





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

MCC form for period ending March 9, 

2	0	2	3
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Name of MS4 

Saratoga County ISWM Program
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SPDES ID

N	Y	R	2	0	C	0	0	6
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Each MS4 must submit an MCC form.

**Section 1 - MCC Identification Page**

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

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

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

If Joint Report, enter coalition name:

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

















## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 

2	0	2	3
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Name of MS4 

T	O	W	N	O	F	M	I	L	T	O	N
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SPDES ID

N	Y	R	2	0	A	1	0	8
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Each MS4 must submit an MCC form.

### Section 1 - MCC Identification Page

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- A Single Entity (Per Part II.E of GP-0-10-002)
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If Joint Report, enter coalition name:

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



































### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 3

Name of MS4

SPDES ID

### Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name  MI  Last Name

Title

Address

City  State  Zip  -

eMail

Phone  County

5690581587

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 TOWN OF CLIFTON PARK

SPDES ID  
N Y R 2 0 A 0 3 5

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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: P h i l i p      MI:      Last Name: B a r r e t t

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

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

City: C l i f t o n P a r k      State: N Y      Zip: 1 2 0 6 5 -

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

Phone: ( 5 1 8 ) 3 7 1 - 6 6 5 1      County: S a r a t o g a















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

MCC form for period ending March 9, 

2	0	2	3
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Name of MS4 

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SPDES ID  

N	Y	R	2	0	A	3	7	5
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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 

P	a	u	l																
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 MI 

M
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 Last Name 

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Title 

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Address 

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City 

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 State 

N	Y
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 Zip 

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eMail 

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

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 County 

S	a	r	a	t	o	g	a												
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**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 

2	0	2	3
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Name of MS4 

City of Mechanicville
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SPDES ID  

N	Y	R	2	0	A	5	5	1
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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 

M	i	k	e																
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 MI 

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 Last Name 

B	u	t	l	e	r														
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Title 

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Address 

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City 

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 State 

N	Y
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 Zip 

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eMail 

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Phone 

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 County 

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

MCC form for period ending March 9, 

2	0	2	3
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Name of MS4 

City of Mechanicville
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SPDES ID  

N	Y	R	2	0	A	5	5	1
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- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name 

P	a	t																	
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 MI 

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 Last Name 

S	g	a	m	b	a	t	i												
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Title 

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

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City 

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 State 

N	Y
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 Zip 

1	2	1	1	8	-				
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eMail 

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

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 County 

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

MCC form for period ending March 9, 

2	0	2	3
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Name of MS4 

T	O	W	N	O	F	M	O	R	E	A	U
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SPDES ID  

N	Y	R	2	0	A	1	5	8
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**Section 2 - Contact Information**

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- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name 

T	h	e	o	d	o	r	e
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 MI 

T
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 Last Name 

K	u	s	n	i	e	r	z	J	r	.
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Title 

T	O	W	N	S	U	P	E	R	V	I	S	O	R
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Address 

3	5	1	R	E	Y	N	O	L	D	S	R	O	A	D
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City 

M	O	R	E	A	U
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 State 

N	Y
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 Zip 

1	2	8	2	8
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eMail 

M	O	R	E	A	U	S	U	P	E	R	@	T	O	W	N	O	F	M	O	R	E	A	U	.	O	R	G
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Phone 

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 County 

S	A	R	A	T	O	G	A
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## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 

2	0	2	3
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Name of MS4 

T	o	w	n	o	f	M	o	r	e	a	u
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SPDES ID  

N	Y	R	2	0	A	1	5	8
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- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name 

M	a	u	r	e	e	n													
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 MI 

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 Last Name 

L	e	e	r	k	e	s													
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Title 

S	t	o	r	m	w	a	t	e	r		M	a	n	a	g	e	m	e	n	t		O	f	f	i	c	e	r										
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Address 

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City 

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 State 

N	Y
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 Zip 

1	2	8	2	8	-				
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eMail 

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

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

S	A	R	A	T	O	G	A												
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### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 3

Name of MS4 TOWN OF MOREAU

SPDES ID  
N Y R 2 0 A 1 5 8

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

First Name M a t t h e w MI Last Name D r e i m i l l e r

Title B u i l d i n g / C o d e s E n f o r c e m e n t

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

City M o r e a u State N Y Zip 1 2 8 2 8 -

eMail b u i l d i n g i n s p e c t o r @ t o w n o f m o r e a u . o r

Phone ( 5 1 8 ) 7 9 2 - 4 7 6 2 County S A R A T O G A

5690581587

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

Village of Round Lake

SPDES ID

N Y R 2 0 A 0 9 9

### Section 2 - Contact Information

Important Instructions - Please Read

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

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

G a r y

MI

Last Name

P u t m a n

Title

M a y o r o f R o u n d L a k e

Address

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

City

R o u n d L a k e

State

N Y

Zip

1 2 1 5 1 -

eMail

m a y o r @ r o u n d l a k e v i l l a g e . o r g

Phone

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

County

S a r a t o g a

5690581587

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 Village of Round Lake

SPDES ID  
N Y R 2 0 A 0 9 9

#### Section 2 - Contact Information

Important Instructions - Please Read

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

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: B l u e      MI: R      Last Name: N e i l s

Title: A c t i n g   S W   M a n a g e m e n t   O f f i c e r

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

City: B a l l s t o n   S p a      State: N Y      Zip: 1 2 0 2 0 -

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

Phone: ( 5 1 8 ) 8 9 9 - 2 8 0 0      County: S a r a t o g a



5690581587

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 Village of Round Lake

SPDES ID  
N Y R 2 0 A 0 9 9

#### Section 2 - Contact Information

Important Instructions - Please Read

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

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 Peter MI Last Name Sheridan

Title Code Enforcement Officer

Address 49 Burlington Avenue

City Round Lake State NY Zip 12151

eMail building@roundlakevillage.org

Phone (518) 899-2800 County SARATOGA

5690581587

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

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID  
N Y R 2 0 A

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

5690581587

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

MCC form for period ending March 9, 2023

Name of MS4 Saratoga County, Department of Public Works

SPDES ID

N Y R 2 0 A 2 0 9

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name	MI	Last Name
B l u e	R	N e i l s

Title
S C C E I S W M P r o g r a m C o o r d i n a t o r

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

City	State	Zip
B a l l s t o n S p a	N Y	1 2 0 2 0 -

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

Phone	County
( 5 1 8 ) 8 8 5 - 8 9 9 5	S A R A T O G A

## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 

2	0	2	3
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Name of MS4 

City of Saratoga Springs
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SPDES ID

N	Y	R	2	0	A	2	1	6
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### 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 

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 MI 

N
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 Last Name 

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Title 

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Address 

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City 

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 State 

N	Y
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 Zip 

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eMail 

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Phone 

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 County 

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## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 

2	0	2	3
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Name of MS4 

City of Saratoga Springs
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SPDES ID

N	Y	R	2	0	A	2	1	6
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### 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 

A	l	b	e	r	t														
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 MI 

C
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 Last Name 

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Title 

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Address 

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City 

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

N	Y
---	---

 Zip 

1	2	8	6	6	-						
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eMail 

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

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

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5690581587

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID

### 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  MI  Last Name

Title

Address

City  State  Zip  -

eMail

Phone  County

5690581587

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

MCC form for period ending March 9, 2 0 2 3

Name of MS4:

SPDES ID  
N Y R 2 0 A 5 4 9

**Section 2 - Contact Information**

Important Instructions - Please Read

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

1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
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If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name:  MI:  Last Name:

Title:

Address:

City:  State:  Zip:

eMail:

Phone:  County:

5690581587

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

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID

**Section 2 - Contact Information**

Important Instructions - Please Read

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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  MI  Last Name

Title

Address

City  State  Zip  -

eMail

Phone  County



5690581587

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID  

N	Y	R	2	0	A	5	4	7
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#### Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

5690581587

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 Village of Stillwater

SPDES ID  
N Y R 2 0 A 5 4 7

#### Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name MI Last Name  
J u d y           W o o d - S h a w

Title  
M a y o r

Address  
1 S c h o o l S t r e e t

City State Zip  
S t i l l w a t e r      N Y      1 2 1 7 0 -

eMail  
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Phone County  
( 5 1 8 ) 6 6 4 - 6 2 5 8      S a r a t o g a



















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

MCC form for period ending March 9, 2 0 2 3

Name of MS4

SPDES ID  
N Y R 2 0 A 1 2 3

**Section 3 - Partner Information**

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

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

Phone

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

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

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

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

Additional tasks/responsibilities

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













4643023765

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

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID

**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

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

eMail

Phone

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
- MM2 S"/>
- MM3 >>s"/>
- MM4 >>s"/>
- MM5 >>s"/>
- MM6 >>s"/>

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, 2023

Name of MS4

SPDES ID  
N Y R 2 0 A 5 4 9

#### Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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

Partner/Coalition Name (cont.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

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

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

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

Phone

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

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

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

MM1 M u l t i p l e T a s k s

MM2 M u l t i p l e T a s k s

MM3 M u l t i p l e T a s k s

MM4

MM5

MM6

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, 2023

Name of MS4  SPDES ID

**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

Partner/Coalition Name (cont.)  SPDES Partner ID - If applicable

Address

City  State  Zip

eMail

Phone  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
- MM2
- MM3
- MM4
- MM5
- MM6

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, 2023

Name of MS4 Saratoga County ISWM Program

SPDES ID

N Y R 2 0 C 0 0 6

**Section 4 - Certification Statement**

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

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

First Name

T h e o d o r e

MI

T

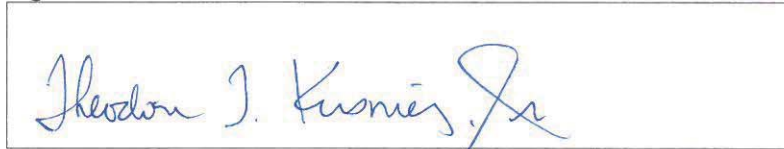
Last Name

K u s n i e r z , J r .

Title (Clearly print title of individual signing report)

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

Signature



Date

05 / 26 / 2023

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

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



## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 

2	0	2	3
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Name of MS4 

T	o	w	n	o	f	B	a	l	l	s	t	o	n
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SPDES ID

N	Y	R	2	0	A	1	5	7
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### Section 4 - Certification Statement

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

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

First Name

J	e	f	f	r	e	y													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

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Last Name

S	t	i	c	k	l	e	s												
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Title (Clearly print title of individual signing report)

S	t	o	r	m	w	a	t	e	r		M	a	n	a	g	e	m	e	n	t		O	f	f	i	c	e	r											
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Signature

<b>Jeffrey Stickles</b> Digitally signed by Jeffrey Stickles Date: 2023.05.25 12:53:32 -04'00'
--

Date

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

## **Submit Form**

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

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



3165331518

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 

2	0	2	3
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Name of MS4 

T	O	W	N	O	F	C	L	I	F	T	O	N	P	A	R	K
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SPDES ID

N	Y	R	2	0	A	0	3	5
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#### Section 4 - Certification Statement

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First Name

P	h	i	l	i	p														
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MI

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Last Name

B	a	r	r	e	t	t													
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Title (Clearly print title of individual signing report)

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

Signature

**Phil Barrett**  
Digitally signed by Phil Barrett  
DN: OU=Supervisor, O=Town of Clifton Park,  
CN=Phil Barrett, E=pbarrett@cliftonpark.org  
Reason: I am approving this document  
Location: your signing location here  
Date: 2023.05.26 15:00:27-04'00'  
Foxit PDF Editor Version: 11.0.0

Date

		/			/				
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Bureau of Water Compliance  
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, 2023

Name of MS4

SPDES ID

**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-0-20-001 Part VII.

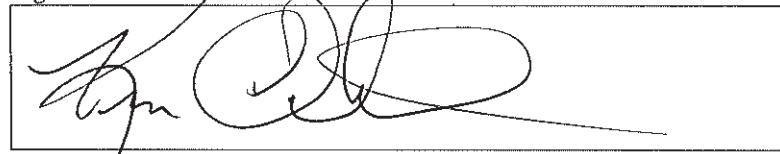
First Name

MI

Last Name

Title (Clearly print title of individual signing report)

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, 2023

Name of MS4

SPDES ID

#### Section 4 - Certification Statement

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

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

First Name

MI

Last Name

Title (Clearly print title of individual signing report)

Signature

**Kevin J.  
Tollisen**  
Digitally signed by Kevin J. Tollisen  
Date: 2023.05.12 10:18:09 -04'00'

Date

/  /

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

### Submit Form

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

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

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID

#### Section 4 - Certification Statement

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

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

First Name  MI  Last Name

Title (Clearly print title of individual signing report)

Signature  
**Mark E  
Hammond**  
Digitally signed by Mark E  
Hammond  
Date: 2023.05.22 16:01:33  
-04'00'

Date  
 /  /

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

### **Submit Form**

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Bureau of Water Compliance  
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, 2 0 2 3

Name of MS4

SPDES ID  

N	Y	R	2	0	A	1	0	8
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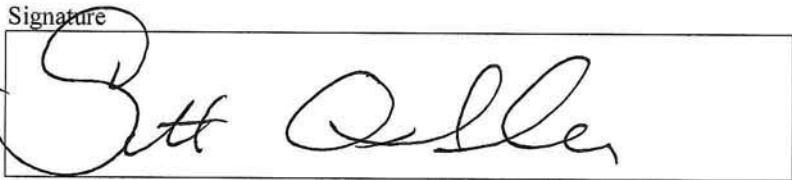
#### Section 4 - Certification Statement

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

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

First Name  MI  Last Name

Title (Clearly print title of individual signing report)

Signature 

Date  
05/09/2023

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, 2023

Name of MS4 Village of Round Lake

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."

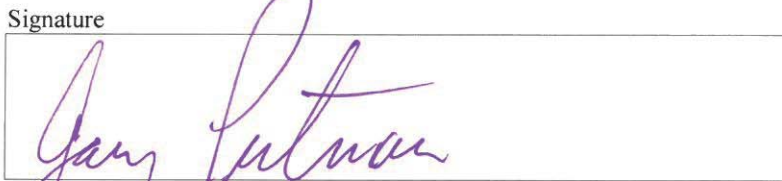
This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name	MI	Last Name
G a r y		P u t n a m

Title (Clearly print title of individual signing report)

M a y o r

Signature



Date

08 / 11 / 2023

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, 2023

Name of MS4

SPDES ID

#### Section 4 - Certification Statement

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

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

First Name

MI

Last Name

Title (Clearly print title of individual signing report)

Signature



Date

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Bureau of Water Compliance  
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, 2023

Name of MS4 Village of Stillwater

SPDES ID

N Y R 2 0 A 5 4 7

#### Section 4 - Certification Statement

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

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

First Name J u d y MI Last Name W o o d - S h a w

Title (Clearly print title of individual signing report) M a y o r

Signature  
Judith Wood Shaw  
Digitally signed by Judith Wood Shaw  
Date: 2023.04.25 12:23:51 -04'00'

Date 0 4 / 2 5 / 2 0 2 3

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

### **Submit Form**

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

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



















## MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	3	7	5
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### Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report? 

