3258632975

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2010

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

SPDES ID: NYR20C006

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

OR

◯ **This report is being submitted on behalf of a Single Entity**

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

Name of Single Entity

OR

● **This is a joint report being submitted on behalf of a coalition.**

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Name of Coalition

Saratoga County Intermunicipal Stormwater Management Program

SPDES ID	SPDES ID	SPDES ID
NYR20A157	NYR20A376	NYR20A032
NYR20A035	NYR20A123	NYR20A375
NYR20A086	NYR20A108	NYR20A158
NYR20A099	NYR20A209	NYR20A216
NYR20A091	NYR20A037	NYR20A469
NYR20A114	NYR20A	NYR20A

9714632978

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2010

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

SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A
NYR20A	NYR20A	NYR20A

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

○ An Annual Report for a single MS4

○ A Single Entity (Per Part II.E of GP-0-10-002)

● A Joint Report

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

If Joint Report, enter coalition name:

Saratoga County Intermunicipal Stormwater Management Program

3855151783

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MCC form for period ending March 9, 2010

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Saratoga County Intermunicipal Stormwater Management Program

3855151783

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MCC form for period ending March 9, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

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Saratoga County Intermunicipal Stormwater Management Program

3855151783

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MCC form for period ending March 9, 2010

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3855151783

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MCC form for period ending March 9, 2010

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Saratoga County Intermunicipal Stormwater Management Program

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

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○ 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:

Saratoga County Intermunicipal Stormwater Management Program

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Town of Halfmoon

SPDES ID: NYR20A375

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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If Joint Report, enter coalition name:

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

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If Joint Report, enter coalition name:

Saratoga County Intermunicipal Stormwater Management Program

3855151783

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MCC form for period ending March 9, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

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○ A Joint Report

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If Joint Report, enter coalition name:

Saratoga County Intermunicipal Stormwater Management Program

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Town of Moreau

SPDES ID: NYR20A158

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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Saratoga County Intermunicipal Stormwater Management Program

3855151783

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

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Saratoga County Intermunicipal Stormwater Management Program

3855151783

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MCC form for period ending March 9, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

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3855151783

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MCC form for period ending March 9, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

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Saratoga County Intermunicipal Stormwater Management Program

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MCC form for period ending March 9, 2010

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Saratoga County Intermunicipal Stormwater Management Program

3855151783

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MCC form for period ending March 9, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

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If Joint Report, enter coalition name:

Saratoga County Intermunicipal Stormwater Management Program

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

● Report Preparer

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-9995 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

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

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-2395 | County: Saratoga

5690581587

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- ○ Duly Authorized Representative
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- ○ Stormwater Management Program (SWMP) Coordinator
- ○ Report Preparer

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-2395 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-9995 | County: Saratoga

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-9395 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

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○ Duly Authorized Representative

○ Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-9595 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

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SPDES ID: NYR20C006

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○ Duly Authorized Representative

○ Local Stormwater Public Contact

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

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Address: 50 West High Street

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eMail: brn5@cornell.edu

Phone: (518) 885-9995 | County: Saratoga

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

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Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

○ Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

● Report Preparer

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

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

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-5995 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-2395 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Town of Halfmoon

SPDES ID: NYR20A375

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

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

Title: Stormwater Management Officer

Address: 2 Halfmoon Town Plaza

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

eMail: lzepko@townofhalfmoon.org

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Town of Halfmoon

SPDES ID: NYR20A375

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name: Melinda | MI: | Last Name: Wormuth

Title: Town Supervisor

Address: 2 Halfmoon Town Plaza

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

eMail: mwormuth@townofhalfmoon.org

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: John | MI: B | Last Name: Zepko

Title: Senior Planner, SMO

Address: 2540 US Route 9

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

eMail: srplan@malta-town.org

Phone: (518) 885-5995 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

For each contact, select all that apply:

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

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-2395 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

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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: Blue | MI: R | Last Name: Neils

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-9995 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

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

For each contact, select all that apply:

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

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-2395 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

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: Blue | MI: R | Last Name: Neils

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-5995 | County: Saratoga

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

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: Blue | MI: R | Last Name: Neils

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

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

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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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: Blue | MI: R | Last Name: Neils

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-2395 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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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: Blue | MI: R | Last Name: Neils

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-9995 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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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: Blue | MI: R | Last Name: Neils

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-2395 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

○ Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

● Report Preparer

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-5995 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

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

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

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

● Report Preparer

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-9995 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

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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: Blue | MI: R | Last Name: Neils

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-2395 | County: Saratoga

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

○ Local Stormwater Public Contact

○ Stormwater Management Program (SWMP) Coordinator

● Report Preparer

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

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

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

○ Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

○ Report Preparer

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-5995 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-2395 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-2395 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

● Report Preparer

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-9995 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

○ Principal Executive Officer/Chief Elected Official

○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

● Report Preparer

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-9995 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-2395 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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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: Blue | MI: R | Last Name: Neils

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-2395 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

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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: Blue | MI: R | Last Name: Neils

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-9995 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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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: Blue | MI: R | Last Name: Neils

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-9395 | County: Saratoga

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

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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: Blue | MI: R | Last Name: Neils

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

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

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-2395 | County: Saratoga

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga County Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

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

Title: I-SWM Program Coordinator

Address: 50 West High Street

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

eMail: brn5@cornell.edu

Phone: (518) 885-2395 | County: Saratoga

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County Intermunicipal

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

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020-

eMail: brn5@cornell.edu

Phone: (518) 885-5995

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

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

- ● MM1: County-wide ed/outreach
- ● MM2: material/technical support
- ● MM3: material/tech support/training
- ● MM4: material/tech support/training
- ● MM5: material/tech support/training
- ● MM6: material/tech support/training

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, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County Intermunicipal

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

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020-

eMail: brn5@cornell.edu

Phone: (518) 885-5995

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

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

- MM1: County-wide ed/outreach
- MM2: material/technical support
- MM3: material/tech support/training
- MM4: material/tech support/training
- MM5: material/tech support/training
- MM6: material/tech support/training

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County Intermunicipal

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

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020-

eMail: brn5@cornell.edu

Phone: (518) 885-5995

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

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

○ MM1 County-wide ed/outreach

○ MM2 material/technical support

○ MM3 material/tech support/training

○ MM4 material/tech support/training

○ MM5 material/tech support/training

○ MM6 material/tech support/training

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, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County Intermunicipal

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

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020-

eMail: brn5@cornell.edu

Phone: (518) 885-5995

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

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

- MM1: County-wide ed/outreach
- MM2: material/technical support
- MM3: material/tech support/training
- MM4: material/tech support/training
- MM5: material/tech support/training
- MM6: material/tech support/training

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, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County Intermunicipal

