
---	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Malta

SPDES ID

N	Y	R	2	0	A	0	8	6
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- ☒ Parking Lots Swept (Number of acres X Number of times swept) # Acres

2				
---	--	--	--	--
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

3	0	9		
---	---	---	--	--
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

2	6	4		
---	---	---	--	--
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☒ Nitrogen Applied In Chemical Fertilizer # Lbs.

1	1	6	9	
---	---	---	---	--
- ☒ Pesticide/Herbicide Applied # Acres

					.	
--	--	--	--	--	---	--

 (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

3				
---	--	--	--	--

4. What was the date of the last training?

			/				/				
--	--	--	---	--	--	--	---	--	--	--	--

5. How many municipal employees have been trained in this reporting period?

3		
---	--	--

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0
---	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Mechanicville

SPDES ID

N	Y	R	2	0	A	5	5	1
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- ☒ Parking Lots Swept (Number of acres X Number of times swept) # Acres

			1	0
--	--	--	---	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

		4	6	8
--	--	---	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

		1	0	0
--	--	---	---	---
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				0
--	--	--	--	---
- ☒ Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- ☒ Nitrogen Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- ☒ Pesticide/Herbicide Applied
 (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

			0	.	
--	--	--	---	---	--

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				0
--	--	--	--	---

4. What was the date of the last training?

		/			/				
--	--	---	--	--	---	--	--	--	--

5. How many municipal employees have been trained in this reporting period?

		0
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

		0
--	--	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Milton

SPDES ID

N	Y	R	2	0	A	1	0	8
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- ☒ Parking Lots Swept (Number of acres X Number of times swept) # Acres

			1	8
--	--	--	---	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

		3	8	4
--	--	---	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

			5	4
--	--	--	---	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				5
--	--	--	--	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☒ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

			0	.	0
--	--	--	---	---	---

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				0
--	--	--	--	---

4. What was the date of the last training?

0	2	/	2	3	/	2	0	1	1
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		0
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0	%
---	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If 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
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

			1	7
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

		1	3	7
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

			5	2
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				4
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Pesticide/Herbicide Applied # Acres

			0	.	0
--	--	--	---	---	---

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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?

1	0	/	1	5	/	2	0	1	5
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		2
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0
---	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Round Lake

SPDES ID

N	Y	R	2	0	A	0	9	9
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres

				0
--	--	--	--	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

			1	1
--	--	--	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

			6	0
--	--	--	---	---
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				0
--	--	--	--	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- ☐ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

		0	0	.	
--	--	---	---	---	--

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				0
--	--	--	--	---

4. What was the date of the last training?

0	4
---	---

 /

0	2
---	---

 /

2	0	1	2
---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		0
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	5	0
--	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

S	a	r	a	t	o	g	a		C	o	u	n	t	y		,	D	e	p	a	r	t	m	e	n	t	o	f		P	u	b	l	i	c
---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	2	0	9
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres

--	--	--	--	--
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

				7
--	--	--	--	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

				6
--	--	--	--	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				7
--	--	--	--	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

					.	
--	--	--	--	--	---	--

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				0
--	--	--	--	---

4. What was the date of the last training?

0	4	/	2	7	/	2	0	1	4
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		0
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0
---	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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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																			
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SPDES ID

N	Y	R	2	0	A	2	1	6
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2. Provide the following information about municipal operations good housekeeping programs:

- ☒ Parking Lots Swept (Number of acres X Number of times swept) # Acres

			1	0
--	--	--	---	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

		2	8	1
--	--	---	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

			7	3
--	--	--	---	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				2
--	--	--	--	---
- ☒ Phosphorus Applied In Chemical Fertilizer # Lbs.

			2	4
--	--	--	---	---
- ☒ Nitrogen Applied In Chemical Fertilizer # Lbs.