--	--	--

#### 1. Targeted Public Education and Outreach Best Management Practices

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

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Construction Sites</li> <li><input checked="" type="radio"/> General Stormwater Management Information</li> <li><input type="radio"/> Household Hazardous Waste Disposal</li> <li><input checked="" type="radio"/> Illicit Discharge Detection and Elimination</li> <li><input checked="" type="radio"/> Infrastructure Maintenance</li> <li><input checked="" type="radio"/> Smart Growth</li> <li><input checked="" type="radio"/> Storm Drain Marking</li> <li><input checked="" type="radio"/> Green Infrastructure/Better Site Design/Low Impact Development</li> <li><input checked="" type="radio"/> Other:</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Pesticide and Fertilizer Application</li> <li><input checked="" type="radio"/> Pet Waste Management</li> <li><input type="radio"/> Recycling</li> <li><input type="radio"/> Riparian Corridor Protection/Restoration</li> <li><input type="radio"/> Trash Management</li> <li><input type="radio"/> Vehicle Washing</li> <li><input type="radio"/> Water Conservation</li> <li><input type="radio"/> Wetland Protection</li> <li><input type="radio"/> None</li> </ul> |
|---|---|

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

Other

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

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Public Employees</li> <li><input checked="" type="radio"/> Residential</li> <li><input type="radio"/> Businesses</li> <li><input type="radio"/> Restaurants</li> <li><input type="radio"/> Other:</li> </ul> | <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Contractors</li> <li><input checked="" type="radio"/> Developers</li> <li><input checked="" type="radio"/> General Public</li> <li><input type="radio"/> Industries</li> <li><input type="radio"/> Agricultural</li> </ul> |
|--|--|

Other































### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Saratoga County ISWM Program
------------------------------

SPDES ID  

N	Y	R	2	0	C	0	0	6
---	---	---	---	---	---	---	---	---

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

- |  |                     |  |   |   |   |   |   |
|--|---------------------|--|---|---|---|---|---|
| <input checked="" type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |   |   |   |   | 0 |
|  |                     |  |   | 0 |   |   |   |
| <input type="radio"/> Direct Mailings                                | # Mailings          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Kiosks or Other Displays            | # Locations         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>2</td><td>1</td></tr></table> |   |   |   | 2 | 1 |
|  |                     |  | 2 | 1 |   |   |   |
| <input checked="" type="radio"/> List-Serves                         | # In List           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>6</td><td>1</td><td>4</td></tr></table> |   |   | 6 | 1 | 4 |
|  |                     | 6  | 1 | 4 |   |   |   |
| <input type="radio"/> Mailing List                                   | # In List           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input type="radio"/> Newspaper Ads or Articles                      | # Days Run          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>4</td><td>4</td><td>6</td></tr></table> |   |   | 4 | 4 | 6 |
|  |                     | 4  | 4 | 6 |   |   |   |
| <input type="radio"/> School Program                                 | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input type="radio"/> TV Spot/Program                                | # Days Run          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|  |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Printed Materials:                  | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td> </td><td>U</td><td>N</td><td>K</td><td>N</td></tr></table> |   | U | N | K | N |
|  | U                   | N  | K | N |   |   |   |

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

T	/	C	/	V		O	f	f	i	c	e	s	,							
C	o	u	n	t	y		B	u	i	l	d	i	n	g		5				

Other:

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

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

URL

w	w	w	.	s	a	r	a	t	o	g	a	s	t	o	r	m	w	a	t	e	r	.	o	r	g	/	r	e	s	i	d
e	n	t	s	-	p	u	b	l	i	c	-	e	d	u	c	a	t	i	o	n	.	h	t	m							

URL

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e	n	t	s	-	p	u	b	l	i	c	-	i	n	v	o	l	v	e	m	e	n	t	.	h	t	m						





7870299956

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

TOWN OF CLIFTON PARK
----------------------

SPDES ID  

N	Y	R	2	0	A	0	3	5
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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

- |   |                     |  |   |   |   |   |   |
|---|---------------------|--|---|---|---|---|---|
| <input type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|   |                     |  |   |   |   |   |   |
| <input type="radio"/> Direct Mailings                     | # Mailings          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|   |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td>1</td></tr></table> |   |   |   |   | 1 |
|   |                     |  |   | 1 |   |   |   |
| <input type="radio"/> List-Serves                         | # In List           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|   |                     |  |   |   |   |   |   |
| <input type="radio"/> Mailing List                        | # In List           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|   |                     |  |   |   |   |   |   |
| <input type="radio"/> Newspaper Ads or Articles           | # Days Run          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|   |                     |  |   |   |   |   |   |
| <input type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|   |                     |  |   |   |   |   |   |
| <input type="radio"/> School Program                      | # Attendees         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|   |                     |  |   |   |   |   |   |
| <input type="radio"/> TV Spot/Program                     | # Days Run          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|   |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Printed Materials:       | Total # Distributed | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td>5</td><td>0</td><td>0</td></tr></table> |   |   | 5 | 0 | 0 |
|   |                     | 5  | 0 | 0 |   |   |   |

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

B	u	i	l	d	i	n	g	/	D	e	v	e	l	o	p	m	e	n	t
D	e	p	a	r	t	m	e	n	t										

Other:

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URL

w	w	w	.	s	a	r	a	t	o	g	a	s	t	o	r	m	w	a	t	e	r	.	o	r	g	/	r	e	s	i	d	
e	n	t	s	-	p	u	b	l	i	c	-	i	n	v	o	l	v	e	m	e	n	t	.	h	t	m						

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

T	o	w	n	o	f	G	r	e	e	n	f	i	e	l	d
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SPDES ID  

N	Y	R	2	0	A	1	2	3
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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

- |   |   |                     |  |   |   |   |   |   |
|---|---|---------------------|--|---|---|---|---|---|
| <input type="radio"/> Construction Site Operators Trained |   | # Trained           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|   |   |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Direct Mailings          |   | # Mailings          | <table border="1" style="display: inline-table;"><tr><td> </td><td>2</td><td>5</td><td>1</td><td>3</td></tr></table> |   | 2 | 5 | 1 | 3 |
|   | 2 | 5                   | 1  | 3 |   |   |   |   |
| <input checked="" type="radio"/> Kiosks or Other Displays |   | # Locations         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>1</td></tr></table> |   |   |   |   | 1 |
|   |   |                     |  | 1 |   |   |   |   |
| <input type="radio"/> List-Serves                         |   | # In List           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|   |   |                     |  |   |   |   |   |   |
| <input type="radio"/> Mailing List                        |   | # In List           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|   |   |                     |  |   |   |   |   |   |
| <input type="radio"/> Newspaper Ads or Articles           |   | # Days Run          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|   |   |                     |  |   |   |   |   |   |
| <input type="radio"/> Public Events/Presentations         |   | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|   |   |                     |  |   |   |   |   |   |
| <input type="radio"/> School Program                      |   | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|   |   |                     |  |   |   |   |   |   |
| <input type="radio"/> TV Spot/Program                     |   | # Days Run          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|   |   |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Printed Materials:       |   | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>0</td><td>8</td></tr></table> |   |   |   | 0 | 8 |
|   |   |                     | 0  | 8 |   |   |   |   |

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

T	o	w	n		H	a	l	l												

Other: 

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URL  

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g	/	s	a	r	a	t	o	g	a	-	c	o	u	n	t	y	-	c	o	n	t	r	a	c	t	o	r	s	-	d	e





### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

T	o	w	n	o	f	M	a	l	t	a
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SPDES ID  

N	Y	R	2	0	A	0	8	6
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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

- Construction Site Operators Trained # Trained 

				9
--	--	--	--	---
- Direct Mailings # Mailings 

				1
--	--	--	--	---
- Kiosks or Other Displays # Locations 

				1
--	--	--	--	---
- List-Serves # In List 

--	--	--	--	--
- Mailing List # In List 

--	--	--	--	--
- Newspaper Ads or Articles # Days Run 

--	--	--	--	--
- Public Events/Presentations # Attendees 

--	--	--	--	--
- School Program # Attendees 

--	--	--	--	--
- TV Spot/Program # Days Run 

--	--	--	--	--
- Printed Materials: Total # Distributed 

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

B	u	i	l	d	i	n	g		D	e	p	a	r	t	m	e	n	t	
T	o	w	n		C	l	e	r	k										

Other:

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URL

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

City of Mechanicville
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SPDES ID  

N	Y	R	2	0	A	5	5	1
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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

- |   |                     |  |   |  |  |   |
|---|---------------------|--|---|--|--|---|
| <input type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> |   |  |  |   |
|   |                     |  |   |  |  |   |
| <input type="radio"/> Direct Mailings                     | # Mailings          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> |   |  |  |   |
|   |                     |  |   |  |  |   |
| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td>1</td></tr></table> |   |  |  | 1 |
|   |                     |  | 1 |  |  |   |
| <input type="radio"/> List-Serves                         | # In List           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> |   |  |  |   |
|   |                     |  |   |  |  |   |
| <input type="radio"/> Mailing List                        | # In List           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> |   |  |  |   |
|   |                     |  |   |  |  |   |
| <input type="radio"/> Newspaper Ads or Articles           | # Days Run          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> |   |  |  |   |
|   |                     |  |   |  |  |   |
| <input type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> |   |  |  |   |
|   |                     |  |   |  |  |   |
| <input type="radio"/> School Program                      | # Attendees         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> |   |  |  |   |
|   |                     |  |   |  |  |   |
| <input type="radio"/> TV Spot/Program                     | # Days Run          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> |   |  |  |   |
|   |                     |  |   |  |  |   |
| <input checked="" type="radio"/> Printed Materials:       | Total # Distributed | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> |   |  |  |   |
|   |                     |  |   |  |  |   |

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

C	i	t	y		H	a	l	l												

Other:

S	a	r	a	t	o	g	a		C	t	y		I	S	W	M				
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g	/	s	a	r	a	t	o	g	a	-	c	o	u	n	t	y	-	r	e	s	i	d	e	n	t	s	.	h	t	m				

URL

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g	/	s	a	r	a	t	o	g	a	-	c	o	u	n	t	y	-	b	u	s	i	n	e	s	s	-	o	w	n	e	r		
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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

T	O	W	N	O	F	M	I	L	T	O	N								
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SPDES ID  

N	Y	R	2	0	A	1	0	8
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**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 

				2
--	--	--	--	---
- Direct Mailings # Mailings 

--	--	--	--	--
- Kiosks or Other Displays # Locations 

--	--	--	--	--
- List-Serves # In List 

--	--	--	--	--
- Mailing List # In List 

--	--	--	--	--
- Newspaper Ads or Articles # Days Run 

--	--	--	--	--
- Public Events/Presentations # Attendees 

--	--	--	--	--
- School Program # Attendees 

--	--	--	--	--
- TV Spot/Program # Days Run 

--	--	--	--	--
- Printed Materials: Total # Distributed 

			1	0
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Locations (e.g. libraries, town offices, kiosks)

T	o	w	n		o	f		M	i	l	t	o	n						
B	u	i	l	d	i	n	g		D	e	p	t	.						

Other:

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

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<a href="http://www.saratogastormwater.org/Municipal-govt-ED/on%20line%20resc/Public%20ed/EPA%20MS4%20compliance%20guide.pdf">http://www.saratogastormwater.org/Municipal-govt-ED/on%20line%20resc/Public%20ed/EPA%20MS4%20compliance%20guide.pdf</a>
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URL  

<a href="http://www.saratogastormwater.org/NPS%20Top%2010%20presentation.pdf">http://www.saratogastormwater.org/NPS%20Top%2010%20presentation.pdf</a>
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7870299956

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

Name of MS4/Coalition:

SPDES ID  
N Y R 2 0 C 0 0 6

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

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

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

T / C / V O f f i c e s ,  
C o u n t y B u i l d i n g 5

Other:

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

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

City of Saratoga Springs
--------------------------

SPDES ID  

N	Y	R	2	0	A	2	1	6
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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

- |   |                     |  |   |   |   |   |   |
|---|---------------------|--|---|---|---|---|---|
| <input type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |   |   |   |
|   |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Direct Mailings          | # Mailings          | <table border="1" style="width: 100%;"><tr><td>1</td><td>0</td><td>3</td><td>0</td><td>0</td></tr></table>               | 1 | 0 | 3 | 0 | 0 |
| 1   | 0                   | 3  | 0 | 0 |   |   |   |
| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations         | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td>1</td></tr></table>               |   |   |   |   | 1 |
|   |                     |  |   | 1 |   |   |   |
| <input type="radio"/> List-Serves                         | # In List           | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>               |   |   |   |   |   |
|   |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Mailing List             | # In List           | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td>4</td><td>0</td></tr></table>               |   |   |   | 4 | 0 |
|   |                     |  | 4 | 0 |   |   |   |
| <input type="radio"/> Newspaper Ads or Articles           | # Days Run          | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>               |   |   |   |   |   |
|   |                     |  |   |   |   |   |   |
| <input type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>               |   |   |   |   |   |
|   |                     |  |   |   |   |   |   |
| <input type="radio"/> School Program                      | # Attendees         | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>               |   |   |   |   |   |
|   |                     |  |   |   |   |   |   |
| <input type="radio"/> TV Spot/Program                     | # Days Run          | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>               |   |   |   |   |   |
|   |                     |  |   |   |   |   |   |
| <input checked="" type="radio"/> Printed Materials:       | Total # Distributed | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>               |   |   |   |   |   |
|   |                     |  |   |   |   |   |   |

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

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7870299956

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

Name of MS4/Coalition:

SPDES ID  

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

- Construction Site Operators Trained # Trained 

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- Direct Mailings # Mailings 

	3	3	3	3
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- Kiosks or Other Displays # Locations 

				2
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- List-Serves # In List 

--	--	--	--	--
- Mailing List # In List 

--	--	--	--	--
- Newspaper Ads or Articles # Days Run 

--	--	--	--	--
- Public Events/Presentations # Attendees 

--	--	--	--	--
- School Program # Attendees 

--	--	--	--	--
- TV Spot/Program # Days Run 

--	--	--	--	--
- Printed Materials: Total # Distributed 

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

P	u	b	l	i	c		W	o	r	k	s		G	a	r	a	g	e		
a	n	d		O	f	f	i	c	e	s	,		V	i	l	l	a	g	e	
O	f	f	i	c	e															

Other:

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7870299956

### MS4 Annual Report Form

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

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

Name of MS4/Coalition: 

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SPDES ID  

N	Y	R	2	0	A	5	4	9
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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

- |  |                     |  |   |   |  |   |   |
|--|---------------------|--|---|---|--|---|---|
| <input type="radio"/> Construction Site Operators Trained    | # Trained           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |  |   |   |
|  |                     |  |   |   |  |   |   |
| <input type="radio"/> Direct Mailings                        | # Mailings          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |  |   |   |
|  |                     |  |   |   |  |   |   |
| <input checked="" type="radio"/> Kiosks or Other Displays    | # Locations         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td>1</td></tr></table> |   |   |  |   | 1 |
|  |                     |  |   | 1 |  |   |   |
| <input type="radio"/> List-Serves                            | # In List           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |  |   |   |
|  |                     |  |   |   |  |   |   |
| <input type="radio"/> Mailing List                           | # In List           | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |  |   |   |
|  |                     |  |   |   |  |   |   |
| <input type="radio"/> Newspaper Ads or Articles              | # Days Run          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |  |   |   |
|  |                     |  |   |   |  |   |   |
| <input checked="" type="radio"/> Public Events/Presentations | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>1</td><td>2</td></tr></table> |   |   |  | 1 | 2 |
|  |                     |  | 1 | 2 |  |   |   |
| <input type="radio"/> School Program                         | # Attendees         | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |  |   |   |
|  |                     |  |   |   |  |   |   |
| <input type="radio"/> TV Spot/Program                        | # Days Run          | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |   |   |  |   |   |
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| <input checked="" type="radio"/> Printed Materials:          | Total # Distributed | <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>1</td><td>1</td></tr></table> |   |   |  | 1 | 1 |
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Locations (e.g. libraries, town offices, kiosks)

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Other:

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7870299956

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Village of Stillwater
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SPDES ID  

N	Y	R	2	0	A	5	4	7
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**3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:**

- |   |                     |  |  |   |  |  |   |
|---|---------------------|--|--|---|--|--|---|
| <input type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   |
|   |                     |  |  |   |  |  |   |
| <input type="radio"/> Direct Mailings                     | # Mailings          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   |
|   |                     |  |  |   |  |  |   |
| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td>1</td></tr></table> |  |   |  |  | 1 |
|   |                     |  |  | 1 |  |  |   |
| <input type="radio"/> List-Serves                         | # In List           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   |
|   |                     |  |  |   |  |  |   |
| <input type="radio"/> Mailing List                        | # In List           | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   |
|   |                     |  |  |   |  |  |   |
| <input type="radio"/> Newspaper Ads or Articles           | # Days Run          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   |
|   |                     |  |  |   |  |  |   |
| <input type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   |
|   |                     |  |  |   |  |  |   |
| <input type="radio"/> School Program                      | # Attendees         | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   |
|   |                     |  |  |   |  |  |   |
| <input type="radio"/> TV Spot/Program                     | # Days Run          | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   |
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| <input checked="" type="radio"/> Printed Materials:       | Total # Distributed | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td>1</td></tr></table> |  |   |  |  | 1 |
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Locations (e.g. libraries, town offices, kiosks)

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P	l	a	n	n	i	n	g		D	e	p	a	r	t	m	e	n	t	

Other:

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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

Saratoga County ISWM Program
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SPDES ID

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition <input style="width: 95%; border: 1px solid black;" type="text" value="Town of Ballston"/>	SPDES ID <table border="1" style="margin: auto;"><tr><td style="width: 20px; text-align: center;">N</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">R</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">A</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">7</td></tr></table>	N	Y	R	2	0	A	1	5	7
N	Y	R	2	0	A	1	5	7		

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

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Charlton
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SPDES ID  

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Greenfield
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SPDES ID  

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

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

TOWN OF MILTON
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SPDES ID  

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

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<a href="http://www.saratogastormwater.org/NEMO/Factsheets/FS1_WhyWaterQuality.pdf">http://www.saratogastormwater.org/NEMO/Factsheets/FS1_WhyWaterQuality.pdf</a>
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URL

<a href="http://www.saratogastormwater.org/NEMO/Factsheets/FS2_HouseholdChemicals.pdf">http://www.saratogastormwater.org/NEMO/Factsheets/FS2_HouseholdChemicals.pdf</a>
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URL

<a href="http://www.saratogastormwater.org/NEMO/Factsheets/FS3_SepticSystems.pdf">http://www.saratogastormwater.org/NEMO/Factsheets/FS3_SepticSystems.pdf</a>
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URL

<a href="http://www.saratogastormwater.org/NEMO/Factsheets/FS4_PestManagement.pdf">http://www.saratogastormwater.org/NEMO/Factsheets/FS4_PestManagement.pdf</a>
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URL

<a href="http://www.saratogastormwater.org/NEMO/Factsheets/FS5_LandscapingWaterQuality.pdf">http://www.saratogastormwater.org/NEMO/Factsheets/FS5_LandscapingWaterQuality.pdf</a>
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URL

<a href="http://www.saratogastormwater.org/NEMO/Factsheets/FS6_PetWaste.pdf">http://www.saratogastormwater.org/NEMO/Factsheets/FS6_PetWaste.pdf</a>
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URL

<a href="http://www.saratogastormwater.org/NEMO/Factsheets/FS7_NativePlants.pdf">http://www.saratogastormwater.org/NEMO/Factsheets/FS7_NativePlants.pdf</a>
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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

TOWN OF MOREAU																			
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0704299955

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

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

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0704299955

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

3. Web Page cont.: Provide specific web addresses - not home page.

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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

Name of MS4/Coalition

South Glens Falls

SPDES ID

N Y R 2 0 A 0 9 1

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

URL

http://www.saratogastormwater.org/saratoga-county-municipalities,htm

URL

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

URL

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

URL

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

URL

http://www.saratogastormwater.org/contractors-developers-construction-runoff.htm

URL

http://www.saratogastormwater.org/contractors-developers-post-construction.htm

URL

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

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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

Name of MS4/Coalition

SPDES ID

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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

Name of MS4/Coalition

Village of Stillwater

SPDES ID

N Y R 2 0 A 5 4 7

3. Web Page cont.: Provide specific web addresses - not home page.

URL

http://www.saratogastormwater.org/saratoga-county-contractors-developers.htm

URL

http://www.saratogastormwater.org/saratoga-municipalities.htm

URL

http://www.saratogastormwater.org/about-stormwater-management.htm

URL

http://www.saratogastormwater.org/training/index.htm

URL

https://villageofstillwater.ny.org/wp-content/uploads/2020/01/StormWaterPlan2016.pdf

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Waterford
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SPDES ID  

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### MS4 Annual Report Form

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

Name of MS4/Coalition 

Town of Wilton
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### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Saratoga County ISWM Program
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SPDES ID

N	Y	R	2	0	C	0	0	6
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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Maintain/continue all selected BMPs detailed in the ISWM Program Plan.
--

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

All kiosks/information displays continue to be maintained at all local MS4 locations; the Eastern NY SW RTC continues to offer professional-level accredited stormwater management education/training (267 attendees, 1,068hrs of training); the ISWM Program website is maintained as the online source for information - updated as needed; ISWM Program continues to conduct direct education/outreach to groups/individuals and Staff throughout Saratoga County (187 attendees, 748hrs of education/training).
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##### C. How many times was this observation measured or evaluated in this reporting period?