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

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020-

eMail: brn5@cornell.edu

Phone: (518) 885-5995

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

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

- MM1: County-wide ed/outreach
- MM2: material/technical support
- MM3: material/tech support/training
- MM4: material/tech support/training
- MM5: material/tech support/training
- MM6: material/tech support/training

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, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County Intermunicipal

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

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020-

eMail: brn5@cornell.edu

Phone: (518) 885-5995

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

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

- MM1: County-wide ed/outreach
- MM2: material/technical support
- MM3: material/tech support/training
- MM4: material/tech support/training
- MM5: material/tech support/training
- MM6: material/tech support/training

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, 2010

Name of MS4: Town of Halfmoon

SPDES ID: NYR20A375

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County Intermunicipal

Partner/Coalition Name (con't.): Stormwater Managment Pr

SPDES Partner ID - If applicable: NYR200C00

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020 -

eMail: brn5@cornell.edu

Phone: (518) 885 - 8995

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

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

- ● MM1: County-wide ed/outreach
- ● MM2: material/technical support
- ● MM3: material/tech support/training
- ● MM4: material/tech support/training
- ● MM5: material/tech support/training
- ● MM6: material/tech support/training

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, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County Intermunicipal

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

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020-

eMail: brn5@cornell.edu

Phone: (518) 885-5995

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

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

- MM1: County-wide ed/outreach
- MM2: material/technical support
- MM3: material/tech support/training
- MM4: material/tech support/training
- MM5: material/tech support/training
- MM6: material/tech support/training

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, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County Intermunicipal

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

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020-

eMail: brn5@cornell.edu

Phone: (518) 885-5995

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

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

- MM1: County-wide ed/outreach
- MM2: material/technical support
- MM3: material/tech support/training
- MM4: material/tech support/training
- MM5: material/tech support/training
- MM6: material/tech support/training

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, 2010

Name of MS4: Town of Moreau

SPDES ID: NYR20A158

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County Intermunicipal

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

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa State: NY Zip: 12020-

eMail: brn5@cornell.edu

Phone: (518) 885-8995

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

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

- ● MM1: County-wide ed/outreach
- ● MM2: material/technical support
- ● MM3: material/tech support/training
- ● MM4: material/tech support/training
- ● MM5: material/tech support/training
- ● MM6: material/tech support/training

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, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County Intermunicipal

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

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020-

eMail: brn5@cornell.edu

Phone: (518) 885-5995

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

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

- MM1: County-wide ed/outreach
- MM2: material/technical support
- MM3: material/tech support/training
- MM4: material/tech support/training
- MM5: material/tech support/training
- MM6: material/tech support/training

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, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County Intermunicipal

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

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020-

eMail: brn5@cornell.edu

Phone: (518) 885-5995

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

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

- MM1: County-wide ed/outreach
- MM2: material/technical support
- MM3: material/tech support/training
- MM4: material/tech support/training
- MM5: material/tech support/training
- MM6: material/tech support/training

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, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County Intermunicipal

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

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020-

eMail: brn5@cornell.edu

Phone: (518) 885-5995

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

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

- MM1: County-wide ed/outreach
- MM2: material/technical support
- MM3: material/tech support/training
- MM4: material/tech support/training
- MM5: material/tech support/training
- MM6: material/tech support/training

Additional tasks/responsibilities

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

4643023765

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County Intermunicipal

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

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020-

eMail: brn5@cornell.edu

Phone: (518) 885-5995

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

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

○ MM1 County-wide ed/outreach

○ MM2 material/technical support

○ MM3 material/tech support/training

○ MM4 material/tech support/training

○ MM5 material/tech support/training

○ MM6 material/tech support/training

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, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County Intermunicipal

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

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020-

eMail: brn5@cornell.edu

Phone: (518) 885-5995

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

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

- MM1: County-wide ed/outreach
- MM2: material/technical support
- MM3: material/tech support/training
- MM4: material/tech support/training
- MM5: material/tech support/training
- MM6: material/tech support/training

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, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County Intermunicipal

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

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020-

eMail: brn5@cornell.edu

Phone: (518) 885-5995

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

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

- MM1: County-wide ed/outreach
- MM2: material/technical support
- MM3: material/tech support/training
- MM4: material/tech support/training
- MM5: material/tech support/training
- MM6: material/tech support/training

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, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County Intermunicipal

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

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020-

eMail: brn5@cornell.edu

Phone: (518) 885-5995

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

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

- MM1: County-wide ed/outreach
- MM2: material/technical support
- MM3: material/tech support/training
- MM4: material/tech support/training
- MM5: material/tech support/training
- MM6: material/tech support/training

Additional tasks/responsibilities

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Section 4 - Certification Statement

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

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

First Name: WILLIAM

MI: M

Last Name: SCHWERD

Title (Clearly print title of individual signing report): SARATOGA CCE EXECUTIVE DIRECTOR

Signature: William M Schwerd

Date: 05 / 28 / 2010

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

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Town of Ballston

SPDES ID: NYR20A157

Section 4 - Certification Statement

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

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

First Name: Patti | MI: | Last Name: Southworth

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

Signature: Patricia A. Southworth

Date: 05 / 04 / 2010

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, 2010

Name of MS4: Village of Ballston Spa

SPDES ID: NYR20A376

Section 4 - Certification Statement

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

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

First Name: John MI: Last Name: Romano

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

Signature: John P. Romano Mayor

Date: 05 / 25 / 2010

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

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

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

SPDES ID: NYR20A032

Section 4 - Certification Statement

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

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

First Name: Alan

MI:

Last Name: Grattidge

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

Signature: Alan Grattidge

Date: 05 / 24 / 2010

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

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Town of Clifton Park

SPDES ID: NYR20A035

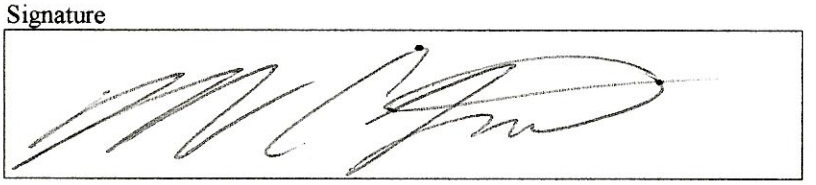
Section 4 - Certification Statement

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

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

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

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

Signature: 

Date: / /

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

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Town of Greenfield

SPDES ID: NYR20A123

Section 4 - Certification Statement

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

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

First Name: Richard | MI: | Last Name: Rowland

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

Signature:

Date: 5/26/2010

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, 2010

Name of MS4: Town of Halfmoon

SPDES ID: NYR20A375

Section 4 - Certification Statement

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

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

First Name: Melinda | MI: | Last Name: Wormuth

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

Signature:

Date: 05 / 19 / 2010

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

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Town of Malta

SPDES ID: NYR20A086

Section 4 - Certification Statement

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

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

First Name: Paul | MI: | Last Name: Sausville

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

Signature: Paul J. Sausville

Date: 05/17/2010

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

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Town of Milton

SPDES ID: NYR20A108

Section 4 - Certification Statement

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

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

First Name: Frank | MI: | Last Name: Thompson

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

Signature:

Date: 05/27/2010

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, 2010

Name of MS4: Town of Moreau

SPDES ID: NYR20A158

Section 4 - Certification Statement

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

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

First Name: Preston | MI: L | Last Name: Jenkins

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

Signature:

Date: 05 / 26 / 2010

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

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Village of Round Lake, New York

SPDES ID: NYR20A099

Section 4 - Certification Statement

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

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

First Name: Dixie | MI: L | Last Name: Sacks

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

Signature: Dixie Lee Sacks

Date: 05 / 07 / 2010

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

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: SARATOGA COUNTY DPW

SPDES ID: NYR20A209

Section 4 - Certification Statement

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

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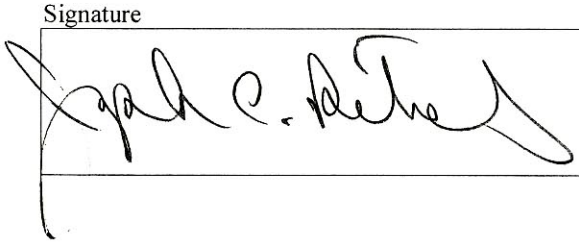
First Name: JOSEPH

MI: C

Last Name: RITCHEY

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

Signature



Date: 05 / 18 / 2010

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

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: City of Saratoga Springs, NY

SPDES ID: NYR20A216

Section 4 - Certification Statement

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

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

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

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

Signature: Anthony J. Scirocco

Date: 05 / 21 / 2010

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, 2010

Name of MS4: South Glens Falls

SPDES ID: NYR20A091

Section 4 - Certification Statement

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

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

First Name: Keith | MI: | Last Name: Donohue

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

Signature:

Date: 05 / 19 / 2010

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, 2010

Name of MS4: Town of Waterford

SPDES ID: NYR20A037

Section 4 - Certification Statement

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

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

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

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

Signature: John E Lawler

Date: 05 / 25 / 2010

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, 2010

Name of MS4: VILLAGE OF WATERFORD

SPDES ID: NYR20A469

Section 4 - Certification Statement

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

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First Name: BERT

MI:

Last Name: MAHONEY

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

Signature:

Date: 05 / 25 / 2010

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

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

3165331518

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2010

Name of MS4: Town of Wilton

SPDES ID: NYR20A114

Section 4 - Certification Statement

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

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

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

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

Signature: Keith R. Manz

Date: 05/24/2010

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, 2010

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

Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

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? 16

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

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Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

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MS4 Annual Report Form

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Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

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MS4 Annual Report Form

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Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

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MS4 Annual Report Form

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Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

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MS4 Annual Report Form

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Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Water Quality Trends

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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, 2010

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

Name of MS4/Coalition: Town of Halfmoon

SPDES ID: NYR20A375

Water Quality Trends

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

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s are contributed to this report? ___

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

If Yes, choose one of the following

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Water Quality Trends

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○ On behalf of a coalition

How many MS4s are contributed to this report? 16

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○ Yes ○ No

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MS4 Annual Report Form

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Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

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Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Water Quality Trends

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MS4 Annual Report Form

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Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Water Quality Trends

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

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○ On behalf of a coalition

How many MS4s are contributed to this report? 16

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Water Quality Trends

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○ On behalf of a coalition

How many MS4s are contributed to this report? 16

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Water Quality Trends

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

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○ On behalf of a coalition

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Water Quality Trends

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

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○ On behalf of a coalition

How many MS4s are contributed to this report? 16

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

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Water Quality Trends

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○ On behalf of a coalition

How many MS4s are contributed to this report? 16

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○ Yes ○ No

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MS4 Annual Report Form

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Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

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Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Water Quality Trends

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○ On behalf of a coalition

How many MS4s are contributed to this report? 16

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4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Minimum Control Measure 1. Public Education and Outreach

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

○ On behalf of an individual MS4
● On behalf of a coalition

How many MS4s contributed to this report? 16

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: Lawn/organic waste management

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, 2010

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

Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

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

● Construction Site Operators Trained	# Trained	102
○ Direct Mailings	# Mailings	
● Kiosks or Other Displays	# Locations	16
● List-Serves	# In List	632
○ Mailing List	# In List	
● Newspaper Ads or Articles	# Days Run	2
● Public Events/Presentations	# Attendees	1087
● School Program	# Attendees	271
○ TV Spot/Program	# Days Run	
● Printed Materials:	Total # Distributed	3220

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

T/C/V Offices

County Building 5

○ Other:

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

URL

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

URL

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

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

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

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

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

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

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

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

At this point in the Program, the goal is to maintain the already well-developed Public Education/Outreach Program. The I-SWM Program metric has been the use of the "hit counter" for the I-SWM Program website. While attendance at events and trainings is a direct metric it is only indicative of the audience being captured at that moment. The website counter enables the Program to review the broader influence of direct education efforts.

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

The hit counter data is compiled on a monthly basis and compiled into a single report each year. This year the monthly average was: 8,348 and the year-end total (05/2009 - 03/2010) was: 83,475 a 10.7% increase from last year.

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

1

(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period? ● Yes ○ No

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? ● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue 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/ Don Lake; ongoing throughout the year

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

Minimum Control Measure 2. Public Involvement/Participation

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

○ On behalf of an individual MS4
● On behalf of a coalition
How many MS4s contributed to this report? 16

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	63
○ Comments on SWMP Received	# Comments	
○ Community Hotlines	Phone # ( ) -	
Phone # ( ) -	Phone # ( ) -	
Phone # ( ) -	Phone # ( ) -	
Phone # ( ) -	Phone # ( ) -	
Phone # ( ) -	Phone # ( ) -	
Phone # ( ) -	Phone # ( ) -	
○ Community Meetings	# Attendees	
○ Plantings	Sq. Ft.	
● Storm Drain Markings	# Drains	75
● Stakeholder Meetings	# Attendees	176
○ 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	5
○ 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, 2010

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

Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

2. URL(s) con't.:

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

URL

www.saratogastormwater.org/municipalities-additional-resources.htm

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID: NYR20____

2. URL(s) con't.:

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

URL

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

● MS4/Coalition Office — ● Annual Report ○ SWMP Plan ○ Comments

Department: Cornell Cooperative Extension

Address: 50 West High Street

City: Ballston Spa — NY — Zip: 12020-

Phone: (518) 885-9995

○ Library — ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: — Zip: -

Phone: ( ) -

○ Other — ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: — Zip: -

Phone: ( ) -

● Web Page URL: — ● Annual Report ○ SWMP Plan ○ Comments

www.saratogastormwater.org/municipalities-additional-resources.tm

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

● eMail — ● Comments

brn5@cornell.edu

0614183104

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

4.a. If this report was made available on the internet, what date was it posted?
Leave blank if this report was not posted on the internet. 05/02/2010

4.b. For how many days was/will this report be posted? 365

If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period? ○ Yes ○ No
If Yes, what was the date of the meeting? __/__/____

If No, is one planned? ○ Yes ○ No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period? ○ Yes ● No

If No, is one planned for each? ○ Yes ● No

6. Were comments received during this reporting period? ○ Yes ○ No
If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Saratoga Co. Intermunicipal Stormwater Management Program

SPDES ID: NYR20C006

7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

On-time publication of the Annual Report (Y7) 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.