			9	9
--	--	--	---	---
- ☒ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

		2	2	.	8
--	--	---	---	---	---

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				1
--	--	--	--	---

4. What was the date of the last training?

0	2	/	1	1	/	2	0	1	6
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	7	1
--	---	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	7	5	%
--	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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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
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- ☒ Parking Lots Swept (Number of acres X Number of times swept) # Acres

				4
--	--	--	--	---
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles

			8	4
--	--	--	---	---
- ☒ Catch Basins Inspected and Cleaned Where Necessary #

			4	3
--	--	--	---	---
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				1
--	--	--	--	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- ☐ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

			0	.	
--	--	--	---	---	--

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				1
--	--	--	--	---

4. What was the date of the last training?

1	2	/	1	7	/	2	0	1	3
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		7
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	8	0	%
--	---	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	o	w	n	o	f	S	t	i	l	l	w	a	t	e	r
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	5	4	9
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres

--	--	--	--	--
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles

--	--	--	--	--
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied # Acres

--	--	--	--	--

,

--

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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?

1	1
---	---

 /

1	7
---	---

 /

2	0	1	6
---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		6
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0
---	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	7
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres

--	--	--	--	--
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles

--	--	--	--	--
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

					.	
--	--	--	--	--	---	--

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				0
--	--	--	--	---

4. What was the date of the last training?

		/			/				
--	--	---	--	--	---	--	--	--	--

5. How many municipal employees have been trained in this reporting period?

		0
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

		0	%
--	--	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Waterford

SPDES ID

N	Y	R	2	0	A	0	3	7
---	---	---	---	---	---	---	---	---

2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

				3
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles

			4	8
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

			5	1
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				1
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs.

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs.

		7	3	2
--	--	---	---	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

		2	5	.	8
--	--	---	---	---	---

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				2
--	--	--	--	---

4. What was the date of the last training?

0	3
---	---

 /

0	4
---	---

 /

2	0	1	6
---	---	---	---

5. How many municipal employees have been trained in this reporting period?

		7
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	7	0
--	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Waterford

SPDES ID

N	Y	R	2	0	A	4	6	9
---	---	---	---	---	---	---	---	---

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

				8
--	--	--	--	---
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

--	--	--	--	--
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

			0	.	0
--	--	--	---	---	---

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

				0
--	--	--	--	---

4. What was the date of the last training?

		/			/				
--	--	---	--	--	---	--	--	--	--

5. How many municipal employees have been trained in this reporting period?

		0
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

		0	%
--	--	---	---

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 6

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Town of Wilton

SPDES ID

N Y R 2 0 A 1 1 4

2. Provide the following information about municipal operations good housekeeping programs:

- ☐ Parking Lots Swept (Number of acres X Number of times swept) # Acres

			1	2
--	--	--	---	---
- ☐ Streets Swept (Number of miles X Number of times swept) # Miles

		4	7	0
--	--	---	---	---
- ☐ Catch Basins Inspected and Cleaned Where Necessary #

		1	3	8
--	--	---	---	---
- ☐ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

			3	0
--	--	--	---	---
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

--	--	--	--	--
- ☐ Pesticide/Herbicide Applied # Acres

					.	
--	--	--	--	--	---	--

(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

			5
--	--	--	---

4. What was the date of the last training?

1	0
---	---

 /

2	1
---	---

 /

2	0	1	5
---	---	---	---

5. How many municipal employees have been trained in this reporting period?

	2	1
--	---	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

1	0	0
---	---	---

 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Ballston

SPDES ID

N	Y	R	2	0	A	1	5	7
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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 compliance with good housekeeping practices regarding roadways, municipal bldgs. storage yards and stormwater practices

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

staff conducted inspections of town owned properties for compliance with BMP and make any necessary changes.

C. How many times was this observation measured or evaluated in this reporting period?

1			
---	--	--	--

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Staff will continue to monitor activities regarding town activities for compliance with BMP and to make necessary changes.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Ballston Spa

SPDES ID

N	Y	R	2	0	A	3	7	6
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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.