1			
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program -Maintain website; ongoing throughout the year -Maintain "Town Hall" displays/kiosks; ongoing throughout the year -Continue direct education/outreach programming; ongoing throughout the year -Continue SW Regional Training Center w/ John Dunkle; ongoing throughout the year -Update existing "Story Maps" to website via ESRI ArcGIS Online Story Map tool
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### MS4 Annual Report Form

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

2	0	2	3
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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
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SPDES ID  

N	Y	R	2	0	A	1	5	7
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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Staff will start attending the ISWM meetings and Watershed Management Plan meetings. The informational kiosk within the Town Hall will be refreshed with informational materials. The Town will continue to be involved in the County ISWM Program.
---

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

The informational kiosk is monitored and replenished as necessary. Effectiveness of stormwater management operations at on-going construction projects in town and limited illicit discharges observed.
---

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

			1
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Have staff Stormwater Management Officer attend monthly ISWM meetings. The informational kiosk in Town Hall will be refreshed with informational materials as needed. Continue to host pre-construction meetings with contractors.
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### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Charlton
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SPDES ID

N	Y	R	2	0	A	0	3	2
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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Actively participate in the Saratoga County Intermunicipal program. Continue providing articles in Town Newsletter (1,635). Continue to educate Board members. Continue signage on catch basins and pet wastes, continue attendance at Saratoga County Planning & Zoning Conference and New York Planning Federation.
---

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

The Planning Board has an understanding of Stormwater management requirements and reviews all new projects within the town for compliance with the Stormwater General Permit. The Planning Board has a designated member to concentrate on storm and SWPPP related issues. In general the town sees very little in the way of development and the town continues to be primarily a farm community.
--

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

			2
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Generally, continue participation in County program. Continue town newsletter, rerun MS4 informational article, continue annual MS4 agenda meeting with relevant town officials to review SWMP commitments
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6932504403

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF CLIFTON PARK
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SPDES ID  

N	Y	R	2	0	A	0	3	5
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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Continue participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach.

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

All selected BMPs detailed in the ISWM Program Plan continue to be implemented.

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

			1
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(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program  
-Maintain website; ongoing throughout the year  
-Maintain "Town Hall" displays/kiosks; ongoing throughout the year  
-Continue direct education/outreach programming; COVID19 Restricted  
-Continue SW Regional Training Center w/ John Dunkle; COVID19 Restricted  
-Update existing "Storm Menu" to website via ESRI ArcGIS Online Storm Menu tool

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Greenfield
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SPDES ID  

N	Y	R	2	0	A	1	2	3
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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Actively participate in the Saratoga County Intermunicipal program. Town sends newsletter to residents (2,513), four times a year and will continue providing information brochures at town hall. Continue to educate Board members.

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

Attendance at road and stream cleanups, and annual household trash and e-waste collections are very popular with abundant amount of citizen participation. Attendance at these events continues to grow.

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

			2
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

Road and stream cleanup events will continue in the spring 2023. In 2022 the town held multiple road side cleanups (>5). Home household waste collection was held twice in 2022, 154 mattresses, 188.43 tons of household waste material, 32.14 tons of metal and 45 pallets of electronic recyclables where collected and disposed of by the town. In 2023 the Town will continue participation in County program.



### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Halfmoon
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SPDES ID

N	Y	R	2	0	A	3	7	5
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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Provide information accessible to the general public at the Town Hall, on the website, and distribute printed materials as handouts. Continue participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach.
---

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

A Stormwater Kiosk is permanently set up at the Town Hall. Pamphlets are available for the general public. A Stormwater facts sheet is distributed with various applications. All selected BMPs detailed in the ISWM Program Plan continue to be implemented.
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##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program - Information will be continually available to the general public via handouts, kiosks, and links on the Town's Planning Department webpage: <a href="http://www.townofhalfmoon-ny.gov/planning-department">www.townofhalfmoon-ny.gov/planning-department</a> - Continue direct education/outreach programming; ongoing throughout the year - Continue SW Regional Training Center w/John Dunkle; ongoing throughout the year
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### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Malta
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SPDES ID

N	Y	R	2	0	A	0	8	6
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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Maintain all ongoing efforts in conjunction with the County I-SWM Program. Evaluate the program every five years using the following metrics: 1) SMO tracks the number of printed materials distributed. 2) SMO tracks the website page visits annually. 3) Applicants for dog licenses reviewed stormwater educational literature. 4) Town newsletter will include one stormwater educational article per year. 5) All new employees will receive minimum training on town as MS4.

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

County education program continued and maintained. Town Hall kiosk maintained with 22 brochures taken this year. 238 pet waste fliers distributed with dog licenses. Will continue to ensure that Town Clerk is distributing literature with pet licenses and renewals. Website has received 213 page views. Article included in mailing distributed to all residents. Information for new employees has been distributed to all department heads.

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

			1
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

New personnel to receive basic training on Malta MS4 status and requirements. Maintain Town Hall displays/kiosks and track number of printed materials distributed. Continue to work with Clerk's Office to ensure pet owner education. Stormwater article included in town newsletter.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	5	5	1
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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

The City participated in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach program.

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

All selected BMPs detailed in the ISWM Program Plan continue to be implemented.

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

			1
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

The City will continue to implement the Saratoga County ISWM Program for Education and Outreach.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	5	5	1
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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

The City wanted a more robust form of stormwater education, as well as provide the ability to the public to report suspected illicit discharges and more. Their stormwater website, [www.mechanicvillestormwater.com](http://www.mechanicvillestormwater.com), educates the public, notifies of stormwater program events, includes the City's stormwater mapping, and more.

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

Forty two unique visitors (excludes 1 repeat visitor) went to the website.

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

		4	2
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

The City will continue to update the website and utilize it for public education and involvement.

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Mechanicville
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SPDES ID  

N	Y	R	2	0	A	5	5	1
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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

The City still once held Fall cleanup days, which serve to collect household lawn waste and debris to prevent it from entering the storm sewer system. This is now an ongoing program advertised to residents.
--

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

Residents can leave their lawn debris out at any time for regular pickup.
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##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

The City plans to continue offering this service regularly.
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### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Mechanicville									
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SPDES ID

N	Y	R	2	0	A	5	5	1
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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

The City of Mechanicville utilizes their IDDE postcard as needed, which is distributed to neighborhoods or individuals suspected of contributing to illicit discharges.
---

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

One resident was given the postcard as a means of notifying them that they were contributing to an illicit discharge by dumping paint directly into the storm sewer system. The issue was not observed since.
---

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

			1
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

They will continue to distribute the the postcard as needed.
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### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF MILTON
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SPDES ID  

N	Y	R	2	0	A	1	0	8
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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Continued participation in Saratoga Co. CCE ISWM Programs including Public Education and Outreach.

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

Selected BMPs detailed in ISWM Program Plan continue to be implemented

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

			2
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

Ongoing implementation of Saratoga Co. 1-SWM Program Education and Outreach Program to include:  
-updating / maintaining website  
-maintain town hall informational handouts  
-participate in annual county and regional training held for educational purposes.



### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

TOWN OF MOREAU
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SPDES ID  

N	Y	R	2	0	A	1	5	8
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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Continue implementation of the Saratoga County I-WM Program Education/Outreach Program -Maintain website -Maintain "Town Hall" display/kiosk -Continue direct education/outreach programming -Continue SW Regional Training Center w/ John Dunkle
---

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

MCM1 implementation primarily relied upon the Saratoga County ISWM Program's website for outreach and educational materials. The Town website provided a link to their annual report. The past years goal of direct ed/outreach and training metrics will be dropped as not yet effective. It is anticipated that as the program improves these goals will be revisited.
--

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

1			
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Maintain all on-going program elements.
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6932504403

### MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	0	9	9
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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Maintain constant stock of literature available at Village Hall and the Round Lake Library generally available to the interested public.  
Continue participation in the Saratoga County/CCE Intermunicipal Stormwater Management (ISWM) Program Public Education and Outreach Program.

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

Stock of materials was checked and determined adequate.

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

			6
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

The Round Lake Village newsletter (e-letter; distributed via email and available for viewing at our website) will include a 4-part series of homeowner/resident tips/techniques covering 1) Pet Waste; 2) Lawn/Organic Debris disposal and Property Maintenance; 3) Illicit Discharges; 4) Rain Barrels, Cisterning, & Rain Gardens. One article will appear in each of the Village's Quarterly newsletters.

6932504403

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Maintain/continue all selected BMPs detailed in the ISWM Program Plan.

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

All kiosks/information displays continue to be maintained at all local MS4 locations; the Eastern NY SW RTC continues to offer professional-level accredited stormwater management education/training (267 attendees, 1,068hrs of training); the ISWM Program website is maintained as the online source for information - updated as needed; ISWM Program continues to conduct direct education/outreach to groups/individuals and Staff throughout Saratoga County (187 attendees, 748hrs of education/training).

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

(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program  
-Maintain website; ongoing throughout the year  
-Maintain "Town Hall" displays/kiosks; ongoing throughout the year  
-Continue direct education/outreach programming; ongoing throughout the year  
-Continue SW Regional Training Center w/ John Dunkle; ongoing throughout the year  
-Update existing "Story Maps" to website via ESRI ArcGIS Online Story Map tool

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

City of Saratoga Springs
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SPDES ID  

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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Provide general public with access to information and educational materials related to stormwater management and pollution prevention.

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

- (365) days SW Management Program web page posted on City of Saratoga Springs web site.
- (10,300) utility bills mailed quarterly with information about stormwater pollution prevention.
- Brochures and other printed material made available to general public in City Engineers Office.
- Pet waste and waterfowl feeding signs posted at Congress Park, Farmers Market, and other locales.
- (25) "Don't Pollute" storm drain decals installed or replaced this report year.

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

	3	6	5
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(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

- Maintain and update stormwater web page on the City's web site.
- Continue to include stormwater pollution prevention information on quarterly utility bills.
- Maintain public accessibility to information and educational materials.
- Install/maintain posted signs promoting pet waste disposal and provide waste collection bags.
- Install new or replace worn "Don't Pollute" storm drain decals.

6932504403

### MS4 Annual Report Form

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

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Name of MS4/Coalition

SPDES ID  

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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Continue participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach.

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

All selected BMP's detailed in the ISWM Program Plan continue to be implemented.

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

			1
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

Continue implementation of the Saratoga County ISWM Program Education/Outreach Program  
-Maintain website: ongoing throughout the year  
-Maintain "Town Hall" display/kiosks; ongoing throughout the year  
-Continue direct education/outreach programming; ongoing throughout the year  
-Continue SW Regional Training Center w/John Dunkle; ongoing throughout the year



6932504403

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

Name of MS4/Coalition

SPDES ID								
N	Y	R	2	0	A	5	4	9

#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

The Town of Stillwater provided stormwater materials with site plan applications and maintains materials for developers (11 total) and residents at the Stillwater Town Hall. A public workshop was held to present the Saratoga Lake Water Quality Report. The Town of Stillwater continues to participate with the Saratoga County ISWM Program for Public Outreach.

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

The Town of Stillwater ensured compliance through the review of development projects for Site Plan Review, Special Use Permit Review, Planned Development District Review, and Major Subdivision Review. Participation with the Saratoga ISWM Program continues to build on areas of Public Education and Outreach that can be achieved.

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

*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

The Town of Stillwater will continue to maintain the website links.  
The Town will ensure that direct education materials are available at the Town Hall kiosk.  
Continued participation in ongoing provided training opportunities.  
Continued participation in the Saratoga County ISWM Program.

6932504403

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Village of Stilwater
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SPDES ID  

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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

The Village of Stillwater includes stormwater materials with site plan applications. Materials are made available to developers and residents at the Stillwater Town Hall. The Village of Stillwater continues to participate with the Saratoga County ISWM Program for Public Outreach.

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

Compliance with review of development procedures for Site Plan Review was achieved. Participation with the Saratoga ISWM Program continues to build on areas of Public Education and Outreach that can be achieved.

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

			1
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

The Village maintains website links for stormwater references.  
The Village ensures that direct education materials are available at the Stillwater Town Hall.  
Continued participation in ongoing provided training opportunities.  
Continued participation in the Saratoga County ISWM Program.



### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Waterford
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SPDES ID

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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

The Town maintained educational kiosks at the Town Hall and Harbor Center which includes, among other pamphlets and brochures, information about stormwater.
--

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

Four different stormwater pamphlets/brochures are made available to the public at Town Hall: "Where does all the Dirty Water Go?"; "10 Things You Can do to Prevent Stormwater Runoff Pollution"; "Stormwater Regulations and the Construction Industry"; and "After the Storm".
--

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

			4
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

The Town will continue to maintain the educational kiosk.
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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Waterford
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SPDES ID

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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

The Town maintained its stormwater website: <a href="http://www.waterfordstormwater.com">www.waterfordstormwater.com</a> which educates the public, notifies of stormwater program events, includes the Town's stormwater mapping, and more.
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##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The website received 61 visitors during this reporting period.
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##### C. How many times was this observation measured or evaluated in this reporting period?

		6	1
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

The Town will continue to update the website and utilize it for public education and involvement.
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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Wilton
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SPDES ID

N	Y	R	2	0	A	1	1	4
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#### 4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Continue participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach.
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##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Selected BMPs detailed in the ISWM Program Plan continue to be implemented when practical.
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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).

Continue implementation of the Saratoga County I-SWM Program Education/Outreach Program - Maintain website; ongoing throughout the year - Maintain "Town Hall" display/kiosks; ongoing throughout the year, when needed - Continue education/outreach programming; ongoing throughout the year, when feasible. - Continue SW Regional Training Center; ongoing throughout the year, when feasible.
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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

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

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

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

How many MS4s contributed to this report? 

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**1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:**

- Cleanup Events # Events 

				1
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- Comments on SWMP Received # Comments 

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- Community Hotlines Phone # ( 

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  - Phone # ( 

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- Community Meetings # Attendees 

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- Plantings Sq. Ft. 

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- Storm Drain Markings # Drains 

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- Stakeholder Meetings # Attendees 

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- Volunteer Monitoring # Events 

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- Other: 

W	a	t	e	r	s	h	e	d		M	a	n	a	g	e	m	e	n	t		P	l	a	n						
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**2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?**  Yes  No

- List-Serve # In List 

				3	9
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- Newspaper Advertising # Days Run 

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- TV/Radio Notices # Days Run 

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- Other: 

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

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

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SPDES ID  

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

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

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

How many MS4s contributed to this report? 

1		
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**1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:**

- Cleanup Events # Events 

				1
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- Comments on SWMP Received # Comments 

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- Community Hotlines Phone # ( 

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- Community Meetings # Attendees 

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- Plantings Sq. Ft. 

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- Storm Drain Markings # Drains 

				5
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- Stakeholder Meetings # Attendees 

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- Volunteer Monitoring # Events 

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- Other: 

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**2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?**  Yes  No

- List-Serve # In List 

	1	6	3	5
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- Newspaper Advertising # Days Run 

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- TV/Radio Notices # Days Run 

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- Other: 

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





### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

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SPDES ID  

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

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

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

How many MS4s contributed to this report? 

1		
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**1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:**

- Cleanup Events # Events 

			>	5
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- Comments on SWMP Received # Comments 

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- Community Hotlines Phone # ( 

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- Community Meetings # Attendees 

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- Plantings Sq. Ft. 