Although there was an overall decrease in the number of groups; 100% participation by the currently active groups was achieved.

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).

Expansion of Adopt-a-Road/Highway Program marketing.
Introduction of a volunteer-driven Stream and lake biomonitoring program. Anticipate 15 groups/organizations/institutions/agencies will be involved in this long-term to permanent program.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report? ___

1. Enter the number and approx. percent of outfalls mapped: 53 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 53

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, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

○ On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report?

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- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
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- ○ 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, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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○ On behalf of a coalition
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○ Commercial Carwashes	○ Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	○ Parking Lot Maintenance
○ Construction Vehicle Washouts	○ Printing
○ Cross-Connections	● Residential Carwashing
○ Distribution Centers	● Restaurants
○ Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	● Septic Maintenance
○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	○ Vehicle Fueling
○ Industrial Process Water	○ Vehicle Maint./Repair Shops
○ Other:	○ None

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

○ On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report?

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○ Commercial Carwashes	○ Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	○ Parking Lot Maintenance
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○ Distribution Centers	○ Restaurants
○ Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	○ Septic Maintenance
○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	○ Vehicle Fueling
○ Industrial Process Water	○ Vehicle Maint./Repair Shops
○ Other:	● None

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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How many MS4s contributed to this report?

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○ Commercial Laundry/Dry Cleaners	○ Parking Lot Maintenance
○ Construction Vehicle Washouts	○ Printing
○ Cross-Connections	○ Residential Carwashing
○ Distribution Centers	○ Restaurants
○ Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	● Septic Maintenance
○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	○ Vehicle Fueling
○ Industrial Process Water	○ Vehicle Maint./Repair Shops
● Other:	○ None

● Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Halfmoon

SPDES ID: NYR20A375

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

● On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report? ___

1. Enter the number and approx. percent of outfalls mapped: ___19 # ___9 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? ___19

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

○ Auto Recyclers	○ Landscaping (Irrigation)
○ Building Maintenance	○ Marinas
○ Churches	○ Metal Plateing Operations
○ Commercial Carwashes	○ Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	○ Parking Lot Maintenance
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○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	○ Vehicle Fueling
○ Industrial Process Water	○ Vehicle Maint./Repair Shops
○ Other:	● None

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	○ Vehicle Fueling
○ Industrial Process Water	○ Vehicle Maint./Repair Shops
○ Other:	● None

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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○ Other:	● None

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	○ Vehicle Fueling
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○ Other:	● None

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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- ○ 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, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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○ On behalf of an individual MS4
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How many MS4s contributed to this report?

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○ Commercial Laundry/Dry Cleaners	○ Parking Lot Maintenance
○ Construction Vehicle Washouts	○ Printing
○ Cross-Connections	○ Residential Carwashing
○ Distribution Centers	○ Restaurants
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○ Garbage Truck Washouts	○ Septic Maintenance
○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	○ Vehicle Fueling
○ Industrial Process Water	○ Vehicle Maint./Repair Shops
○ Other:	● None

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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○ Hospitals	○ Swimming Pools
○ Improper RV Waste Disposal	○ Vehicle Fueling
○ Industrial Process Water	● Vehicle Maint./Repair Shops
● Other:	○ None

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

○ On behalf of an individual MS4
○ On behalf of a coalition
How many MS4s contributed to this report?

1. Enter the number and approx. percent of outfalls mapped: 53 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 53

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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- ○ Construction Vehicle Washouts
- ○ Cross-Connections
- ○ Distribution Centers
- ○ Food Processing Facilities
- ○ Garbage Truck Washouts
- ○ Hospitals
- ○ Improper RV Waste Disposal
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Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

3.b.What types of illicit discharges have been found during this reporting period?

- ● Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ● Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ● Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ○ None

4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 4

5. How many illicit discharges have been confirmed during this reporting period? 4

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 4

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):

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Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

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- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
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- ○ Sanitary Sewer Overflows
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SPDES ID: NYR20A157

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- ○ 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
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Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

3.b.What types of illicit discharges have been found during this reporting period?

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ● Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ○ None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 4

5. **How many illicit discharges have been confirmed during this reporting period?** 4

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 4

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
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Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

3.b.What types of illicit discharges have been found during this reporting period?

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ● Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ● Other:
- ● None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 4

5. **How many illicit discharges have been confirmed during this reporting period?** 4

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 4

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
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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Halfmoon

SPDES ID: NYR20A375

3.b. What types of illicit discharges have been found during this reporting period?

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ● Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ● Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ○ None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 10

5. **How many illicit discharges have been confirmed during this reporting period?** 10

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 9

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
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MS4 Annual Report Form

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Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

3.b.What types of illicit discharges have been found during this reporting period?

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ○ Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ○ Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
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4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 4

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SPDES ID: NYR20A157

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Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

3.b.What types of illicit discharges have been found during this reporting period?

- ○ Broken Lines From Sanitary Sewer
- ○ Cross Connections
- ● Failing Septic Systems
- ○ Floor Drains Connected To Storm Sewers
- ○ Illegal Dumping
- ● Other:
- ○ Industrial Connections
- ○ Inflow/Infiltration
- ○ Pump Station Failure
- ○ Sanitary Sewer Overflows
- ○ Straight Pipe Sewer Discharges
- ○ None

4. **How many illicit discharges/potential illegal connections have been detected during this reporting period?** 4

5. **How many illicit discharges have been confirmed during this reporting period?** 4

6. **How many illicit discharges/illegal connections have been eliminated during this reporting period?** 4

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: internal use on Bldg. dept. computers

URL:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

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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

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11. What percent of staff in relevant positions and departments has received IDDE training?

100 %

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Name of MS4/Coalition: Town of Halfmoon

SPDES ID: NYR20A375

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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 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?

4

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to be pro active with educating the public and to continue monitoring for illicit discharges

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○ Yes ○ No

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

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MS4 Annual Report Form

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Name of MS4/Coalition: Town of Halfmoon

SPDES ID: NYR20A375

12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town of Halfmoon had all existing outfalls inspected and mapped by a consultant as of 2008. The Town was provided with photos, a table describing the pertinent properties associated with each outfall, and a digital map showing the location of each outfall. The Town has also developed an ordinance that was adopted in November of 2007 and is required to implement IDDE policies according to the adopted ordinance.