Miles of Streets swept
number of parking lots swept
number of catch basins cleaned

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Village DPW continues to perform maintenance activities

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☐ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue Annual infrastructure maintenance.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Charlton

SPDES ID

N	Y	R	2	0	A	0	3	2
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7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Maintain Town Hall storm system, housekeeping policies at Town Garage, training class for Highway Superintendent, street sweeping agreement with Ballston Spa, rotate storm sewer cleanout, ditch maintenance. Implemented manure management plan & updated septic regs with new zoning. Began brine pretreatment of roads to reduce salt usage, \$5K inventory program of roads BMP initiated, \$10K tub grinder/screen investment for brush recycling/disposal reduction.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Charlton's water testing program continues to validate the lack of pollutants in the watershed. Town owned & managed facilities are in good condition and are well maintained. Municipal facilities are observed daily and maintenance issues are addressed as soon as possible.

C. How many times was this observation measured or evaluated in this reporting period?

	3	6	5
--	---	---	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Charlton's good housekeeping MCM is in full implementation in accordance with its Storm Water Management Program Plan. The Town will continue to pursue the same policies in the upcoming year.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Clifton Park

SPDES ID

N	Y	R	2	0	A	0	3	5
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7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Maintain all selected BMPs detailed in the Town of Clifton Park MS4 SWMP Plan.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

A significant amount of debris removed from the stormwater system as a result of maintenance.

C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Maintain all selected BMPs detailed in the Town of Clifton Park MS4 SWMP Plan.
Continued maintenance of the town's streets and stormwater system. Expansion of the program to include the cleaning of retention ponds as time and manpower permits.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Greenfield

SPDES ID

N	Y	R	2	0	A	1	2	3
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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 a good 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 20 miles of roadside ditches in 2015.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Continued communication between Town officials, Highway Department personnel and Town Engineer, has helped to establish a successful good housekeeping and pollution prevention plan within the Town

C. How many times was this observation measured or evaluated in this reporting period?

			2
--	--	--	---

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to implement the maintenance program that has been established. The Highway Department has established a program to train their employees on stormwater related issues and will continue to provide opportunities for personnel to attend stormwater management training programs.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If 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

N	Y	R	2	0	A	3	7	5
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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 241 miles of road swept with 388.75 cubic yards of debris collected. 78 catch basins were also cleaned out. A road side cleanup was held with a total of 168 bags of trash collected.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town Highway Department reported on 241 miles of road swept with 388.75 cubic yards of debris collected. 78 catch basins were also cleaned. a road side cleanup was held and 168 bags of trash were collected

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Roads will be swept on a continual basis. Catch basins will be cleaned as needed. Annual roadside cleanups will be held. Reports will be written and maintained by the Town.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Malta

SPDES ID

N	Y	R	2	0	A	0	8	6
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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 conduct a self-assessment of municipal facilities and operations every 3 years. The town will maintain all inspection and repair records.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town conducted a self-assessment this year. The Town revised its SWMP Plan this 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.

C. How many times was this observation measured or evaluated in this reporting period?

1			
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The town will continue to work on training relevant staff, will hold its self-audit every three years and will maintain inspection, cleaning and repair records. Stormwater training for parks and highway staff is planned to be held every three years, this is due next in Spring 2017.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

City of Mechanicville

SPDES ID

N	Y	R	2	0	A	5	5	1
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7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The measurable goal tracked was the number of catch basins inspected.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

100 Catch Basins were inspected this reporting year as part of the City's regular maintenance program, which also includes street and parking lot sweeping.

C. How many times was this observation measured or evaluated in this reporting period?

1	0	0
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(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).

Catch basins will continue to be cleaned and inspected as necessary. In addition, the City's Stormwater Management Program Plan will be implemented by December 1, 2016 and will include a Good Housekeeping/Pollution Prevention Plan.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Milton

SPDES ID

N	Y	R	2	0	A	1	0	8
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7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Keep accurate records of all municipal pollution prevention and good housekeeping activities to aid in completion of MS4 Annual Report.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Records of PP/GH activities were available at the time of report completion.

C. How many times was this observation measured or evaluated in this reporting period?

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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Keep required records on forms found in SWMPP or in a manner acceptable to the Town's Stormwater Management Coordinator. Ongoing.
Review record keeping procedure with reasonable parties. Spring 2015 (To be further reviewed for completeness).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Milton

SPDES ID

N	Y	R	2	0	A	1	0	8
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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.