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- Storm Drain Markings # Drains 

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- Stakeholder Meetings # Attendees 

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- Volunteer Monitoring # Events 

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- Other: 

T	o	w	n	&	P	l	a	n	n	i	n	g		B	o	a	r	d		m	e	e	t	i	n	g		.		2	4		
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**2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?  Yes  No**

- List-Serve # In List 

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- Newspaper Advertising # Days Run 

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- TV/Radio Notices # Days Run 

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- Other: 

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































### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Saratoga County ISWM Program
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SPDES ID  

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

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

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

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

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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

Name of MS4/Coalition

SPDES ID  

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

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

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Greenfield
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SPDES ID  

N	Y	R	2	0	A	1	2	3
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#### 2. URL(s) con't.:

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

URL

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Halfmoon
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SPDES ID  

N	Y	R	2	0	A	3	7	5
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#### 2. URL(s) con't.:

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

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URL

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

City of Mechanicville
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SPDES ID  

N	Y	R	2	0	A	5	5	1
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#### 2. URL(s) con't.:

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

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

TOWN OF MILTON
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SPDES ID  

N	Y	R	2	0	A	1	0	8
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**2. URL(s) con't.:**

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

URL  

<a href="http://www.saratogastormwater.org/Residential%20ED/on%20line%20resc/Public%20Ed/Hotlines_Profile_Sheet.pdf">http://www.saratogastormwater.org/Residential%20ED/on%20line%20resc/Public%20Ed/Hotlines_Profile_Sheet.pdf</a>
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URL  

<a href="http://www.saratogastormwater.org/Municipal-govt-ED/on%20line%20resc/public%20involvement/Protection%20your%20Town.pdf">http://www.saratogastormwater.org/Municipal-govt-ED/on%20line%20resc/public%20involvement/Protection%20your%20Town.pdf</a>
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URL  

<a href="http://www.saratogastormwater.org/Municipal-govt-ED/on%20line%20resc/public%20involvement/Putting%20Communities%20in%20the%20Driver's%20Seat.pdf">http://www.saratogastormwater.org/Municipal-govt-ED/on%20line%20resc/public%20involvement/Putting%20Communities%20in%20the%20Driver's%20Seat.pdf</a>
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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

Name of MS4/Coalition

SPDES ID  

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

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

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

City of Saratoga Springs
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SPDES ID  

N	Y	R	2	0	A	2	1	6
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**2. URL(s) con't.:**

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

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Wilton
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SPDES ID  

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

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

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Ballston
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SPDES ID  

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

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

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URL

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5441172015

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

### 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  
R o u n d L a k e V i l l a g e H a l l  
Address  
4 9 B u r l i n g t o n A v e n u e  
City  
R o u n d L a k e N Y Zip  
1 2 1 5 1 -  
Phone  
( 5 1 8 ) 8 9 9 - 2 8 0 0

Library  Annual Report  SWMP Plan  Comments

Address  
City  
Zip  
Phone  
( ) -

Other  Annual Report  SWMP Plan  Comments

Address  
5 0 W e s t H i g h S t r e e t  
City  
B a l l s t o n S p a N Y Zip  
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Phone  
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Web Page URL:  Annual Report  SWMP Plan  Comments

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

eMail  Comments

v i l l a g e r l @ r o u n d l a k e v i l l a g e . o r g  
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5441172015

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

Name of MS4/Coalition: South Glens Falls

SPDES ID  
N Y R 2 0 A 0 9 1

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

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

MS4/Coalition Office  Annual Report  SWMP Plan  Comments

Department

P u b l i c W o r k s

Address

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City

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

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Zip

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Phone

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Library  Annual Report  SWMP Plan  Comments

Address

City

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Phone

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Other  Annual Report  SWMP Plan  Comments

Address

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City

B a l l s t o n S p a

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Zip

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Phone

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Web Page URL:  Annual Report  SWMP Plan  Comments

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e s o u r c e s

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

eMail  Comments

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













### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Saratoga County ISWM Program									
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SPDES ID									
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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

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

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

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Ballston
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 SPDES ID 

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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

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

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

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

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SPDES ID  

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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

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

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

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

TOWN OF CLIFTON PARK
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SPDES ID  

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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

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

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

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Greenfield									
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SPDES ID									
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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

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

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

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Halfmoon
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SPDES ID  

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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

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

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

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Malta
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SPDES ID  

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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

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

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

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

City of Mechanicville									
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SPDES ID									
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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

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

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

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.



### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

TOWN OF MILTON
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SPDES ID  

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**4.a. If this report was made available on the internet, what date was it posted?**

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

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

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

TOWN OF MOREAU									
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SPDES ID									
N	Y	R	2	0	A	1	5	8	

**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

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2	0	2	3
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**4.b. For how many days was/will this report be posted?**

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

0614183104

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Round Lake
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SPDES ID  

N	Y	R	2	0	A	0	9	9
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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

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2	0	2	3
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**4.b. For how many days was/will this report be posted?**

6	0
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

0614183104

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Saratoga County ISWM Program
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SPDES ID  

N	Y	R	2	0	C	0	0	6
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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

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2	0	2	3
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**4.b. For how many days was/will this report be posted?**

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

City of Saratoga Springs																			
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SPDES ID  

N	Y	R	2	0	A	2	1	6
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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

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

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

0614183104

**MS4 Annual Report Form**

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

South Glens Falls
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SPDES ID  

N	Y	R	2	0	A	0	9	1
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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

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

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

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Stillwater
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SPDES ID

N	Y	R	2	0	A	5	4	9
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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

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

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

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Village of Stillwater
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SPDES ID  

N	Y	R	2	0	A	5	4	7
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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

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

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

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.



### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Waterford
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SPDES ID  

N	Y	R	2	0	A	0	3	7
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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

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2	0	2	3
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**4.b. For how many days was/will this report be posted?**

3	6	5
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Wilton									
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 SPDES ID 

N	Y	R	2	0	A	1	1	4
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**4.a. If this report was made available on the internet, what date was it posted?**

Leave blank if this report was not posted on the internet.

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

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

**5.a. Was an Annual Report public meeting held in this reporting period?**

Yes  No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes  No

**5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?**

Yes  No

If No, is one planned for each?

Yes  No

**6. Were comments received during this reporting period?**

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Saratoga County ISWM Program
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SPDES ID

N	Y	R	2	0	C	0	0	6
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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Facilitation of on-time, individual Saratoga County Local MS4s' 2023 Annual Reports, including this addendum thereto.
---

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

Annual Reporting: Awaiting changeover in permitting to resume combined annual reporting for Saratoga County MS4s; Volunteerism and Stewardship: 0% Participation by all registered volunteer groups - this goal has not been met. Volunteerism remains a low-priority for stewardship groups in 2022, due to lingering effects of COVID protocols.
---

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

2			
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Continue implementation of Saratoga County Biological Monitoring & Assessment - Kayaderosseras Ck (BioMAK) and the Dwass Kill (BioMAD) in coordination with the NYS DEC WAVE Program; Resume administration of all Adopt-A-Highway Programs, SOP of ISWM Program publication of a Combined Saratoga County MS4 Annual Report, post-pandemic.
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### MS4 Annual Report Form

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

2	0	2	3
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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
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SPDES ID  

N	Y	R	2	0	A	1	5	7
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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Continue to work with the ISWM program to discuss strategy for implementing the potential changes to the MS4 permit within their respective programs. Draft language will be continued to be reviewed to address the new potential requirements.

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

The ISWM program participants continue to coordinate to discuss the strategy for implementing the potential changes to the MS4 permit within their respective programs.

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

			2
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Continue to work with the ISWM program to discuss strategy for implementing the potential changes to the MS4 permit within their respective programs. Draft language will be continued to be reviewed to address the new potential requirements.

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Charlton

SPDES ID

N	Y	R	2	0	A	0	3	2
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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Participate in Saratoga County Intermunicipal Storm program. Continue free tree plantings giveaway. Continue waste collection and recycling events as possible, continue proportional funding of County MS4 program

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

Attendance at tree planting giveaway and roadside pickup events continues to see resident participation.

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

			2
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Generally, continue participation in County program and town wide cleanup events. Events are typically done in late April on a weekend as weather permits.

2013032775

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF CLIFTON PARK
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SPDES ID  

N	Y	R	2	0	A	0	3	5
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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Continue to sponsor and support local stewardship activities.  
Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

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

The Town of Clifton Park MS4 Annual Report was delivered complete and on-time.

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

			1
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

Continue all specified measures detailed in the Town of Clifton Park SWMP Plan.  
Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Greenfield
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SPDES ID

N	Y	R	2	0	A	1	2	3
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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Continue to sponsor and support local stewardship activities. Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report. Continue to offer residents opportunity to dispose of home household waste (up to twice per year).
---

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

Road and stream cleanup events will continue in the spring 2023. In 2022 the town held multiple road side and stream corridor cleanups (>5). Home household waste collection was offered twice in 2022, 154 mattresses, 188.43 tons of household waste material, 32.14 tons of metal and 45 pallets of electronic recyclables were collected and disposed of by the town. In 2023 the Town will continue participation in County program.
---

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

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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Continue all specified measures detailed in the Town of Greenfield SWMP Plan. Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.
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### MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID

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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Continue Clean-up events including Annual Spring Cleanup Event (6 days), the Mohawk River Cleanup Event. The SWMPP and annual reports (all) to be available for review at the Planning Department, during regular business hours to the general public or upon request for review.

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

Clean up event is held annually each spring. The SWMPP and annual reports are available for review at the Planning Department. No requests to review documents this reporting period

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

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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Continue all specified measures detailed in the Town of Halfmoon SWMP Plan.  
Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.



### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Malta
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SPDES ID

N	Y	R	2	0	A	0	8	6
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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

The Town of Malta will endeavor to continue outreach for volunteers for drain marking.

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

The Planning Department being understaffed, and lack of interest from the public, the drain marking program did not have public participation in 2022 due to lingering effects of COVID 19 protocols.

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

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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

The Town of Malta will endeavor to hold an informational meeting for Homeowner Associations regarding SMP owner/operator responsibility as well as providing information for Level I inspection requirements and/or training.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

City of Mechanicville									
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SPDES ID

N	Y	R	2	0	A	5	5	1
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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

The City participated in the Saratoga County CCE ISWM Program's Stormwater Management Public Participation and Involvement program.
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##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All selected BMPs detailed in the ISWM Program Plan continue to be implemented.
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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).

The City will continue to implement the Saratoga County ISWM Program for Public Involvement and Participation.
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### MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	5	5	1
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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

The City used to host solid waste drop-off days in an effort to reduce illegal dumping. This includes collection of household appliances and mattresses. Hazardous waste materials are not accepted. They now permit residents to drop these items off during regular business hours, daily.

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

This program is now offered to Mechanicville residents daily, during DPW business hours, which greatly expands the potential for participation.

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

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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

The City plans to continue offering this to residents.

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF MILTON
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SPDES ID  

N	Y	R	2	0	A	1	0	8
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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Participation in the ISWM Program publication of a combined Saratoga County MS4 Annual Report.
--

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

The Town of Milton MS4 Annual Report was completed within the required time frames.
---

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

			2
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Participation in the ISWM Program publication of a combined Saratoga County MS4 Annual Report
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### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF MOREAU
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SPDES ID

N	Y	R	2	0	A	1	5	8
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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Continue all specified measures detailed in the Town of Moreau SWMP Plan. Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report
--

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

The Town continued to be a member of the Saratoga County ISWM Program and relied upon this as a source of meeting MCM 2 goals. The Town did not individually promote public involvement and participation otherwise.
--

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

2			
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

The Draft annual report will be advertised for review and comment by the public available at the Town Hall, Office of the Stormwater Management Officer at the Town Highway Department, and at a public meeting where the report will be presented and public comment received. The Town's website will also include a separate stormwater web page and include a link to the ISWM Program website.
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2013032775

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	0	9	9
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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Continue cooperation with the Saratoga County/CCE Saratoga Intermunicipal Stormwater Management/ISWM Program; submittal of local Annual Report on/before 05/01/2020 to ISWM Program for publication; continue offering opportunity for public participation through Village-wide Spring Clean Up event; continue to provide opportunity for public inquiry &/or comment via monthly Village Board Meetings (i.e. Board of Trustees, Planning Board)

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

This year's AR was completed, signed, and submitted to the Saratoga County ISWM Program by May 20th; Village Clean Up was not held this year; the public is welcome to attend Village Board meetings (i.e. Board of Trustees, Planning Board) wherein Public Comment period is open to anyone in attendance with comments &/or questions for the respective Board or the current business before that Board.

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

			7
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(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

Continue all protocols cited above. No new initiatives planned for next reporting year.



2013032775

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Saratoga County ISWM Program
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SPDES ID  

N	Y	R	2	0	C	0	0	6
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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Facilitation of on-time, individual Saratoga County Local MS4s' 2023 Annual Reports, including this addendum thereto.

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

Annual Reporting:  
Awaiting changeover in permitting to resume combined annual reporting for Saratoga County MS4s;  
Volunteerism and Stewardship:  
0% Participation by all registered volunteer groups - this goal has not been met. Volunteerism remains a low-priority for stewardship groups in 2022, due to lingering effects of COVID protocols.

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

2			
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

Continue implementation of Saratoga County Biological Monitoring & Assessment - Kayaderosseras Ck (BioMAK) and the Dwass Kill (BioMAD) in coordination with the NYS DEC WAVE Program;  
Resume administration of all Adopt-A-Highway Programs, SOP of ISWM Program publication of a Combined Saratoga County MS4 Annual Report, post-pandemic.

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	2	1	6
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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

- Coordinate a household hazardous waste collection day for City residents every other year.
- Promote water conservation to customers connected to municipal distribution system.
- Encourage public to review stormwater management program plan, annual reports, web page, etc...
- Provide contact info for Stormwater Management Officer, Program Coordinator, and report hotline.
- Work with citizen volunteer organizations to enable events and activities.

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

- (1) Household Hazardous Waste Collection Day is scheduled for October 14, 2023.
- (10,300) utility bills mailed quarterly hi-lighting costs incurred from leaky plumbing fixtures.
- Stormwater management program documents made publicly available for public review.
- Contact information and access to City stormwater officials was provided.
- (53) street trees planted by Sustainable Saratoga volunteers.

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

			1
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

- Next household hazardous waste collection day for residents will be held every 2 years.
- Quarterly utility bills will continue to promote water conservation by consumers.
- Stormwater management program documents will continue to be made publicly available.
- Public access to City stormwater officials, documents, web page, etc... will be maintained.
- Sponsor and support local volunteer and stewardship activities such as street tree planting .



2013032775

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

South	Glens	Falls
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SPDES ID  

N	Y	R	2	0	A	0	9	1
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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Continue to sponsor and support local stewardship activities.  
Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

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

The South Glens Falls Annual report was delivered complete and on-time to the ISWM Program Coordinator.

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

		1	2
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

Continue all specified measures detailed in the South Glens Falls SWMP Plan.  
Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

**MS4 Annual Report Form**

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: 

Town of Stillwater
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SPDES ID  

N	Y	R	2	0	A	5	4	9
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**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

The Stormwater Management Plan is available for Public review and the Annual Report are available at the Town of Stillwater Town Hall, Planning Department.

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

The Town of Stillwater MS4 Annual Report was delivered complete and on-time to the NYS DEC and the Saratoga County ISWM Program Coordinator.

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

			1
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

The Town of Stillwater continues to participate with the Saratoga County ISWM Program Maintain the Annual Report and SWMP for public review if requested

**MS4 Annual Report Form**

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Stillwater
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SPDES ID  

N	Y	R	2	0	A	5	4	7
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**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

The Village Stormwater Management Plan is available for Public review on the webpage. The Annual Report SWMP are available at the Town of Stillwater Town Hall, Planning Department.

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

The Village of Stillwater MS4 Annual Report was delivered complete and on-time to the NYS DEC and the Saratoga County ISWM Program Coordinator.

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

			1
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

The Village of Stillwater continues to participate with the Saratoga County ISWM Program  
The Village will maintain links on the Village webpage.  
Maintain the Annual Report and SWMP for public review if requested.

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Waterford
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SPDES ID  

N	Y	R	2	0	A	0	3	7
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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (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 hosts cleanup days.
------------------------------

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

On April 22, 2022 the Canal Clean Sweep took place and report a successful cleanup of the canal bank and area surrounding Lock 4 on the Old Champlain Canal in front of the Waterford Historical Museum and cultural Center.
--

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

			1
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

The Town will continue to publicize and host these cleanup days when applicable.
--

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Waterford
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SPDES ID  

N	Y	R	2	0	A	0	3	7
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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

The Town continues to collect residential yard waste (green waste) annually.
--

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

The Town collected 3,030 yards of green waste during the reporting year.
--

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

3	0	3	0
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

The Town will continue to collect residential yard waste annually.
--

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Waterford
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SPDES ID  

N	Y	R	2	0	A	0	3	7
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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (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 hosted their annual Household Hazardous Waste Collection Day and Electronic Recycling Days.

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

Household Hazardous Waste Day took place on October 22, 2022 and saw a total of 28 cars. Two Electronic Recycling Days were held on April 16 and September 27 for a net weight collected between the 3 days of 2,752lb.

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

2	7	5	2
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

The Town will continue to host the annual Household Hazardous Waste Collection Day and Electronic Recycling Days.

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Wilton
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SPDES ID

N	Y	R	2	0	A	1	1	4
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#### 7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Continue to support local stewardship activities. Continue to participate with the ISWM Program.
---

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

The Town of Wilton MS4 Annual Report was delivered complete and made available to public.
---

##### 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 implementing specified measures detailed in the Town of Wilton SWMP Plan, when feasible. Continue to participate in the ISWM Program
--



















### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2023

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

Name of MS4/Coalition TOWN OF MOREAU

SPDES ID  
NYR20A158

### Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

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

How many MS4s contributed to this report?    