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

The SMO responded to complaints and addressed them as required by Town Code. 9% of the Town's total outfalls were inspected, photographed, and logged for this reporting year. 10 Illicit Discharges were detected, 9 of them have been eliminated. The Stormwater Management Officer's contact information is available on the Town website to report possible violations. An inspection log is maintained for all illicit discharges detected, and detailed records are kept.

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

1

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continued outfall inspections are scheduled for the summer and fall months. Photographs and inspection forms are to be maintained on record to insure all outfalls have been visually inspected within the 5-year period. The Stormwater Management Officer's contact information continues to be available on the Town website.

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Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

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

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

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F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue 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, 2010

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Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

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5624056356

MS4 Annual Report Form

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Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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

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

How many MS4s contributed to this report? ___

1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? ● Yes ○ No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

○ 09/2004 ● 03/2006 ○ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ● Yes ○ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 5

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ○ Yes ○ No ○ NT

If Yes, how many public comments were received during this reporting period? 0

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ● Yes ○ No

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Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

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Name of MS4/Coalition: Town of Halfmoon

SPDES ID: NYR20A375

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook? ○ Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ○ 03/2006 ○ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ○ Yes ○ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 5

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? ○ Yes ○ No ○ NT

If Yes, how many public comments were received during this reporting period? 0

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ○ Yes ○ No

5624056356

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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

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If Yes, how many public comments were received during this reporting period? 0

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? ○ Yes ○ No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

○ Notices of Violation	#	0	○ No Authority
○ Stop Work Orders	#	0	○ No Authority
○ Criminal Actions	#	0	○ No Authority
○ Termination of Contracts	#	0	○ No Authority
○ Administrative Fines	#	0	○ No Authority
○ Civil Penalties	#	0	○ No Authority
○ Administrative Orders	#	0	○ No Authority
○ Enforcement Actions or Sanctions	#	0	
○ Other	#	0	○ No Authority

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

○ Notices of Violation	#	0	○ No Authority
○ Stop Work Orders	#	0	○ No Authority
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○ Termination of Contracts	#	0	○ No Authority
○ Administrative Fines	#	0	○ No Authority
○ Civil Penalties	#	0	○ No Authority
○ Administrative Orders	#	0	○ No Authority
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● Notices of Violation	# 0	○ No Authority	
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○ Criminal Actions	# 0	● No Authority	
○ Termination of Contracts	# 0	● No Authority	
● Administrative Fines	# 0	○ No Authority	
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○ Criminal Actions	# 0	● No Authority	
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● Administrative Fines	# 0	○ No Authority	
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○ Administrative Fines	#	0	○ No Authority
○ Civil Penalties	#	0	○ No Authority
● Administrative Orders	#	0	○ No Authority
○ Enforcement Actions or Sanctions	#	0	
○ Other	#	0	○ No Authority

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● Notices of Violation	#	12	○ No Authority
○ Stop Work Orders	#		○ No Authority
○ Criminal Actions	#		● No Authority
○ Termination of Contracts	#		● No Authority
● Administrative Fines	#	2	○ No Authority
● Civil Penalties	#		○ No Authority
○ Administrative Orders	#		○ No Authority
○ Enforcement Actions or Sanctions	#		
○ Other	#		○ No Authority

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○ Termination of Contracts	#	0	○ No Authority
○ Administrative Fines	#	0	○ No Authority
○ Civil Penalties	#	0	○ No Authority
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Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? ___

1. **How many construction projects have been authorized for disturbances of one acre or more during this reporting period?** 5

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
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

5. **Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?** ● Yes ○ No ○ NT

6. **Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?** ● Yes ○ No ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

   If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

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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
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

5. **Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?** ○ Yes ○ No ○ NT

6. **Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?** ○ Yes ○ No ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

   If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report? ___

1. **How many construction projects have been authorized for disturbances of one acre or more during this reporting period?** 5

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
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

5. **Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?** ○ Yes ○ No ○ NT

6. **Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?** ○ Yes ○ No ○ NT

   If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? ○ Yes ○ No

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9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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Name of MS4/Coalition: Town of Halfmoon

SPDES ID: NYR20A375

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report?

1. **How many construction projects have been authorized for disturbances of one acre or more during this reporting period?** 8

2. **How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?** 5

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   40 %

5. **Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?** ● Yes ○ No ○ NT

6. **Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?** ● Yes ○ No ○ NT

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7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Town of Ballston Bldg. Dept.

Address: 323 Charlton Rd.

City: Burnt hills

NY

Zip: 12027-

Phone: (518) 885-0502

○ Library

Address:

City:

Zip:

Phone: ( ) -

○ Other

Address:

City:

Zip:

Phone: ( ) -

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MS4 Annual Report Form

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Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

6. con't.:

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○ MS4/Coalition Office

Department: Town of Ballston Bldg. Dept.

Address: 323 Charlton Rd.

City: Burnt hills

Zip: 12027-

Phone: (518) 885-0250 2502

○ Library

Address:

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SPDES ID: NYR20A157

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Name of MS4/Coalition: Town of Halfmoon

SPDES ID: NYR20A375

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Planning Department

Address: 2 Halfmoon Town Plaza

City: Halfmoon NY Zip: 12065-

Phone: (518) 371-7410

○ Library

Address:

City: Zip: -

Phone: ( ) -

○ Other

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

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Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

6. con't.:

Submit additional pages as needed.

○ MS4/Coalition Office

Department: Town of Ballston Bldg. Dept.

Address: 323 Charlton Rd.

City: Burnt hills

Zip: 12027-

Phone: (518) 885-0250 2502

○ Library

Address:

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Zip:

Phone: ( ) -

○ Other

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7. Evaluating Progress Toward Measurable Goals MCM 4

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Name of MS4/Coalition: Town of Halfmoon

SPDES ID: NYR20A375

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A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town has adopted an ordinance that authorizes the Town to enforce a program that reduces pollutant runoff from construction sites. The Town is responsible for reviewing SWPPP's, inspecting construction sites, and enforcing the permit requirements on developers that do not comply with the regulations.

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

The Town reviewed SWPPP's for 5 active sites and performed inspections to ensure compliance.

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

1

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D. Has your MS4 made progress 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

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The Town will be responsible for reviewing SWPPP's, inspecting construction sites, and enforcing the permit requirements on developers that do not comply with the regulations.

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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: NYR20A157

7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Round Lake is about to give final approval to its first PDD. The site plan process has been given a SWMP by the developer. Our goal is to use this experience to make sure that we have in place sufficient oversight for the proper evaluation of SWMPs.

