MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2013

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

Name of MS4/Coalition: Town of Halfmoon

SPDES ID: NYR20A375

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

Parking Lots Swept (Number of acres X Number of times swept)	# Acres	1
Streets Swept (Number of miles X Number of times swept)	# Miles	116
Catch Basins Inspected and Cleaned Where Necessary	#	20
Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	2
Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
Nitrogen Applied In Chemical Fertilizer	# Lbs.	330
Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	0.5

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? 100 %