**1. Enter the number and approx. percent of outfalls mapped:** 4      # 100 %

**2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?** 0  

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

- |   |   |
|---|---|
| <input type="radio"/> Auto Recyclers                  | <input type="radio"/> Landscaping (Irrigation)    |
| <input type="radio"/> Building Maintenance            | <input type="radio"/> Marinas                     |
| <input type="radio"/> Churches                        | <input type="radio"/> Metal Plateing Operations   |
| <input type="radio"/> Commercial Carwashes            | <input type="radio"/> Outdoor Fluid Storage       |
| <input type="radio"/> Commercial Laundry/Dry Cleaners | <input type="radio"/> Parking Lot Maintenance     |
| <input type="radio"/> Construction Vehicle Washouts   | <input type="radio"/> Printing                    |
| <input type="radio"/> Cross-Connections               | <input type="radio"/> Residential Carwashing      |
| <input type="radio"/> Distribution Centers            | <input type="radio"/> Restaurants                 |
| <input type="radio"/> Food Processing Facilities      | <input type="radio"/> Schools and Universities    |
| <input type="radio"/> Garbage Truck Washouts          | <input type="radio"/> Septic Maintenance          |
| <input type="radio"/> Hospitals                       | <input type="radio"/> Swimming Pools              |
| <input type="radio"/> Improper RV Waste Disposal      | <input type="radio"/> Vehicle Fueling             |
| <input type="radio"/> Industrial Process Water        | <input type="radio"/> Vehicle Maint./Repair Shops |
| <input type="radio"/> Other:                          | <input checked="" type="radio"/> None             |

Sewersheds:













































### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 2 3

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

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

SPDES ID  
N Y R 2 0            

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

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

E r o s i o n   f r o m   C o n s t r u c t i o n

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

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

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

**7. Has the storm sewershed mapping been completed in this reporting period?**  Yes  No  
 If No, approximately what percent was completed in this reporting period?

1 0 0 %

**8. Is the above information available in GIS?**  Yes  No  
**Is this information available on the web?**  Yes  No

If Yes, provide URL(s):

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

URL

h t t p : / / w w w . m a p h o s t . c o m / s a r a t o g a /

URL

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Saratoga Springs
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SPDES ID  

N	Y	R	2	0	A	2	1	6
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**3.b. What types of illicit discharges have been found during this reporting period?**

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

S	p	i	l	l	s	-	O	i	l	,	G	r	e	a	s	e	,	F	i	r	e		R	e	t	a	r	d	a	n	t
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---

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

		3
--	--	---

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

		3
--	--	---

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

		3
--	--	---

**7. Has the storm sewershed mapping been completed in this reporting period?**  Yes  No  
If No, approximately what percent was completed in this reporting period? 

--	--	--

 %

**8. Is the above information available in GIS?**  Yes  No  
**Is this information available on the web?**  Yes  No  
If Yes, provide URL(s):

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

URL  

h	t	t	p	s	:	/	/	w	w	w	.	s	p	a	t	i	a	l	.	v	h	b	.	c	o	m	/			
s	a	r	a	t	o	g	a	m	a	p	v	i	e	w	e	r														

URL  






















































### MS4 Annual Report Form

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

2	0	2	3
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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
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SPDES ID  

N	Y	R	2	0	A	1	5	7
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#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Continue to respond to and evaluate any public concerns regarding failed septic systems, odors, and suspected illicit discharge. Due to staffing and COVID, the Town was not able to inspect outfalls during dry weather. Town will work in the next reporting period to perform dry weather inspections and maintain records of all outfall inspections, complaints, and confirmed violations.

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

Two suspected illicit discharges were reported and resolved. The Town has a mechanism in place to address illicit discharges if they are reported.

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

			2
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Continue to respond to and evaluate any public concerns regarding failed septic systems, odors, and suspected illicit discharge. Town will work to perform inspections and maintain records of all outfall inspections, complaints, and confirmed violations.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Charlton
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SPDES ID

N	Y	R	2	0	A	0	3	2
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#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Continue to maintain MS4 outfall map, monitor land use changes, conduct bi-annual dry weather observations of storm outfalls, continue laboratory testing of surface water at two watershed collection sites, track changes in 9 parameter pollutant profile, continue to inform public & town officials of the prohibition of discharges to storm system related to Local Law #3 of 2007, continue to monitor illicit discharges via public input and reporting.
---

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

Dry weather observations did not indicate the presence of any illicit discharges. Stream testing was not completed in 2022, however it will resume in 2023.
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##### C. How many times was this observation measured or evaluated in this reporting period?

			2
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

As per correspondence with EPA, the Town increased IDDE training to 100% of relevant staff (Highway Dept.). Town will continue other EDDE tasks of dry weather observations and stream testing.
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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

TOWN OF CLIFTON PARK
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SPDES ID  

N	Y	R	2	0	A	0	3	5
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#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Review and update SWMPP documentation. Continue to have Investigation Requests Forms filled out by residents. Follow up with a Department Response.

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

Records are kept on the Investigation Requests Forms with the actions taken from the town if needed.

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

			1
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

Continue Dry Weather Inspections.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	1	2	3
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#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

The measurable goal for the Town was to continue to monitor the Illicit Discharge Detection and Elimination program including monitoring septic systems, stormwater hot spots and completing dry weather observations. The Town collects and samples surface water from two major discharge points and monitors any changes in background contaminants.

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

During the reporting period the Town observed and reviewed 6 failing septic systems. The Town continues to monitor six locations previously identified as key locations for Dry weather Storm Outfalls. Each of the six locations is observed a minimum of two times per year and the observations are documented. The Town is currently working with Saratoga Coalition to add outfalls to County GIS system.

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

			2
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Continue performance of septic system replacements and modifications, dry weather observations, water quality testing and investigation of any reported illicit discharge violations. The Town is currently working with Saratoga Coalition to add outfalls to County GIS system.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	3	7	5
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#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

The Town had all existing outfalls inspected by a consultant in 2008. The watersheds are being mapped and a full outfall reconnaissance is being undertaken through the coalition that the Town is a member of, the Saratoga County ISWM Program. The mapping of the Town of Halfmoon has been nearly completed and expected to be finished in 2023. The information obtained from this will be mapped with GIS and made available to all members of the coalition and public. The Town developed and adopted the revised IDDE 1-1-11 in 2007.

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

The County -wide stormwater sewershed mapping is underway in a large portion of the County by the ISWM Program and development of a standardized logging mechanism is being developed. The County began the Town of Halfmoon mapping in the spring of 2015, and is nearly complete and expects to be completed in 2023. The Stormwater Management Officer's contact information is available on the Town website to report possible violations. An inspection log is maintained and

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

			1
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

The watersheds are being mapped and a full outfall reconnaissance is being undertaken through the coalition that the Town is a member, the Saratoga County ISWM Program. The mapping of the Town of Halfmoon has been nearly completed and expected to be finished in 2023. The information obtained from this will be mapped with GIS and made available to all members of the coalition. The local law for IDDE will continue to be enforced and the SMO's info will be available to the public on the Town's website.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Town of Malta
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SPDES ID  

N	Y	R	2	0	A	0	8	6
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#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

The Town intends to inspect at least 20% of the outfalls in the coming reporting year so that it can meet the deadline in the MS4 permit. Record and investigate all complaints and suspected violations in a timely manner. Maintain record of outcomes/ dispositions regarding all complaints and suspected violations reported. Maintain an archive of outfall inspections.
--

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

The Town has 40 known outfalls in the regulated MS4 and has inspected 15 outfalls in this reporting period. All complaints have been investigated and responded to in a timely manner. Of these complaints, 1 was determined to be illicit discharges during frozen ground conditions.
--

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

			4
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

The Town intends to inspect at least 20% of the outfalls in the coming reporting year so that it can meet the deadline in the MS4 permit and catch up on inspection requirements. Record and investigate all complaints and suspected violations in a timely manner. Maintain record of outcomes/ dispositions regarding all complaints and suspected violations reported. Maintain an archive of outfall inspections.
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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

City of Mechanicville
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SPDES ID

N	Y	R	2	0	A	5	5	1
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#### 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 City set out to review and confirm the digital outfall map previously created.
--

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

Upon review, an additional outfall was found and added to the outfall map.
--

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

			1
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

The City will continue to inspect outfalls on the prescribed schedule, and will keep log books in fleet vehicles to encourage reporting of potential illicit discharges as well as review and revise mapping as needed.
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### MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	5	5	1
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#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

The City continues to actively investigate, follow up on, and work to eliminate illicit discharges.

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

During this reporting cycle, 1 illicit discharge was identified and followed up on. The discharge consisted of paint in a catch basin and the City used their IDDE postcard to educate the person involved.

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

			1
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

The City will continue to actively fulfill the obligations of their IDDE program, and plans to create an informative flyer for local caterers notifying them not to use the storm drains for dumping food waste.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

City of Mechanicville
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SPDES ID  

N	Y	R	2	0	A	5	5	1
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#### 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 City aims to ensure its personnel are aware of the IDDE program.
--

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

On February 16, nearly all members of the DPW at that time (one not in attendance), the Mayor, and the Code Enforcement Officer attended a general MS4 training with a focus on IDDE.
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##### C. How many times was this observation measured or evaluated in this reporting period?

			8
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

The City will continue to train DPW field personnel on illicit discharge detection and elimination.
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### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	5	5	1
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#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

The City wanted to not only educate the public on what constitutes an illicit discharge, but also invite them to be a partner in tracking suspected illicit discharges.

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

The City's stormwater website ([mechanicvillestormwater.com](http://mechanicvillestormwater.com)) includes a form wherein residents can report suspected illicit discharges. They have the option to do this anonymously. No forms were submitted this reporting cycle.

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

			1
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

The City will continue to host this form.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

City of Mechanicville
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SPDES ID

N	Y	R	2	0	A	5	5	1
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#### 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 City continues to address illicit discharges as they are identified.
--

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

A member of the DPW identified the presence of paint in the storm drain and left an IDDE postcard (compliance request) at the nearest home. This issue did not persist.
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##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

The City will continue to enforce their IDDE program.
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### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

TOWN OF MILTON
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SPDES ID  

N	Y	R	2	0	A	1	0	8
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#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

As per the 2021 EPA Audit / Order on Consent, the Town confirmed the number of outfalls (3). Each outfall has been mapped and was inspected during dry weather conditions. The USEPA has confirmed the Town's compliance with part VII.A.3.d of the General Permit.

All staff have received appropriate IDDE training this period.

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

As per the 2021 EPA Audit / Order on Consent, the Town has digitally mapped outfalls and furnished said data to the Consortium for the purposes of updating County mapping systems.

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

			5
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Dry weather inspections.  
Address deficiencies identified in the ORI completed in 2021 as part of EPA Audit / Order on Consent.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

TOWN OF MOREAU
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SPDES ID  

N	Y	R	2	0	A	1	5	8
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#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Continue to record outfall inspections using standard ORI forms.
--

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

All stormwater outfalls have been mapped but their drainage area have yet to be delineated on a map to facilitate illicit discharge track down. The Town continues to conduct outfall inspections on a rotational basis to ensure that all outfalls are inspected at least once every five years. Standard forms are used to record findings and follow up actions.
---

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

0			
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

The ISWM Program mapping for Town outfalls has been completed. An updated Outfall Inspection Form will be completed following the release and finalization of the new Draft MS4 General Permit. Full implementation will be accomplished by the end of the first year of the new permit-cycle.
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### MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	0	9	9
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#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Mapping of the village collection system is complete, in partnership with the Town of Malta and Saratoga County. Updates to this mapping will continue through 2020 and will be available to the public through the above referenced online GIS Viewer ([www.spatial.vhb.com/SaratogaMapView/](http://www.spatial.vhb.com/SaratogaMapView/)); 0% of the outfalls have been dry-weather screened in this 5-year permit cycle (ref. GP-0-15-003), the Village of Round Lake will meet its compliance requirement for this MCM in Permit-Year 18 (2020-21).

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

Outfall and System Mapping, including flow-direction, is complete; All outfalls were screened in reporting year 9 (2011 - 2012). 0 outfalls were screened in Permit-Year 17 (2019-20).

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

			1
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(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

Dry-weather screening of all outfalls will resume next Reporting-Year (18; 2023-24); Village will transition to cloud-based ESRI ArcGIS Online Mobility Platforms for inspection and records-retention.



### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

Saratoga County, Department of Public Works
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SPDES ID  

N	Y	R	2	0	A	2	0	9
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#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Dry-weather screening of 20% (minimum of 35) of County DPW outfalls per year using the Center For Watershed Protection/EPA IDDE Outfall Reconnaissance Inventory (ORI) form.

Re-mapping of collection/conveyance systems and discharge points/outfalls.

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

Measurable Goal had been exceeded in previous reporting years; approximately 80% of outfalls screened to date. Screening continued this reporting year; 8 outfalls screened (target is 40 per year). The goal has not been met.

Re-mapping of collection/conveyance systems and discharge points/outfalls initiated this reporting year; target completion date of 2019.

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

			1
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Continue to implement the IDDE Program as planned (i.e. public education and outfall screening programs). To date 100% of all known/mapped outfalls have been dry-weather screened. Awaiting new Permitting to determine future measurable goal for Dry-Weather Outfall Screening; approximately 8 outfalls in Year-16 /2018-2019.

### MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	2	1	6
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#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

- Implement a comprehensive illicit discharge detection and elimination program.
- Maintain mapping of outfall locations and inspect the outfalls at least once every (5) years.
- Raise general awareness of illicit discharges and enforce local law to mitigate problems.
- Maintain mapping of the City's stormwater sewer system to facilitate IDDE program.
- Prioritize areas most susceptible to illicit discharges and closely monitor existing conditions.

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

- (3) potential illicit discharges identified, investigated, and/or remediated.
- (0) new outfalls inventoried. (0) outfalls inspected.
- Provided information to raise public awareness of sources of stormwater pollution.
- Continued work to update municipal sewer system mapping.
- (2) stormwater sampling events with samples tested for fecal coliform.

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

			3
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*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

- IDDE program will continue to be implemented and local law enforced.
- New outfalls will be inventoried and added to City map. Outfalls inspected every (5) years.
- Public education campaign will be used to raise awareness of illicit discharges.
- Municipal sewer system mapping will continue to be updated and maintained.
- Storm sewer system sampling and testing to identify and eliminate pollution.

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### MS4 Annual Report Form

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

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

Name of MS4/Coalition

South Glens Falls

SPDES ID

N	Y	R	2	0	A	0	9	1
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#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

Continue to use new GIS to map and inspect our stormwater system.

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

Continue to follow the MS4 permit.

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

			1
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*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

Continue to check outfalls for Illicit discharges.  
Train employees.  
Continue to use the new GIS system to inspect and improve our stormwater system.

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Stillwater
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SPDES ID  

N	Y	R	2	0	A	5	4	9
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#### 12. Evaluating Progress Toward Measurable Goals MCM 3

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

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town is working in coalition with the Saratoga County ISWM program to map and develop a standardized resource/inventory of a county wide stormwater sewershed database. The watersheds were mapped and a full outfall reconnaissance is was performed. Information was obtained from this and mapped with GIS and made available to all members of the coalition.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town of Stillwater adopted its Stormwater Management Plan and Local IDDE Law in November of 2016. No illicit discharges were reported during this reporting period.

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes  No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes  No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town participates in the Saratoga County ISWM program who is working to map and develop a standardized resource/inventory of a county wide stormwater sewershed database. The local law for IDDE was passed in November of 2016

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Stillwater
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SPDES ID  

N	Y	R	2	0	A	5	4	7
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**12. Evaluating Progress Toward Measurable Goals MCM 3**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

The Village is working in coalition with the Saratoga County ISWM program to map and develop a standardized resource/inventory of a county wide stormwater sewershed database. The watersheds were mapped and a full outfall reconnaissance is was performed. Information was obtained from this and will be mapped with GIS and made available to all members of the coalition and public.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

The Village of Stillwater adopted its Stormwater Management Plan and Local IDDE Law in November of 2016.