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

We have worked with the developer and the Village engineer to evaluate and modify the SWMP. We believe that our training has prepared us for this experience with our first large project. It has been helpful to put our training into practice.

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).

We will be evaluating our process as the project gets underway. WE will be monitoring the SWMP reports generated by the developer. Bimonthly reviews will be done by the Planning Board and MS4 coordinator.

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Minimum Control Measure 5. Post-Construction Stormwater Management

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

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○ On behalf of a coalition

How many MS4s contributed to this report?

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices			
○ Filter Systems			
○ Infiltration Basins			
○ Open Channels			
● Ponds	1	1	1
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ Yes ○ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

● Building Codes ● Municipal Comprehensive Plans
● Overlay Districts ○ Open Space Preservation Program
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MS4 Annual Report Form

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Name of MS4/Coalition: Town of Halfmoon

SPDES ID: NYR20A375

Minimum Control Measure 5. Post-Construction Stormwater Management

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● On behalf of an individual MS4
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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			
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○ Ponds			
○ Wetlands			
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○ Watershed Plans ○ Other Comprehensive Plan
○ Other:

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report? ___

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

	# Inventoried	# Inspections	# Times Maintained
○ Alternative Practices			
○ Filter Systems			
○ Infiltration Basins			
○ Open Channels			
○ Ponds	1	1	1
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ Yes ○ No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

○ Building Codes
○ Municipal Comprehensive Plans
○ Overlay Districts
○ Open Space Preservation Program
○ Zoning
○ Local Law or Ordinance
○ None
○ Land Use Regulation/Zoning
○ Watershed Plans
○ Other Comprehensive Plan
○ Other:

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MS4 Annual Report Form

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SPDES ID: NYR20A157

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○ Filter Systems			
● Infiltration Basins			
○ Open Channels			
○ Ponds	1	1	1
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2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ Yes ○ No

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● Yes ○ No

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○ Yes ● No

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100 %

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Name of MS4/Coalition: Town of Halfmoon

SPDES ID: NYR20A375

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

○ Yes ● No

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○ Yes ● No

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Name of MS4/Coalition: Town of Ballston

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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 sytems are working properly.

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 monitor completed projects for compliance and to work with property owwners for improvements.

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Name of MS4/Coalition: Town of Halfmoon

SPDES ID: NYR20A375

6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town of Halfmoon prepared an ordinance to authorize enforcement to reduce pollutant runoff from newly developed and redeveloped sites. The Stormwater Management Officer will be responsible for inspecting the sites for proper operation and maintenance and enforcing the permit requirements for properties that are not in compliance. In this manner, the Town can ensure adequate long-term management practices for both public and private facilities.

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

The construction site inspections resulted in 0 stop-work orders and 0 violations for this reporting year.

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

1

(ex.: samples/participants/events)

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

O Yes O No

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

O Yes O No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The SMO will continue construction site inspections for proper operation and maintenance.

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This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

6. Evaluating Progress Toward Measurable Goals MCM 5

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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?

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Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? ___

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	● Yes	○ No	● Yes	○ No
Bridge Maintenance	● Yes	○ No	● Yes	○ No
Winter Road Maintenance	● Yes	○ No	● Yes	○ No
Salt Storage	● Yes	○ No	● Yes	○ No
Solid Waste Management	● Yes	○ No	● Yes	○ No
New Municipal Construction and Land Disturbance	○ Yes	● No	○ Yes	● No
Right of Way Maintenance	● Yes	○ No	● Yes	○ No
Marine Operations	● Yes	○ No	● Yes	○ No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	● No
Parks and Open Space	○ Yes	● No	○ Yes	● No
Municipal Building	● Yes	○ No	● Yes	○ No
Stormwater System Maintenance	● Yes	○ No	● Yes	○ No
Vehicle and Fleet Maintenance	● Yes	○ No	● Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

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Right of Way Maintenance	○ Yes	○ No	○ Yes	○ No
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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

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Name of MS4/Coalition: Town of Halfmoon

SPDES ID: NYR20A375

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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Right of Way Maintenance	● Yes ○ No	● Yes ○ No
Marine Operations	○ Yes ● No	○ Yes ● No
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Parks and Open Space	● Yes ○ No	● Yes ○ No
Municipal Building	● Yes ○ No	● Yes ○ No
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Other	○ Yes ○ No	○ Yes ○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report? ___

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Operation/Activity/Facility	Addressed in SWMP?		Self-Assessment Operation/Activity/Facility performed within the past 3 years?	
Street Maintenance	○ Yes	○ No	○ Yes	○ No
Bridge Maintenance	○ Yes	○ No	○ Yes	○ No
Winter Road Maintenance	○ Yes	○ No	○ Yes	○ No
Salt Storage	○ Yes	○ No	○ Yes	○ No
Solid Waste Management	○ Yes	○ No	○ Yes	○ No
New Municipal Construction and Land Disturbance	○ Yes	○ No	○ Yes	○ No
Right of Way Maintenance	○ Yes	○ No	○ Yes	○ No
Marine Operations	○ Yes	○ No	○ Yes	○ No
Hydrologic Habitat Modification	○ Yes	○ No	○ Yes	○ No
Parks and Open Space	○ Yes	○ No	○ Yes	○ No
Municipal Building	○ Yes	○ No	○ Yes	○ No
Stormwater System Maintenance	○ Yes	○ No	○ Yes	○ No
Vehicle and Fleet Maintenance	○ Yes	○ No	○ Yes	○ No
Other	○ Yes	○ No	○ Yes	○ No

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

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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

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SPDES ID: NYR20A157

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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

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Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

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Bridge Maintenance	○ Yes	○ No	○ Yes	○ No
Winter Road Maintenance	○ Yes	○ No	○ Yes	○ No
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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

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SPDES ID: NYR20A157

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Parks and Open Space	○ Yes	○ No	○ Yes	○ No
Municipal Building	○ Yes	○ No	○ Yes	○ No
Stormwater System Maintenance	○ Yes	○ No	○ Yes	○ No
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Municipal Building	○ Yes	○ No	○ Yes	○ No
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Salt Storage	○ Yes	○ No	○ Yes	○ No
Solid Waste Management	○ Yes	○ No	○ Yes	○ No
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Marine Operations	○ Yes	○ No	○ Yes	○ No
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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
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Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

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

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	2
○ Streets Swept (Number of miles X Number of times swept)	# Miles	47
○ Catch Basins Inspected and Cleaned Where Necessary	#	48
○ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	0
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	0
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	00.