By Spring 2011: Develop a refresher course for municipal employees who received PP/GH Training in Spring 2009.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town Engineer will administer refresher course based on PP/GH Training held on 3/18/09.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(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).

Administer training to pertinent departments. By Spring 2014.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If 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
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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.

All pertinent departments will keep accurate records of all municipal pollution prevention and good housekeeping activities to aid in completion of MS4 Annual Report.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Records of PP/GH activities were available for the routine MCM 6 tasks performed this reporting period. Migration to electronic record keeping this reporting period will provide better access to records in the future.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Keep all required records on forms found in SWMPP or in a manner acceptable to the Town's Stormwater Management Officer. -Ongoing.
Provide Pollution Prevention and Good Housekeeping training to Highway Department personnel during 2016-2017 reporting period.
Perform self-assessment of municipal operations during 2016-2017 reporting period.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Round Lake

SPDES ID

N	Y	R	2	0	A	0	9	9
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7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Village, as an automatically designated MS4 since 2003, has a fully developed MCM6 program of training, operations, and system inspection & maintenance.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Village continues all applicable SOPs and BMPs relative to Public Works and MS4 inspection, operations, and maintenance. Each year all catch basins, system connectors (i.e. culverts), inlet and outlet points are inspected; general GH/P2 measures are implemented as part of daily operations; all such measures have been fully implemented.

C. How many times was this observation measured or evaluated in this reporting period?

	2	5	0
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Village Public Works will conduct a Self-Assessment of all applicable operations with assistance from the Saratoga County/CCE Saratoga ISWM Program in Reporting Year 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).

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Saratoga County, Department of Public Works

SPDES ID

N	Y	R	2	0	A	2	0	9
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7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue with GH/PP BMP implementation at DPW/County Facilities (i.e. zero or limited exposure of potential SW Pollutants; no fertilizer application and organic debris management of turf grass areas; Employee trainings; MS4 system inspections; etc.)

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Continuing: street/road sweeping; BMPs at DPW Facilities were maintained/implemented; catch basin inspection/cleaning program.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue MM6 Program implementation. Resume employee training program with the goal of training 100% of DPW employees on pollution prevention BMPs and policies.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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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																			
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SPDES ID

N	Y	R	2	0	A	2	1	6
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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.

Education and training are critical components of a successful Best Management Practice program at the workplace.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

(71) Public Works employees from various departments attended in-house training session that included a video, educational handout, and discussion of specific Best Management Practices.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(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).

Public Works employees will be given periodic training or provided educational materials describing Best Management Practices in the workplace. New employees will receive immediate training .

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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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, NY																			
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SPDES ID

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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.

Properly maintain equipment and vehicles to minimize mechanical problems that could result in pollution. Perform all maintenance, repairs, and washing indoors. Also focus attention on hot spots like the fueling station. Implement BMP's to prevent spills and respond effectively in the event of a spill.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Operators regularly inspect equipment and vehicles to identify leaks or other problems. Mechanics performed regular maintenance and repairs with work performed indoors. Washing with soaps or detergents restricted to indoor wash bay with an oil-water separator. Fueling station monitored by dispatch office and spill clean-up materials readily available.

C. How many times was this observation measured or evaluated in this reporting period?

	3	6	5
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(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).

Facilities involved in the repair, fueling, or washing of equipment/vehicles will be carefully managed, employees will be instructed on Best Management Practices, and spill clean-up materials will be provided.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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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, NY																			
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SPDES ID

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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.

Conduct regular street sweeping operations to remove dirt and debris from road surfaces to prevent pollutants from entering storm drains or reaching open waters via run-off. Clean-out catch basins to remove sediment and other street-borne debris.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All City-owned roads were swept at the end of the winter sand/salt season. Additionally, roads near the downtown business district, the Saratoga Horse Track, and other commercial neighborhoods were swept throughout the summer months. A total of (73) catch basins were cleaned of accumulated sediment and street debris.

C. How many times was this observation measured or evaluated in this reporting period?

		7	3
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

A similar program of street sweeping and basin cleaning will be conducted during the upcoming year.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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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, NY																			
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SPDES ID

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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.