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
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*(ex.: samples/participants/events)*

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

Yes  No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

Yes  No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

The Village of Stillwater has developed their Stormwater Management Plan (SWMP). The Village is working in coalition with the Town of Stillwater for stormwater management. The Village has also been working with the Saratoga County ISWM program to map and develop a standardized resource/inventory of a county wide stormwater sewershed database. The local law for IDDE was passed in November of 2016

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Waterford
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SPDES ID  

N	Y	R	2	0	A	0	3	7
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#### 12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Outfall inspections are performed at a rate of 100% of the outfalls every five years, as required.
--

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town is within a new 5-year inspection period, and is therefore up-to-date. However, outfalls are maintained as needed and two locations received maintenance: Sugarloaf Pond & Devitt Road.
--

##### C. How many times was this observation measured or evaluated in this reporting period?

			2
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to adhere to the required outfall inspection schedule, with the Saratoga County Intermunicipal Stormwater Management Program assisting with inspections.
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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Wilton
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SPDES ID

N	Y	R	2	0	A	1	1	4
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#### 12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue program of outfall inspections and data collection for IDDE; Continue performing dry weather inspections on outfalls.
---

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

No illicit discharges found at outfall locations inspected.
---

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue with outfall inspections Continue performing inspections with reports and photographs when necessary.
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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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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
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SPDES ID  

N	Y	R	2	0	A	1	5	7
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### Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  
 09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

	1	2
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

		1
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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Charlton
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SPDES ID  

N	Y	R	2	0	A	0	3	2
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### Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

1		
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**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  
 09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

		2
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

		0
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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No

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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF CLIFTON PARK
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SPDES ID  

N	Y	R	2	0	A	0	3	5
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### Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

		1
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**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  
 09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

	1	4
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

		0
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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Greenfield
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SPDES ID  

N	Y	R	2	0	A	1	2	3
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### Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

1		
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**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  
 09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

		3
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

		0
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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Halfmoon
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SPDES ID  

N	Y	R	2	0	A	3	7	5
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### Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  
 09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

	1	0
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

		0
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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Malta
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SPDES ID  

N	Y	R	2	0	A	0	8	6
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### Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?  Yes  No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  09/2004  03/2006  NT

2. Does your MS4/Coalition have a SWPPP review procedure in place?  Yes  No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 

		4
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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

		0
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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?  Yes  No

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Mechanicville
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SPDES ID  

N	Y	R	2	0	A	5	5	1
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### Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  
 09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

		0
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF MILTON
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SPDES ID  

N	Y	R	2	0	A	1	0	8
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### Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

		1
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**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

	1	3
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

		7
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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

T	O	W	N	O	F	M	O	R	E	A	U
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SPDES ID  

N	Y	R	2	0	A	1	5	8
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### Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  
 09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

4		
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

0		
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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No



5624056356

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Round Lake

SPDES ID

N	Y	R	2	0	A	0	9	9
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### Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

		1
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**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

		0
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

		0
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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Saratoga County, Department of Public Works
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SPDES ID  

N	Y	R	2	0	A	2	0	9
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### Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  
 09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

		0
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

		0
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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Saratoga Springs
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SPDES ID  

N	Y	R	2	0	A	2	1	6
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### Minimum Control 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 certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  
 09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

		5
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

		0
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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No

5624056356

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

South Glens Falls

SPDES ID

N	Y	R	2	0	A	0	9	1
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**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  
 09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

		0
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

		0
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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Stillwater
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SPDES ID  

N	Y	R	2	0	A	5	4	9
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**Minimum Control 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 certification or using the NYSDEC Gap Analysis Workbook?  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  
 09/2004  03/2006  NT

2. Does your MS4/Coalition have a SWPPP review procedure in place?  Yes  No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 

		1
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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

		0
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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?  Yes  No

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Stillwater
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SPDES ID  

N	Y	R	2	0	A	5	4	7
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**Minimum Control Measures 4 and 5.**  
**Construction Site and Post-Construction Control**

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  
 09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

		1
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

		0
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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Waterford
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SPDES ID  

N	Y	R	2	0	A	0	3	7
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### Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  
 09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

		0
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

		0
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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Wilton
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SPDES ID  

N	Y	R	2	0	A	1	1	4
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### Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  09/2004  03/2006  NT

**2. Does your MS4/Coalition have a SWPPP review procedure in place?**  Yes  No

**3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?**

		4
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**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

		0
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**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No



**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
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 No Authority
- Stop Work Orders # 

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 No Authority
- Criminal Actions # 

--	--	--	--	--	--

 No Authority
- Termination of Contracts # 

--	--	--	--	--	--

 No Authority
- Administrative Fines # 

--	--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions # 

--	--	--	--	--	--

 No Authority
- Other # 

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 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
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 ○ No Authority
- Stop Work Orders # 

					0
--	--	--	--	--	---

 ○ No Authority
- Criminal Actions # 

					0
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 ○ No Authority
- Termination of Contracts # 

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 ○ No Authority
- Administrative Fines # 

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 ○ No Authority
- Civil Penalties # 

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 ○ No Authority
- Administrative Orders # 

					0
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 ○ No Authority
- Enforcement Actions or Sanctions # 

					0
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 ○ No Authority
- Other # 

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 ○ No Authority

3951056357

**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 # 

					1
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 No Authority
- Stop Work Orders # 

					0
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 No Authority
- Criminal Actions # 

					0
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 No Authority
- Termination of Contracts # 

					0
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 No Authority
- Administrative Fines # 

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 No Authority
- Civil Penalties # 

					0
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 No Authority
- Administrative Orders # 

					0
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 No Authority
- Enforcement Actions or Sanctions # 

					0
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- Other # 

					3
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 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:**

<input checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td>0</td></tr></table>						0	<input type="radio"/> No Authority
					0				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td>0</td></tr></table>						0	<input type="radio"/> No Authority
					0				
<input checked="" type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td>0</td></tr></table>						0	<input type="radio"/> No Authority
					0				
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input checked="" type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td>0</td></tr></table>						0	<input type="radio"/> No Authority
					0				
<input type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> 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 # 

					2
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 No Authority
- Stop Work Orders # 

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 No Authority
- Criminal Actions # 

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 No Authority
- Termination of Contracts # 

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 No Authority
- Administrative Fines # 

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 No Authority
- Civil Penalties # 

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 No Authority
- Administrative Orders # 

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 No Authority
- Enforcement Actions or Sanctions # 

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 No Authority
- Other # 

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 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 # 

					1
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 No Authority
- Stop Work Orders # 

					0
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 No Authority
- Criminal Actions # 

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 No Authority
- Termination of Contracts # 

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 No Authority
- Administrative Fines # 

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 No Authority
- Civil Penalties # 

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 No Authority
- Administrative Orders # 

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 No Authority
- Enforcement Actions or Sanctions # 

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 No Authority
- Other # 

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 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:**

<input checked="" type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input checked="" type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> No Authority
<input checked="" type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<input type="radio"/> No Authority
				0				
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> 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
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 No Authority
- Stop Work Orders # 

					0
--	--	--	--	--	---

 No Authority
- Criminal Actions # 

					0
--	--	--	--	--	---

 No Authority
- Termination of Contracts # 

					0
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 No Authority
- Administrative Fines # 

					0
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 No Authority
- Civil Penalties # 

					0
--	--	--	--	--	---

 No Authority
- Administrative Orders # 

					0
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 No Authority
- Enforcement Actions or Sanctions # 

					0
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 No Authority
- Other # 

					0
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 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:**

<input checked="" type="radio"/> Notices of Violation	#	0					<input type="radio"/> No Authority
<input checked="" type="radio"/> Stop Work Orders	#	0					<input type="radio"/> No Authority
<input checked="" type="radio"/> Criminal Actions	#	0					<input type="radio"/> No Authority
<input checked="" type="radio"/> Termination of Contracts	#	0					<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#						<input checked="" type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#						<input checked="" type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#						<input checked="" type="radio"/> No Authority
<input checked="" type="radio"/> Enforcement Actions or Sanctions	#	0					
<input type="radio"/> Other	#						<input type="radio"/> No Authority

3951056357

**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
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 No Authority
- Stop Work Orders # 

					0
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 No Authority
- Criminal Actions # 

					0
--	--	--	--	--	---

 No Authority
- Termination of Contracts # 

					0
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 No Authority
- Administrative Fines # 

					0
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 No Authority
- Civil Penalties # 

					0
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 No Authority
- Administrative Orders # 

					0
--	--	--	--	--	---

 No Authority
- Enforcement Actions or Sanctions # 

					0
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 No Authority
- Other # 

					0
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 No Authority

3951056357

**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:**

- |  |   |   |  |   |  |  |   |   |
|--|---|---|--|---|--|--|---|---|
| <input type="radio"/> Notices of Violation             | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   | <input checked="" type="radio"/> No Authority |
|  |   |   |  |   |  |  |   |   |
| <input type="radio"/> Stop Work Orders                 | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   | <input checked="" type="radio"/> No Authority |
|  |   |   |  |   |  |  |   |   |
| <input type="radio"/> Criminal Actions                 | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   | <input checked="" type="radio"/> No Authority |
|  |   |   |  |   |  |  |   |   |
| <input type="radio"/> Termination of Contracts         | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |   |  |  | 0 | <input type="radio"/> No Authority            |
|  |   |   |  | 0 |  |  |   |   |
| <input type="radio"/> Administrative Fines             | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |   |  |  | 0 | <input type="radio"/> No Authority            |
|  |   |   |  | 0 |  |  |   |   |
| <input type="radio"/> Civil Penalties                  | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   | <input checked="" type="radio"/> No Authority |
|  |   |   |  |   |  |  |   |   |
| <input type="radio"/> Administrative Orders            | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |   |  |  | 0 | <input type="radio"/> No Authority            |
|  |   |   |  | 0 |  |  |   |   |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |   |  |  | 0 | <input type="radio"/> No Authority            |
|  |   |   |  | 0 |  |  |   |   |
| <input type="radio"/> Other                            | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |   |  |  |   | <input type="radio"/> 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 # 

					2
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 ○ No Authority
- Stop Work Orders # 

					1
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 ○ No Authority
- Criminal Actions # 

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 ○ No Authority
- Termination of Contracts # 

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 ○ No Authority
- Administrative Fines # 

--	--	--	--	--	--

 ○ No Authority
- Civil Penalties # 

--	--	--	--	--	--

 ○ No Authority
- Administrative Orders # 

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 ○ No Authority
- Enforcement Actions or Sanctions # 

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- Other # 

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 ○ No Authority

3951056357

**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:**

- |  |   |   |  |  |   |  |  |   |   |
|--|---|---|--|--|---|--|--|---|---|
| <input type="radio"/> Notices of Violation             | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input type="radio"/> No Authority            |
|  |   |   |  |  | 0 |  |  |   |   |
| <input type="radio"/> Stop Work Orders                 | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input type="radio"/> No Authority            |
|  |   |   |  |  | 0 |  |  |   |   |
| <input type="radio"/> Criminal Actions                 | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input checked="" type="radio"/> No Authority |
|  |   |   |  |  | 0 |  |  |   |   |
| <input type="radio"/> Termination of Contracts         | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input checked="" type="radio"/> No Authority |
|  |   |   |  |  | 0 |  |  |   |   |
| <input type="radio"/> Administrative Fines             | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input type="radio"/> No Authority            |
|  |   |   |  |  | 0 |  |  |   |   |
| <input type="radio"/> Civil Penalties                  | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input type="radio"/> No Authority            |
|  |   |   |  |  | 0 |  |  |   |   |
| <input type="radio"/> Administrative Orders            | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input type="radio"/> No Authority            |
|  |   |   |  |  | 0 |  |  |   |   |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input type="radio"/> No Authority            |
|  |   |   |  |  | 0 |  |  |   |   |
| <input type="radio"/> Other                            | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |  |  |   |  |  | 0 | <input type="radio"/> No Authority            |
|  |   |   |  |  | 0 |  |  |   |   |

3951056357

**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 # 

--	--	--	--	--

 No Authority
- Stop Work Orders # 

			1	
--	--	--	---	--

 No Authority
- Criminal Actions # 

--	--	--	--	--

 No Authority
- Termination of Contracts # 

--	--	--	--	--

 No Authority
- Administrative Fines # 

--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions # 

--	--	--	--	--

 No Authority
- Other # 

--	--	--	--	--

 No Authority

3951056357

**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 # 

--	--	--	--	--	--

 No Authority
- Stop Work Orders # 

--	--	--	--	--	--

 No Authority
- Criminal Actions # 

--	--	--	--	--	--

 No Authority
- Termination of Contracts # 

--	--	--	--	--	--

 No Authority
- Administrative Fines # 

--	--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions # 

--	--	--	--	--	--

 No Authority
- Other # 

--	--	--	--	--	--

 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
- 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
--	--	--	--	--	---

 ○ No Authority
- Other # 

--	--	--	--	--	--

 ○ 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:**

<input type="radio"/> Notices of Violation	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Stop Work Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Criminal Actions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Termination of Contracts	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Administrative Fines	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Civil Penalties	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input type="radio"/> Administrative Orders	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority
<input checked="" type="radio"/> Enforcement Actions or Sanctions	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td>1</td></tr></table>						1	
					1				
<input type="radio"/> Other	#	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<input type="radio"/> No Authority

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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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
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SPDES ID  

N	Y	R	2	0	A	1	5	7
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### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

	1	2
--	---	---
  
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

	1	2
--	---	---
  
  3. What percent of active construction sites were inspected during this reporting period?  NT 

1	0	0
---	---	---

 %
  
  4. What percent of active construction sites were inspected more than once?  NT 

1	0	0
---	---	---

 %
  
  5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT
  
  6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Charlton
------------------

SPDES ID  

N	Y	R	2	0	A	0	3	2
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### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

1		
---	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

	0	2
--	---	---
  
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

	0	2
--	---	---
  
  3. What percent of active construction sites were inspected during this reporting period?  NT 

1	0	0
---	---	---

 %
  
  4. What percent of active construction sites were inspected more than once?  NT 

1	0	0
---	---	---

 %
  
  5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT
  
  6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

9445612573

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF CLIFTON PARK
----------------------

SPDES ID  

N	Y	R	2	0	A	0	3	5
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### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

		1
--	--	---

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

		6
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

	2	4
--	---	---

3. What percent of active construction sites were inspected during this reporting period?  NT 

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once?  NT 

	2	5
--	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Greenfield
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SPDES ID  

N	Y	R	2	0	A	1	2	3
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### 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		
---	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

	0	3
--	---	---
  
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

	0	7
--	---	---
  
  3. What percent of active construction sites were inspected during this reporting period?  NT 

1	0	0
---	---	---

 %
  
  4. What percent of active construction sites were inspected more than once?  NT 

1	0	0
---	---	---

 %
  
  5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT
  
  6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Halfmoon
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SPDES ID  

N	Y	R	2	0	A	3	7	5
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### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

		7
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

	4	0
--	---	---

3. What percent of active construction sites were inspected during this reporting period?  NT 

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once?  NT 

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Malta
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SPDES ID  

N	Y	R	2	0	A	0	8	6
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### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

		5
--	--	---
  
2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

	2	2
--	---	---
  
3. What percent of active construction sites were inspected during this reporting period?  NT  

1	0	0
---	---	---

 %
  
4. What percent of active construction sites were inspected more than once?  NT  

	4	1
--	---	---

 %
  
5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT
  
6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT  
If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Mechanicville
-----------------------

SPDES ID  

N	Y	R	2	0	A	5	5	1
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### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

		0
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		2
--	--	---

3. What percent of active construction sites were inspected during this reporting period?  NT 

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once?  NT 

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF MILTON
----------------

SPDES ID  

N	Y	R	2	0	A	1	0	8
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### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

		1
--	--	---

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

	1	3
--	---	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

	2	0
--	---	---

3. What percent of active construction sites were inspected during this reporting period?  NT 

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once?  NT 

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

T	O	W	N	O	F	M	O	R	E	A	U
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SPDES ID  

N	Y	R	2	0	A	1	5	8
---	---	---	---	---	---	---	---	---

### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

4		
---	--	--

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 

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once?  NT 

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

9445612573

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Round Lake
-----------------------

SPDES ID  

N	Y	R	2	0	A	0	9	9
---	---	---	---	---	---	---	---	---

### 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
--	--	---

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

		0
--	--	---
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		1
--	--	---
  3. What percent of active construction sites were inspected during this reporting period?  NT 

1	0	0
---	---	---

 %
  4. What percent of active construction sites were inspected more than once?  NT 

1	0	0
---	---	---

 %
  5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT
  6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

9445612573

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Saratoga County, Department of Public Works																																							
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SPDES ID  

N	Y	R	2	0	A	2	0	9
---	---	---	---	---	---	---	---	---

### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

		0
--	--	---
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		0
--	--	---
  3. What percent of active construction sites were inspected during this reporting period?  NT 

--	--	--

 %
  4. What percent of active construction sites were inspected more than once?  NT 

--	--	--

 %
  5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT
  6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Saratoga Springs
--------------------------

SPDES ID  

N	Y	R	2	0	A	2	1	6
---	---	---	---	---	---	---	---	---

### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

		1
--	--	---
  
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

	2	1
--	---	---
  
  3. What percent of active construction sites were inspected during this reporting period?  NT 

	7	0
--	---	---

 %
  
  4. What percent of active construction sites were inspected more than once?  NT 

	2	6
--	---	---

 %
  
  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.

9445612573

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

South Glens Falls

SPDES ID

N	Y	R	2	0	A	0	9	1
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### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

		0
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		0
--	--	---

3. What percent of active construction sites were inspected during this reporting period?  NT 

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once?  NT 

1	0	0
---	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.



9445612573

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: 

Town of Stillwater
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SPDES ID  

N	Y	R	2	0	A	5	4	9
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### Minimum Control Measure 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? 

		3
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

	1	4
--	---	---

3. What percent of active construction sites were inspected during this reporting period?  NT 

		0
--	--	---

 %

4. What percent of active construction sites were inspected more than once?  NT 

--	--	--

 %

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.

9445612573

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	7
---	---	---	---	---	---	---	---	---

### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

		0
--	--	---
  
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		0
--	--	---
  
  3. What percent of active construction sites were inspected during this reporting period?  NT 

		0
--	--	---

 %
  
  4. What percent of active construction sites were inspected more than once?  NT 

--	--	--

 %
  
  5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT
  
  6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Waterford
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SPDES ID  

N	Y	R	2	0	A	0	3	7
---	---	---	---	---	---	---	---	---

### Minimum Control Measure 4. Construction Site Stormwater Runoff Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

		0
--	--	---
  
  2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

		0
--	--	---
  
  3. What percent of active construction sites were inspected during this reporting period?  NT 

1	0	0
---	---	---

 %
  
  4. What percent of active construction sites were inspected more than once?  NT 

1	0	0
---	---	---

 %
  
  5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT
  
  6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT
- If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Wilton
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SPDES ID  

N	Y	R	2	0	A	1	1	4
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### 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? 

		3
--	--	---

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 

	2	6
--	---	---

3. What percent of active construction sites were inspected during this reporting period?  NT 

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once?  NT 

	8	0
--	---	---

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

**6. con't.:**

Submit additional pages as needed.

MS4/Coalition Office

Department

Address

City

Zip

Phone

(  )  -

Library

Address

City

Zip

-

Phone

(  )  -

Other

Address

City

Zip

-

Phone

(  )  -

Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

**6. con't.:**

Submit additional pages as needed.

**● MS4/Coalition Office**

Department

Address

City

Zip

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Phone

(  )  -

**○ Library**

Address

City

Zip

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Phone

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**○ Other**

Address

City

Zip

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**○ Web Page URL(s):** Please provide specific address where SWPPPs can be accessed - not home page.

URL

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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

**6. con't.:**

Submit additional pages as needed.