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

4. What was the date of the last training? 04/28/2009

5. How many municipal employees have been trained in this reporting period? 10

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

MS4 Annual Report Form

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SPDES ID: NYR20A157

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○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	0
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	0
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	0.0

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

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Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

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Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

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● Catch Basins Inspected and Cleaned Where Necessary	#	48
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MS4 Annual Report Form

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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	3
● Streets Swept (Number of miles X Number of times swept)	# Miles	119
● Catch Basins Inspected and Cleaned Where Necessary	#	0
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	0
○ 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	.5

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 2

4. What was the date of the last training? 01 / 25 / 2010

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

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

● Parking Lots Swept (Number of acres X Number of times swept)	# Acres	2
● Streets Swept (Number of miles X Number of times swept)	# Miles	47
○ Catch Basins Inspected and Cleaned Where Necessary	#	48
○ 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? 1

4. What was the date of the last training? 04/28/2009

5. How many municipal employees have been trained in this reporting period? 10

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

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Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

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

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Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

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1

(ex.: samples/participants/events)

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○ 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

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Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

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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

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Staff will continue to monitor activities regarding town activities for compliance with BMP and to make necessary changes.

MS4 Annual Report Form

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Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

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A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

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

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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).

Staff will continue to monitor activities regarding town activities for compliance with BMP and to make necessary changes.

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Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

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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, 2010

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

Name of MS4/Coalition: Town of Halfmoon

SPDES ID: NYR20A375

7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town of Halfmoon has supplied guidance documents for use by impacted municipal personnel that illustrates the BMP's that reduce and prevent discharge of pollutants to the maximum extent practicable from municipal activities. These personnel will be responsible for implementing the BMP's into their everyday activities.

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

119 miles of Town roads were swept with a total of 571 yards of materials removed. Municipal parking areas were swept.

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

1

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Town roads will be swept throughout the spring, summer and fall months. Municipal parking areas to be swept at least once in the reporting cycle. Catch basins are cleaned and repaired as needed.

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Name of MS4/Coalition: Town of Ballston

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

○ Yes ○ No

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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).

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

7. Evaluating Progress Toward Measurable Goals MCM 6

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Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Additional Watershed Improvement Strategy Best Management Practices

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? ___

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. **Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?** ○ Yes ● No ○ N/A

2. **Has 100% of the MS4/Coalition conveyance system been mapped in GIS?** ● Yes ○ No ○ N/A

   If N/A, go to question 3.

   If No, estimate what percentage of the conveyance system has been mapped so far. ___ %

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Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
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Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
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Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
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Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
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Oscawana Lake Watershed	-	-	-
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Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
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Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. **Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?** ○ Yes ○ No ○ N/A

2. **Has 100% of the MS4/Coalition conveyance system been mapped in GIS?** ○ Yes ○ No ○ N/A

   If N/A, go to question 3.

   If No, estimate what percentage of the conveyance system has been mapped so far. ___ %

   Estimate what percentage was mapped in this reporting period. ___ %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Additional Watershed Improvement Strategy Best Management Practices

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? ___

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. **Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?** ○ Yes ○ No ○ N/A

2. **Has 100% of the MS4/Coalition conveyance system been mapped in GIS?** ○ Yes ○ No ○ N/A

   If N/A, go to question 3.

   If No, estimate what percentage of the conveyance system has been mapped so far. ___ %

   Estimate what percentage was mapped in this reporting period. ___ %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Additional Watershed Improvement Strategy Best Management Practices

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? ___

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. **Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?** ○ Yes ○ No ○ N/A

2. **Has 100% of the MS4/Coalition conveyance system been mapped in GIS?** ○ Yes ○ No ○ N/A

   If N/A, go to question 3.

   If No, estimate what percentage of the conveyance system has been mapped so far. ___ %

   Estimate what percentage was mapped in this reporting period. ___ %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

If 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

Additional Watershed Improvement Strategy Best Management Practices

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? ___

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. **Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?** ○ Yes ○ No ● N/A

2. **Has 100% of the MS4/Coalition conveyance system been mapped in GIS?** ○ Yes ○ No ● N/A

   If N/A, go to question 3.

   If No, estimate what percentage of the conveyance system has been mapped so far. ___ %

   Estimate what percentage was mapped in this reporting period. ___ %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Additional Watershed Improvement Strategy Best Management Practices

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? ___

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. **Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?** ○ Yes ○ No ○ N/A

2. **Has 100% of the MS4/Coalition conveyance system been mapped in GIS?** ○ Yes ○ No ○ N/A

   If N/A, go to question 3.

   If No, estimate what percentage of the conveyance system has been mapped so far. ___ %

   Estimate what percentage was mapped in this reporting period. ___ %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Additional Watershed Improvement Strategy Best Management Practices

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? ___

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. **Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?** ○ Yes ○ No ○ N/A

2. **Has 100% of the MS4/Coalition conveyance system been mapped in GIS?** ○ Yes ○ No ○ N/A

   If N/A, go to question 3.

   If No, estimate what percentage of the conveyance system has been mapped so far. ___ %

   Estimate what percentage was mapped in this reporting period. ___ %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Additional Watershed Improvement Strategy Best Management Practices

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? ___

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. **Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?** ○ Yes ○ No ○ N/A

2. **Has 100% of the MS4/Coalition conveyance system been mapped in GIS?** ○ Yes ○ No ○ N/A

   If N/A, go to question 3.

   If No, estimate what percentage of the conveyance system has been mapped so far. ___ %

   Estimate what percentage was mapped in this reporting period. ___ %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Additional Watershed Improvement Strategy Best Management Practices

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? ___

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. **Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?** ○ Yes ○ No ○ N/A

2. **Has 100% of the MS4/Coalition conveyance system been mapped in GIS?** ○ Yes ○ No ○ N/A

   If N/A, go to question 3.

   If No, estimate what percentage of the conveyance system has been mapped so far. ___ %

   Estimate what percentage was mapped in this reporting period. ___ %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Additional Watershed Improvement Strategy Best Management Practices

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? ___

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. **Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?** ○ Yes ○ No ○ N/A

2. **Has 100% of the MS4/Coalition conveyance system been mapped in GIS?** ○ Yes ○ No ○ N/A

   If N/A, go to question 3.

   If No, estimate what percentage of the conveyance system has been mapped so far. ___ %

   Estimate what percentage was mapped in this reporting period. ___ %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

Additional Watershed Improvement Strategy Best Management Practices

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? ___

MS4s must answer the questions or check NA as indicated in the table below.

MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

1. **Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?** ○ Yes ○ No ○ N/A

2. **Has 100% of the MS4/Coalition conveyance system been mapped in GIS?** ○ Yes ○ No ○ N/A

   If N/A, go to question 3.