Improper handling, storage, and disposal of hazardous materials poses a risk of polluting stormwater runoff. Provide information and training on proper handling/storage techniques, spill prevention and response methods, and safe disposal of hazardous materials.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Hazardous materials were stored indoors or undercover on impervious surfaces. Tanks and other storage containers have secondary containment and are routinely inspected. Used motor oil/filters, solvents, soiled rags, paints, thinners, and other hazardous materials were collected and disposed of by environmental waste contractors.

C. How many times was this observation measured or evaluated in this reporting period?

	3	6	5
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(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).

Hazardous materials will be handled, stored, and properly disposed of in order to reduce polluted stormwater runoff. Employees will be provided with information and resources necessary to safely manage hazardous materials.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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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
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7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Work with town of Moreau and SCI Stormwater Program to offer refresher courses for employees.
Maintain MSD Sheets.
Update materials inventory.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Work with Town of Moreau setting up training.
Maintained all MSDS.
Materials inventory updated.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Using catchbasin record forms.
Use street sweeping forms.
Continue to update MSD Sheets as needed.
Materials inventory update as needed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	9
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7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

As of this reporting year the Town of Stillwater is working on the development of their Stormwater Management Plan (SWMP). Goals for inspection and maintenance of the Town owned facilities will be outlined in the plan.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town of Stillwater is working on the development of their Stormwater Management Plan (SWMP) with expected completion by November 2016.
Review of the Town's Zoning Code has begun to address conflicts with the Model Local Law for Stormwater.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town of Stillwater is working on creating it's SWMP and relevant goals. It intends to have the SWMP developed by November of 2016. A Stormwater Committee was developed with the first meeting held on November 17, 2016. The Town Zoning Code is being reviewed for conflicts with both the Stormwater and IDDE Model Local Laws that are to be passed by November 2016.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	7
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7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

As of this reporting year the Village of Stillwater is working on the development of their Stormwater Management Plan (SWMP). The Village is working with the NYS DEC as part of the beta testing for the SWMP Template that is being studied.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

As of this reporting year the Village of Stillwater is working on the development of their Stormwater Management Plan (SWMP). The Village is working with the NYS DEC as part of the beta testing for the SWMP Template that is being studied.

C. How many times was this observation measured or evaluated in this reporting period?

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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Village of Stillwater is working on creating it's SWMP and relevant goals. It intends to have the SWMP developed by November of 2016.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Waterford

SPDES ID

N	Y	R	2	0	A	0	3	7
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7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town practices good housekeeping measures such as those listed herein, as well as measures identified in their Good Housekeeping/Pollution Prevention Plan.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town removed approximately 13 cy of sediment from 51 catch basins, with approximately 1/4 cy of sediment removed from each.

C. How many times was this observation measured or evaluated in this reporting period?

		5	1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?
☒ Yes ☐ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
☒ Yes ☐ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to implement good housekeeping measures.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

2	0	1	6
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Waterford

SPDES ID

N	Y	R	2	0	A	4	6	9
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7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Maintain all good housekeeping/pollution prevention programs.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Village continues to maintain its existing programs of Street, Winter Road, Solid Waste, Municipal Building, and Parks and Open Space management/maintenance to the maximum extent practicable.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Maintain all in-house programs as well as street sweeping, litter/trash pick up (daily), and winter road maintenance contracts.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9,

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Wilton

SPDES ID

N	Y	R	2	0	A	1	1	4
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7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Regularly inspect, clean, maintain and repair catch basins. Maintenance and repairs are tracked. Perform good housekeeping practices. Determine sources of pollutants.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Catch basins cleaned, maintained or repaired. Facilities maintained in good order. Town garage oil/water holding tanks pumped out frequently.

C. How many times was this observation measured or evaluated in this reporting period?

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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this measurable goal during this reporting period?

☒ Yes ☐ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

☒ Yes ☐ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Town crews will continue to inspect catch basins on a regular ongoing basis and make repairs/clean in a timely manner. Continue with educational training.