**● MS4/Coalition Office**

Department

Address

City

Zip

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Phone

(  )  -

**○ Library**

Address

City

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Phone

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**○ Other**

Address

City

Zip

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Phone

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**○ Web Page URL(s):** Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

7482169883

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Village of Round Lake

SPDES ID  
N Y R 2 0 A 0 9 9

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

R o u n d L a k e V i l l a g e H a l l

Address

4 9 B u r l i n g t o n A v e n u e

City

R o u n d L a k e

Zip

N Y

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( 5 1 8 ) 8 9 9 - 2 8 0 0

● Library

Address

3 1 W e s l e y A v e

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○ Other

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○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition: Saratoga County, Department of Public Works

SPDES ID  
N Y R 2 0 A 2 0 9

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department

D e p a r t m e n t o f P u b l i c W o r k s

Address

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City

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Zip

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○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

**6. con't.:**

Submit additional pages as needed.

MS4/Coalition Office

Department

Address

City

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Library

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Other

Address

City

Zip

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Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

7482169883

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 0 9 1

**6. con't.:**

Submit additional pages as needed.

MS4/Coalition Office

Department

C l e r k s   O f f i c e

Address

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City

S o u t h   G l e n s   F a l l   N Y

Zip

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Phone

( 5 1 8 ) 7 9 3 - 1 4 5 5

Library

Address

City

Zip

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Other

Address

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City

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Zip

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Phone

( 5 1 8 ) 7 9 2 - 4 0 3 3

Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

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URL





### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 5 4 7

**6. con't.:**

Submit additional pages as needed.

**MS4/Coalition Office**

Department

P l a n n i n g   D e p a r t m e n t

Address

8 8 1   H u d s o n   A v e n u e

City

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**Library**

Address

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**Other**

Address

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City

S t i l l w a t e r

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Zip

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Phone

( 5 1 8 ) 6 6 4 - 6 2 5 8

**Web Page URL(s):** Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL





### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Ballston
------------------

SPDES ID  

N	Y	R	2	0	A	1	5	7
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#### 7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (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.

Building department performed site visits on a minimum of a monthly basis to review SWPPP compliance. Reports and necessary repairs were provided to each site contractor and owner.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Inspections have been performed on 100% of all active sites on a minimum of a monthly basis.

##### C. How many times was this observation measured or evaluated in this reporting period?

		1	2
--	--	---	---

*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to visit each construction site regularly. Continue to maintain list of active construction sites to track activity and ensure compliance.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Charlton
------------------

SPDES ID

N	Y	R	2	0	A	0	3	2
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#### 7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue review of development projects by PB and Town Engineer, continue municipal review of temporary mitigation efforts used during construction to combat erosion, review written storm water pollution prevention plans & erosion and sediment control plan drawings, issue approval of developer SWPPP and erosion plans, supervise field conditions, continue implementation of small construction program, continue inform developers of their obligations under Local Law #2 of 2007
---

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Two projects were approved in Town during report period 1-acre disturbance (Basic SWPPP's). No prolonged erosion problems during construction. No erosion and sediment related complaints with permitted project. Highway Superintendent & Building Inspector typically at construction sites weekly & have been trained to review E&S provisions. Town Engineer typically reviews construction projects as required. As required private inspectors retained by developers conduct weekly reports and copy Town Engineer.
--

##### C. How many times was this observation measured or evaluated in this reporting period?

			2
--	--	--	---

*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue with items listed above as applications are submitted for additional projects.
---

7935007876

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF CLIFTON PARK

SPDES ID

N	Y	R	2	0	A	0	3	5
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#### 7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Review and comment on 100% of all SWPPPs.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

100% of all submitted plans were reviewed. 100% of all submitted plans were compliant NYSDEC and Town requirements prior to approval.

##### C. How many times was this observation measured or evaluated in this reporting period?

			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 review of all SWPPPs by the Planning Department Stormwater Management Officer, and an outside engineering firm to ensure compliance.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Greenfield
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SPDES ID  

N	Y	R	2	0	A	1	2	3
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#### 7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town continues to review all development projects and enforces compliance with the NYS Stormwater Design Manual for water quality compliance. The Town reviews all applications for building permits and addresses the need for temporary and permanent erosion control measures. During the reporting period the Town issued 158 building permits (3 with 1 acre disturbance or more).

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Town personnel understand the requirements of the Construction Site Runoff and Post Construction Runoff Control and follow a standard program within the Town to review and track all new construction projects for the initial planning and application to the final construction. The Town regularly inspects active sites and maintains records of inspections and violations.

##### C. How many times was this observation measured or evaluated in this reporting period?

			2
--	--	--	---

*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to implement and follow the program that is established in the Town.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Halfmoon
------------------

SPDES ID

N	Y	R	2	0	A	3	7	5
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#### 7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Stormwater Control local law authorizes the enforcement to reduce runoff from construction sites. Copies of all inspection reports completed by the developer's inspector are received via email and kept on record by the SMO. Active construction sites are inspected by the SMO on a regular basis and after heavy rainfall events. The Town's consulting engineering firm reviews all SWPPPs for construction projects during the review process. A pre-construction meeting is held with
---

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town's local law is continually enforced. Inspections on construction sites are performed regularly by the SMO. Copies of inspection reports performed by developer's certified inspector are received weekly for all active sites and maintained on record by the SMO. When a complaint or violation is detected, the SMO ensures that compliance is obtained in a reasonable time frame.
--

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to review all SWPPPs for proposed projects, pre-construction meetings will be held, construction site inspections will occur, enforcement actions will be taken when necessary to ensure compliance with regulations.
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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Malta
---------------

SPDES ID  

N	Y	R	2	0	A	0	8	6
---	---	---	---	---	---	---	---	---

#### 7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The MS4 will inspect each active construction site a least once per report year, will maintain an inventory of all active construction sites, will maintain an archive of all inspection records and enforcement actions, and will record all relevant employee training.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town inspected 22 of the 22 active construction sites, 9 of them were inspected multiple times. The Town strives to inspect all sites in a year and will continue working towards this goal.

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes  No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes  No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will periodically reviews our list of active construction sites to ensure that inspections are distributed among them. 100% of all active construction sites will be inspected this reporting year.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Mechanicville
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SPDES ID

N	Y	R	2	0	A	5	5	1
---	---	---	---	---	---	---	---	---

#### 7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The measurable goal tracked was the number of active construction sites disturbing over one acre

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Two sites were active and inspected by a local engineering firm.

##### C. How many times was this observation measured or evaluated in this reporting period?

			2
--	--	--	---

*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

SWPPPs will continue to be reviewed, and projects inspected and tracked.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF MILTON
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SPDES ID  

N	Y	R	2	0	A	1	0	8
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#### 7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Review and comment on all plans subject to the General Permit that require a SWPPP.
---

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All plans subject to the General Permit and requiring a SWPPP met the requirements of the NYSDEC Design Manual, General Permit and Town regulations.
--

##### C. How many times was this observation measured or evaluated in this reporting period?

		1	6
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continued review of all project SWPPP by Town staff and consultants hired by the Town
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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF MOREAU
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SPDES ID  

N	Y	R	2	0	A	1	5	8
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#### 7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue coordinated review of construction plans and modify process as necessary to ensure conformance with the local law and any/all applicable NYS Technical Standards.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Construction Plan reviews were performed by a Third-Party Contractor; LaBerge Group. NYSDEC SWPPP Review Form is being used to document these reviews. LaBerge Group reviewed two (2) SWPPPs for applicant projects; completed SWPPP Review Forms are included in each project's file at the Building Department Offices. This Measurable Goal has been met this reporting period.

##### C. How many times was this observation measured or evaluated in this reporting period?

			4
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes  No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes  No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town of Moreau SWPPP Review SOP will continue to be implemented as described above.

7935007876

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Round Lake

SPDES ID

N	Y	R	2	0	A	0	9	9
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#### 7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Require SWPPP submittal as part of overall project application & approval process for any/all project/s that will disturb one acre or more; conduct technical & substantive review of all SWPPPs submitted; conduct (minimum) 3 inspections of any/all active sites within Village jurisdiction (typically 1) at ground-breaking; 2) interim; 3) final inspection for permanent stabilization. More inspections as needed.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

One (1) active site within Village jurisdiction was inspected more than once during the reporting period.  
Victorian Landings was granted Notice of Termination (NOT)-acceptance by the Village. The project is complete.  
Griffin Ridge is still an active/on-going project.

##### C. How many times was this observation measured or evaluated in this reporting period?

		2	6
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(ex.: samples/participants/events)

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes  No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes  No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to implement above cited protocols, meeting requirements as outline in SPDES GP-0-15-003; Part VII.A.4).

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Saratoga County, Department of Public Works			
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SPDES ID  

N	Y	R	2	0	A	2	0	9
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#### 7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

To ensure that all County of Saratoga County capital construction projects which require it, comply with the NYS DEC SPDES GP-0-10-001 (or as amended or revised) Permit.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

No active projects/qualifying construction projects this reporting-year.

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes  No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes  No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue self-inspection and compliance commitments for all Saratoga County capital projects requiring GP-0-10-001 coverage and/or Local MS4 construction jurisdiction.



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	2	1	6
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#### 7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

- Ensure construction sites are regularly inspected by owner as well as periodically by the MS4.
- Require SWPPP's for construction activity and review them for compliance with state & local regs.
- Enforce local law for land disturbance requiring erosion/sediment control & pollution prevention.
- Verify contractors have received NYSDEC endorsed Erosion & Sediment Control Training.
- Require project owner, site contractor, & design engineer to attend City Preconstruction meeting.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- (23) site inspections by City staff in addition to review of project owner's inspection reports.
- (5) SWPPP's for land disturbance were received by the City Engineer for review and approval.
- Unified Dev. Ordinance codifies requirements for erosion/sediment control & pollution prevention.
- E&SC training certificate required part of SWPPP document. Email training notices to contractors.
- (1) Preconstruction meeting held for projects disturbing 1-acre or more and requiring a SWPPP.

##### C. How many times was this observation measured or evaluated in this reporting period?

		2	3
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

- City Engineer will continue to monitor and inspect construction sites for SWPPP compliance.
- City Engineer will continue to review SWPPP's for construction & other land disturbance activities.
- Local law requiring erosion/sediment control & pollution prevention will be administered.
- City Engineer will verify trained site contractors & provide notification of E&SC training classes.
- City Engineer will conduct Preconstruction meetings for projects requiring a SWPPP.

7935007876

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	0	9	1
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#### 7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Require SWPPPs be submitted for all projects disturbing 1 or more acres in the Village of South Glens Falls.  
Inspect all active sites with approved SWPPPs at least once each reporting year.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All required SWPPPs were reviewed.  
All active sites w/SWPPPs (1) were inspected at least once this reporting year.

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue ongoing implementation of measures detailed in the SGF SWMP Plan for SWPPP requirements, site inspections, and enforcement of the local SW Construction law.



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Stillwater
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SPDES ID  

N	Y	R	2	0	A	5	4	9
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#### 7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town of Stillwater approved 4 sites of one or more acres. The Town has a procedure for SWPPP review in place. Construction inspections were performed. One Stop Work Order was issued.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town followed the outlined review process for the review of proposed SWPPPs for site of 1 or more acres. Where an issue was discovered upon inspection, Stop Work Orders were issued until the appropriate mitigation measures were identified and implemented.

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes  No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes  No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town of Stillwater will continue the review of SWPPPs involved in new development proposals where appropriate.  
The Town will continue to inspect all construction sites with approved SWPPPs.  
The Town will continue participation in the Saratoga County ISWM program and the collection of digital GIS data.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Stillwater
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SPDES ID  

N	Y	R	2	0	A	5	4	7
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**7. Evaluating Progress Toward Measurable Goals MCM 4**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.**

The Village of Stillwater did not review any SWPPPs during this reporting period, however, the Village maintains a procedure for review of all SWPPPs and Erosion and Sediment Control Plans submitted for review as part of a development proposal.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

SWPPPs are reviewed as part of a Site Plan on track for approval. Continued implementation of the program is being undertaken by the Town of Stillwater through an Inter-municipal Agreement.

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
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*(ex.: samples/participants/events)*

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

Yes  No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMP?**

Yes  No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

The Village of Stillwater will continue the review of SWPPPs involved in new development proposals.  
The Village will inspect all construction sites with approved SWPPPs.  
The Village will continue participation in the Saratoga County ISWM program and the collection of digital GIS data.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Waterford
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SPDES ID

N	Y	R	2	0	A	0	3	7
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#### 7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town continues to review SWPPPS for 100% of all projects disturbing 1 or more acres of land to ensure compliance with the Town of Waterford local stormwater law and NYSDEC regulations. The Town also records any notices of violation and/or stop work orders issued in relation to active/approved sites.
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##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

No projects requiring a permit were reported active.
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##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to review all SWPPPS, inspect active construction sites, and require stormwater and erosion and sediment control practices on construction sites of all sizes.
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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	1	1	4
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#### 7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

SWPPP Review - Goal that 100% of SWPPP's meet NYS Standards. Hold pre-construction meetings at start of site construction.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

100% of submitted plans were reviewed. After necessary changes and revisions, the plans were approved. Pre-construction meetings held with owner's representatives to advise of protocols.

##### C. How many times was this observation measured or evaluated in this reporting period?

			3
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to review and comment on SWPPP's as they are submitted to the Town, with continued goal of 100% of SWPPP's meeting all NYS Standards.















### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	5	5	1
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### Minimum Control Measure 5. Post-Construction Stormwater Management

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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**1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?**

	# Inventoried	# Inspections	# Times Maintained									
<input type="radio"/> Alternative Practices	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Filter Systems	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Infiltration Basins	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Open Channels	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			
<input checked="" type="radio"/> Ponds	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>3</td></tr></table>			3	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>0</td></tr></table>			0	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td>0</td></tr></table>			0
		3										
		0										
		0										
<input type="radio"/> Wetlands	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Other	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			

**2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?**  Yes  No

**3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?**

- Building Codes       Municipal Comprehensive Plans
- Overlay Districts     Open Space Preservation Program
- Zoning                     Local Law or Ordinance
- None                         Land Use Regulation/Zoning
- Watershed Plans       Other Comprehensive Plan

Other:







### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 2 3

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Saratoga County, Department of Public Works

SPDES ID  
N Y R 2 0 A 2 0 9

### 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
<input type="radio"/> Alternative Practices			
<input type="radio"/> Filter Systems			
<input checked="" type="radio"/> Infiltration Basins			
<input type="radio"/> Open Channels			
<input checked="" type="radio"/> Ponds			
<input type="radio"/> Wetlands			
<input type="radio"/> Other			

**2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?**  Yes  No

**3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?**

- Building Codes
- Municipal Comprehensive Plans
- Overlay Districts
- Open Space Preservation Program
- Zoning
- Local Law or Ordinance
- None
- Land Use Regulation/Zoning
- Watershed Plans
- Other Comprehensive Plan

Other:

E d u c a t i o n / T r a i n i n g   P r o g r a m s















### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Ballston
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SPDES ID

N	Y	R	2	0	A	1	5	7
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

1	0	0
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 %

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Charlton
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SPDES ID

N	Y	R	2	0	A	0	3	2
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

1	0	0
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 %

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**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF CLIFTON PARK
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SPDES ID  

N	Y	R	2	0	A	0	3	5
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period? 

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period? 

		0
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 %



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Greenfield
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SPDES ID  

N	Y	R	2	0	A	1	2	3
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

1	0	0
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 %

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Halfmoon
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SPDES ID

N	Y	R	2	0	A	3	7	5
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
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 %

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Malta
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SPDES ID  

N	Y	R	2	0	A	0	8	6
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

	1	1
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

1	0	0
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 %

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Mechanicville
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SPDES ID

N	Y	R	2	0	A	5	5	1
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
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 %

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF MILTON
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SPDES ID  

N	Y	R	2	0	A	1	0	8
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes    No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes    No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes    No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

1	0	0
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 %

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF MOREAU
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SPDES ID  

N	Y	R	2	0	A	1	5	8
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0		
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

0		
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 %

9091119257

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	0	9	9
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- 4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
 Yes  No
- 4b. Does the MS4 have a banking and credit system for stormwater management practices?  
 Yes  No
- 4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?  
 Yes  No
- 4d. How many stormwater management practices have been implemented as part of this system in this reporting period?  

		0
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- 5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?  

		1
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 %

9091119257

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Saratoga County, Department of Public Works									
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SPDES ID

N	Y	R	2	0	A	2	0	9
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

1	0	0
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 %



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Saratoga Springs
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SPDES ID

N	Y	R	2	0	A	2	1	6
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
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 %

9091119257

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Town of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	9
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

1	0	0
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9091119257

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

Village of Stillwater

SPDES ID

N	Y	R	2	0	A	5	4	7
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

	5	0
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 %

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Waterford
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SPDES ID

N	Y	R	2	0	A	0	3	7
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

		0
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
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 %

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Wilton
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SPDES ID

N	Y	R	2	0	A	1	1	4
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?

Yes  No

4b. Does the MS4 have a banking and credit system for stormwater management practices?

Yes  No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?

Yes  No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
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 %

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	1	5	7
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#### 6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continued to update the SMP Excel database of Town-maintained SMPs. Planning Board activity was monitored and the Board requires stormwater maintenance agreements for all SMPs that will be privately maintained.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Planning Board activity is continually monitored. The Highway Department utilizes GPS and Diamond Maps to map out Town Assets. We are able to map out stormwater basins and outfalls, along with other town assets such as roadways, water mains, valves and hydrants.