   If No, estimate what percentage of the conveyance system has been mapped so far. ___ %

   Estimate what percentage was mapped in this reporting period. ___ %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

3. **Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?** ● Yes ○ No ○ N/A

4. **Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?** 0 %

5. **Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?** ● Yes ○ No ○ N/A

6. **Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?** ● Yes ○ No ○ N/A

7a. **Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?** ○ Yes ● No ○ N/A

7b. **How many projects have been sited in this reporting period?** 0

7c. **What percent of the projects included in 7b have been completed in this reporting period?** 0 %

7d. **What percent of projects planned in previous years have been completed?** 0 %

● No Projects Planned

8a. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?** ● Yes ○ No ○ N/A

8b. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?** ● Yes ○ No ○ N/A

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

3. **Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?** ○ Yes ○ No ○ N/A

4. **Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?** 0 %

5. **Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?** ○ Yes ○ No ○ N/A

6. **Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?** ○ Yes ○ No ○ N/A

7a. **Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?** ○ Yes ○ No ○ N/A

7b. **How many projects have been sited in this reporting period?** 0

7c. **What percent of the projects included in 7b have been completed in this reporting period?** 0 %

7d. **What percent of projects planned in previous years have been completed?** 0 %

○ No Projects Planned

8a. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?** ○ Yes ○ No ○ N/A

8b. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?** ○ Yes ○ No ○ N/A

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

3. **Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?** ○ Yes ○ No ○ N/A

4. **Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?** 0 %

5. **Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?** ○ Yes ○ No ○ N/A

6. **Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?** ○ Yes ○ No ○ N/A

7a. **Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?** ○ Yes ○ No ○ N/A

7b. **How many projects have been sited in this reporting period?** 0

7c. **What percent of the projects included in 7b have been completed in this reporting period?** 0 %

7d. **What percent of projects planned in previous years have been completed?** 0 %

○ No Projects Planned

8a. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?** ○ Yes ○ No ○ N/A

8b. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?** ○ Yes ○ No ○ N/A

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

3. **Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?** ○ Yes ○ No ○ N/A

4. **Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?** 0 %

5. **Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?** ○ Yes ○ No ○ N/A

6. **Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?** ○ Yes ○ No ○ N/A

7a. **Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?** ○ Yes ○ No ○ N/A

7b. **How many projects have been sited in this reporting period?** 0

7c. **What percent of the projects included in 7b have been completed in this reporting period?** 0 %

7d. **What percent of projects planned in previous years have been completed?** 0 %

○ No Projects Planned

8a. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?** ○ Yes ○ No ○ N/A

8b. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?** ○ Yes ○ No ○ N/A

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

3. **Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?** ○ Yes ○ No ○ N/A

4. **Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?** 0 %

5. **Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?** ○ Yes ○ No ○ N/A

6. **Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?** ○ Yes ○ No ○ N/A

7a. **Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?** ○ Yes ○ No ○ N/A

7b. **How many projects have been sited in this reporting period?** 0

7c. **What percent of the projects included in 7b have been completed in this reporting period?** 0 %

7d. **What percent of projects planned in previous years have been completed?** 0 %

○ No Projects Planned

8a. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?** ○ Yes ○ No ○ N/A

8b. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?** ○ Yes ○ No ○ N/A

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: Town of Halfmoon

SPDES ID: NYR20A375

3. **Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?** ○ Yes ○ No ● N/A

4. **Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?** ___ %

5. **Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?** ○ Yes ○ No ● N/A

6. **Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?** ○ Yes ○ No ● N/A

7a. **Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?** ○ Yes ○ No ● N/A

7b. **How many projects have been sited in this reporting period?** ___

7c. **What percent of the projects included in 7b have been completed in this reporting period?** ___ %

7d. **What percent of projects planned in previous years have been completed?** ___ %

○ No Projects Planned

8a. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?** ○ Yes ○ No ● N/A

8b. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?** ○ Yes ○ No ● N/A

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

3. **Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?** ○ Yes ○ No ○ N/A

4. **Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?** 0 %

5. **Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?** ○ Yes ○ No ○ N/A

6. **Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?** ○ Yes ○ No ○ N/A

7a. **Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?** ○ Yes ○ No ○ N/A

7b. **How many projects have been sited in this reporting period?** 0

7c. **What percent of the projects included in 7b have been completed in this reporting period?** 0 %

7d. **What percent of projects planned in previous years have been completed?** 0 %

○ No Projects Planned

8a. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?** ○ Yes ○ No ○ N/A

8b. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?** ○ Yes ○ No ○ N/A

MS4 Annual Report Form

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Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

3. **Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?** ○ Yes ○ No ○ N/A

4. **Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?** 0 %

5. **Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?** ○ Yes ○ No ○ N/A

6. **Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?** ○ Yes ○ No ○ N/A

7a. **Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?** ○ Yes ○ No ○ N/A

7b. **How many projects have been sited in this reporting period?** 0

7c. **What percent of the projects included in 7b have been completed in this reporting period?** 0 %

7d. **What percent of projects planned in previous years have been completed?** 0 %

○ No Projects Planned

8a. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?** ○ Yes ○ No ○ N/A

8b. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?** ○ Yes ○ No ○ N/A

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2010

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

Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

3. **Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?** ○ Yes ○ No ○ N/A

4. **Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?** 0 %

5. **Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?** ○ Yes ○ No ○ N/A

6. **Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?** ○ Yes ○ No ○ N/A

7a. **Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?** ○ Yes ○ No ○ N/A

7b. **How many projects have been sited in this reporting period?** 0

7c. **What percent of the projects included in 7b have been completed in this reporting period?** 0 %

7d. **What percent of projects planned in previous years have been completed?** 0 %

○ No Projects Planned

8a. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?** ○ Yes ○ No ○ N/A

8b. **Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?** ○ Yes ○ No ○ N/A

MS4 Annual Report Form

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Name of MS4/Coalition: town of Ballston

SPDES ID: NYR20A157

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Name of MS4/Coalition: Town of Ballston

SPDES ID: NYR20A157

9. Has your MS4/Coalition developed and implemented a program of native planting?
○ Yes ● No ○ N/A

10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?
○ Yes ● No ○ N/A

11. Does your MS4/Coalition have a pet waste bag program?
○ Yes ● No ○ N/A

12. Does your MS4/Coalition have a program to manage goose populations?
○ Yes ● No ○ N/A

MS4 Annual Report Form

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Name of MS4/Coalition: Town of Ballston

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11. Does your MS4/Coalition have a pet waste bag program? ○ Yes ○ No ○ N/A

12. Does your MS4/Coalition have a program to manage goose populations? ○ Yes ○ No ○ N/A

MS4 Annual Report Form

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11. Does your MS4/Coalition have a pet waste bag program? ○ Yes ○ No ○ N/A

12. Does your MS4/Coalition have a program to manage goose populations? ○ Yes ○ No ○ N/A

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MS4 Annual Report Form

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Name of MS4/Coalition: Town of Halfmoon

SPDES ID: NYR20A375

9. Has your MS4/Coalition developed and implemented a program of native planting?
○ Yes ○ No ● N/A

10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?
○ Yes ○ No ● N/A

11. Does your MS4/Coalition have a pet waste bag program?
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12. Does your MS4/Coalition have a program to manage goose populations?
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