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to update the SMP Excel database of Town-maintained SMPs. Add privately maintained SMPs to spreadsheet. Monitor Planning Board activity and require stormwater maintenance agreements for all SMPs that will be privately maintained. Continue to develop inventory of town assets as described above.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Charlton
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SPDES ID

N	Y	R	2	0	A	0	3	2
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#### 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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.

Continue to ensure the use of permanent stormwater management treatment facilities for applicable development projects, institute perpetual care agreements or require public dedication to promote long term health of treatment facilities, continue to inspect exist. storm management facilities concurrent with dry weather outfall observations.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Charlton has had only two major residential development projects in at least 20 years. Currently there are only eight modern era stormwater management facilities town wide. The oldest of those facilities is less than ten years old. Their designs are modern and they are in working condition. Outflow from those storm facilities is observed at least 2 times per year and is typically clean and free of sediment or pollutants.

##### C. How many times was this observation measured or evaluated in this reporting period?

			2
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes  No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMP?

Yes  No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Per correspondence with EPA, Charlton began inspections of privately owned post-construction practices (where permission is granted). This began in May 2021. One major subdivision project continues to be under construction and has been inspected numerous times to ensure SWPPP compliance. The Town also receives reports from private inspector.

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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF CLIFTON PARK
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SPDES ID  

N	Y	R	2	0	A	0	3	5
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#### 6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue Post Construction Inspection and Maintenance Program of all Stormwater Management Practices. In 2019 the Saratoga County Intermunicipal Stormwater Management Program input the SMPs in ARCGIS. Inspections and Observation Forms have been added to Survey 123 to link to ARCGIS.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The observations generate a list of action items that will require follow up.

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes  No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes  No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to inspect stormwater management areas, record observations, prioritize, and create follow up actions.



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Greenfield
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SPDES ID

N	Y	R	2	0	A	1	2	3
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#### 6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town has inventoried all existing Post-Construction Runoff Control facilities and has established a maintenance plan for each location. As new projects are dedicated within the Town the post-Construction Runoff Control data base will be updated to add any new facilities to the maintenance schedule. The Town is currently working with Saratoga County Coalition to add Post-Construction facilities to the County GIS system.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town Highway Department has been keeping logs of maintenance visits to all existing locations and has established a program to monitor and repair locations as needed.

##### C. How many times was this observation measured or evaluated in this reporting period?

			2
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue to follow the program established within the Town. Work with Saratoga County Coalition to add Post-Construction facilities to the County GIS system.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	3	7	5
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#### 6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town adopted and implemented a town-wide ordinance to authorize enforcement to reduce pollutant runoff from active construction sites. The SMO is responsible for the inspection of such sites to ensure proper operation and maintenance of requirements under current regulations.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All active construction sites are inspected prior to the Notice of Termination being signed. When necessary a maintenance bond is held by the Town to ensure the BMPs function appropriately. The Town Highway Dept. maintains records of post-construction practices that have been inspected and received maintenance in the reporting year.

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Prior to dedication to the Town, a final inspection is performed of all BMPs. Inspections and maintenance will continue to be performed by the Town Highway Dept. All records are kept for such actions.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Malta
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SPDES ID  

N	Y	R	2	0	A	0	8	6
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#### 6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town has developed a complete inventory of municipally owned stormwater management practices. The Town is currently evaluating privately owned SMPs that discharge to the MS4. The Town inspects on an annual basis all municipal owned SMPs and maintains an archive of inspections.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town has inventoried and mapped post construction SMP inventory and will continue to do so as SMPs are added to the inventory (139 post construction stormwater management practices (16 municipal owned and 123 privately owned SMPs).

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes  No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes  No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue mapping its facilities and continues research to determine which facilities the town is responsible to maintain. The Town plans to develop a SOP for requesting private SMP owners to inspect their SMPs and provide reports to the Town SMO

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Mechanicville
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SPDES ID  

N	Y	R	2	0	A	5	5	1
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#### 6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The measurable goal tracked was the number of permanent stormwater management practice inspections.
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##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The City's ponds will be inspected early in the next reporting cycle.
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##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City will continue to inspect the ponds and inventory stormwater management practices as they are installed
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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF MILTON
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SPDES ID  

N	Y	R	2	0	A	1	0	8
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#### 6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Per the EPA Audit and Order on Consent, the number of regulated stormwater practices have been confirmed, inspected and mapped. Deficiencies have been identified with work to be performed during 2022.

All staff have received appropriate training this period.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Continued coordinating with County with inventorying, mapping and creation/completion of GIS database of town infrastructure. Significant progress made in 2021 as a result of EPA Audit / Order on Consent which includes mapping outfalls and stormwater practices.

##### C. How many times was this observation measured or evaluated in this reporting period?

		2	6
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Town will continue to address maintenance activities on stormwater management practices under their ownership as identified in inspections conducted in 2021.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF MOREAU
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SPDES ID

N	Y	R	2	0	A	1	5	8
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#### 6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Updating the inventory of Post-Construction SMPs has been delayed pending finalization of the Draft MS4 Permit. The ISWM Program will provide an inventory to the Town of Moreau, based on the NYSDEC CGP Database.  
Train new Town officials on LID, BSD, and Green Infrastructure.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

100% of relevant staff have received 50% of necessary training to use the ISWM Program Stormwater GIS and mobile data collection (tablets)..

##### C. How many times was this observation measured or evaluated in this reporting period?

1			
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes  No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes  No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

A map that indicates the location of post-construction stormwater management practices (SMPs) in the Town will be developed along with a tracking worksheet for recording the type of SMP, owner information, inspection date, result and percent of SMPs inspected with satisfactory first time inspection findings.



1610116332

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	0	9	9
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#### 6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Village of Round Lake has entered into a hybrid arrangement with the Home Owners Association/HOA formed for the Victorian Landings project. The Victorian Landings HOA will be the owner/operator of five (5) SMPs constructed for the project and will conduct all seasonal maintenance of the SMPs. The Village of Round Lake will be responsible for conducting annual Level 2 Inspections of each SMP per the NYSDEC Maintenance Guidance for Stormwater Management Practices (2017); maintaining all records as required.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

N/A. The project (Victorian Landings) was just completed in December of 2022 and NOT filed in January of 2023. Also, the Village of Round Lake has never entered into such an agreement. The effectiveness of this measure is TBD.

##### C. How many times was this observation measured or evaluated in this reporting period?

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(ex.: samples/participants/events)

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes  No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes  No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Village of Round Lake will continue to work with the Victorian Landings HOA to support the goal of ensuring the long-term operation of the SMPs constructed for the project. Next year's goals include: 1) developing landscaping and turf grass management protocols with the VL-HOA for erosion control; 2) conducting annual inspections of the SMPs (November/December), per the NYSDEC SMP Guidance and the Operations & Maintenance section of the accepted SWPPP.

1610116332

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Saratoga County, Department of Public Works
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SPDES ID  

N	Y	R	2	0	A	2	0	9
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#### 6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Inspection and maintenance of applicable SMPs on County property or within the County Right-of-Way.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

8 of 8 SMPs currently on-line/in use were inspected this reporting period. 1 maintenance action was needed. NOTE: 6 of 8 SMPs were installed/constructed, permanently stabilized and put into service in reporting Year-9, (2011-12); the SMP Operations & Maintenance Plan for these practices call for annual inspection in/following year-2 of continuous operation.

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continued implementation of SMP inspection program.



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Saratoga Springs
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SPDES ID

N	Y	R	2	0	A	2	1	6
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#### 6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

- Maintain current inventory of City and privately owned stormwater management practices.
- Ensure SWPPP meets water quantity and quality standards set by NYS-DEC Design Manual.
- Enforce a local law for development which requires post-construction management of storm runoff.
- Ensure long-term maintenance and operation of stormwater management practices.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- (16) new Stormwater Management Practices were inventoried and added to database.
- (5) SWPPP's for land disturbance were received by the City Engineer for review and approval.
- Unified Dev. Ordinance sets requirements for post-construction management of storm runoff.
- Formalized owner maintenance agreement required for private stormwater management practices.
- City-owned stormwater management practices inspected & maintained by DPW as needed.

##### C. How many times was this observation measured or evaluated in this reporting period?

		1	6
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

- Newly installed stormwater management practices will be inventoried and added to database.
- City Engineer will continue to review SWPPP's for development and land disturbing activities.
- Local law requiring post-construction stormwater management practices will to be administered.
- Require private stormwater management practices to have owner maintenance agreements.
- City will continue to inspect and maintain City owned stormwater management practices.

1610116332

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

South Glens Falls

SPDES ID

N	Y	R	2	0	A	0	9	1
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**6. Evaluating Progress Toward Measurable Goals MCM 5**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

Inventory, inspect and /or maintain post-construction SMPs as required by the O&M Plan for each.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

5MPs were inventoried, 5 were inspected and 5 maintenance actions were taken.

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
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*(ex.: samples/participants/events)*

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

Yes  No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

Yes  No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

Continue implementation of MM5 measures as detailed in SGF SWMP plan.

1610116332

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Stillwater
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SPDES ID  

N	Y	R	2	0	A	5	4	9
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#### 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 Stillwater has developed their Stormwater Management Plan (SWMP) and continues with implementation.  
SWPPPs are reviewed as part of the Site Plan review procedure.  
Maintenance agreements are required for all private post-construction practices to ensure future operation.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All proposed post-construction practices proposed for new development were reviewed according to the the SWMP. The Town requires a Stormwater Maintenance Agreement for privately owned practices.

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes  No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes  No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The watersheds were mapped and a full outfall reconnaissance was undertaken through the coalition that the Town is a member, the Saratoga County ISWM Program. The information obtained from this was mapped with GIS and made available to all members of the coalition.

1610116332

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Stillwater
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SPDES ID  

N	Y	R	2	0	A	5	4	7
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**6. Evaluating Progress Toward Measurable Goals MCM 5**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMP in this reporting period.**

The Village of Stillwater has developed their Stormwater Management Plan (SWMP) and continues with implementation.  
SWPPPs are reviewed as part of the Site Plan review procedure.  
Maintenance agreements are required for all private post-construction practices to ensure future operation.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

All proposed post-construction practices proposed for new development were reviewed and the Village requires a Stormwater Maintenance Agreement for privately owned practices.

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
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*(ex.: samples/participants/events)*

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

Yes  No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMP?**

Yes  No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

The watersheds were mapped and a full outfall reconnaissance was undertaken through the coalition that the Village is a member, the Saratoga County ISWM Program. The information obtained from this will be mapped with GIS and made available to all members of the coalition.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Waterford
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SPDES ID

N	Y	R	2	0	A	0	3	7
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#### 6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town has a robust inspection and maintenance program for all ditches, catch basins, and stormwater management practices.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town has two stormwater management ponds, and maintained the Sugarloaf Pond outfall as well as performed general maintenance on the Gadwell Drive retention pond.

##### C. How many times was this observation measured or evaluated in this reporting period?

			2
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes  No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes  No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to implement and track operations related to its maintenance program.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Wilton
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SPDES ID  

N	Y	R	2	0	A	1	1	4
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#### 6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue with post construction stormwater practices, inspections and maintenance as required.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Continue inspections with reported condition and maintenance requirements as needed.

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Post construction practices dedeed to the Town will continue to be inspected and maintained when feasible as required.



### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,**

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	1	5	7
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### Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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**1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Charlton
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SPDES ID  

N	Y	R	2	0	A	0	3	2
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**Minimum Control 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		
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**1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

**Self-Assessment  
Operation/Activity/Facility  
performed within the past 3**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Solid Waste Management.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No



6894134836

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF CLIFTON PARK
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SPDES ID  

N	Y	R	2	0	A	0	3	5
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### Minimum Control Measure 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
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**1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,**

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	1	2	3
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### Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

1		
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**1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	3	7	5
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### Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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**1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Malta
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SPDES ID  

N	Y	R	2	0	A	0	8	6
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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**1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

**Self-Assessment  
Operation/Activity/Facility  
performed within the past 3**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Bridge Maintenance.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Winter Road Maintenance.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Salt Storage.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Solid Waste Management.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Right of Way Maintenance.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Marine Operations.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hydrologic Habitat Modification.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parks and Open Space.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Municipal Building.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Stormwater System Maintenance.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	5	5	1
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report?

**1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF MILTON
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SPDES ID  

N	Y	R	2	0	A	1	0	8
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

		1
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**1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF MOREAU
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SPDES ID  

N	Y	R	2	0	A	1	5	8
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### Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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**1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>



6894134836

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	0	9	9
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### Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

		1
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**1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Municipal Construction and Land Disturbance..	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Marine Operations.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>



6894134836

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Saratoga County, Department of Public Works
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SPDES ID  

N	Y	R	2	0	A	2	0	9
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>	<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>
Street Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Bridge Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Parks and Open Space.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other.....	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	2	1	6
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### Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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**1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Right of Way Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No

6894134836

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2023

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

**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report?

**1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Solid Waste Management.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Other.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No

6894134836

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Stillwater
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SPDES ID  

N	Y	R	2	0	A	5	4	9
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>



6894134836

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Stillwater
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SPDES ID  

N	Y	R	2	0	A	5	4	7
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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**1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

**Self-Assessment**  
**Operation/Activity/Facility**  
**performed within the past 3**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>years?</u>	
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Bridge Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Salt Storage.....	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Parks and Open Space.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Other.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	0	3	7
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### Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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**1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Wilton
----------------

SPDES ID  

N	Y	R	2	0	A	1	1	4
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**Minimum Control Measure 6. Stormwater Management for Municipal Operations**

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

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**1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.**

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,**

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Ballston
------------------

SPDES ID  

N	Y	R	2	0	A	1	5	7
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**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 

		1	2	4
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		1	7	3
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

		1	7	3
--	--	---	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Pesticide/Herbicide Applied # Acres 

		0	0	.	0
--	--	---	---	---	---

  
(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

				2
--	--	--	--	---

**4. What was the date of the last training?**

1	0
---	---

 / 

2	7
---	---

 / 

2	0	2	2
---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

		3
--	--	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

1	0	0
---	---	---

 %



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Charlton
------------------

SPDES ID  

N	Y	R	2	0	A	0	3	2
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

--	--	--	--	--
- Streets Swept (Number of miles X Number of times swept) # Miles 

			1	5
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			1	0
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				4
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

					.	
--	--	--	--	--	---	--

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

				1
--	--	--	--	---

**4. What was the date of the last training?**

0	5
---	---

 / 

1	3
---	---

 / 

2	0	2	1
---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

		1
--	--	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

1	0	0
---	---	---

 %

6445134838

### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,**

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF CLIFTON PARK
----------------------

SPDES ID  

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

			2	4
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

		4	5	4
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		3	0	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				5
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

	3	2	0	0
--	---	---	---	---
- Pesticide/Herbicide Applied # Acres 

		9	3	.	8
--	--	---	---	---	---

  
(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

				0
--	--	--	--	---

**4. What was the date of the last training?**

--	--

 / 

--	--

 / 

--	--	--	--

**5. How many municipal employees have been trained in this reporting period?**

		0
--	--	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

		0
--	--	---

 %

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Greenfield
--------------------

SPDES ID  

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

#### 2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

				4
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

			2	4
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			1	5
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

			1	5
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--	--
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

					.	
--	--	--	--	--	---	--

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 

				1
--	--	--	--	---

4. What was the date of the last training? 

1	0
---	---

 / 

0	4
---	---

 / 

2	0	2	2
---	---	---	---

5. How many municipal employees have been trained in this reporting period? 

	1	5
--	---	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 

1	0	0
---	---	---

 %

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Halfmoon
------------------

SPDES ID  

N	Y	R	2	0	A	3	7	5
---	---	---	---	---	---	---	---	---

#### 2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

		4	.	8
--	--	---	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

4	0	2	.	5
---	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			2	2
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

--	--	--	--	--
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

				.	
--	--	--	--	---	--

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 

				1
--	--	--	--	---

4. What was the date of the last training? 

0	6	/	0	8	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

5. How many municipal employees have been trained in this reporting period? 

		1
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 

1	0	0	%
---	---	---	---

### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,**

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Malta
---------------

SPDES ID  

N	Y	R	2	0	A	0	8	6
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

		7	.	5
--	--	---	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

		4	4	5
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		6	5	3
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

			2	8
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

2	5	5	6
---	---	---	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

		1	1	.	2
--	--	---	---	---	---

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

				6
--	--	--	--	---

**4. What was the date of the last training?**

1	0	/	2	7	/	2	0	2	2
---	---	---	---	---	---	---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

		4
--	--	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

1	0	0	%
---	---	---	---

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Mechanicville
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SPDES ID  

N	Y	R	2	0	A	5	5	1
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

			4	8
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

	1	1	8	8
--	---	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			7	7
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				3
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

			0	.	
--	--	--	---	---	--

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

				1
--	--	--	--	---

**4. What was the date of the last training?**

0	2
---	---

 / 

1	6
---	---

 / 

2	0	2	3
---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

		8
--	--	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

	9	0
--	---	---

 %

### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,**

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF MILTON
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SPDES ID  

N	Y	R	2	0	A	1	0	8
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

				6
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

			3	2
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			7	9
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

			2	6
--	--	--	---	---
- 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?**

				4
--	--	--	--	---

**4. What was the date of the last training?**

0	2
---	---

 / 

2	0
---	---

 / 

2	0	2	3
---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

		2
--	--	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

1	0	0
---	---	---

 %

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF MOREAU
----------------

SPDES ID  

N	Y	R	2	0	A	1	5	8
---	---	---	---	---	---	---	---	---

#### 2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

--	--	--	--	--
- Streets Swept (Number of miles X Number of times swept) # Miles 

1	1	3		
---	---	---	--	--
- Catch Basins Inspected and Cleaned Where Necessary # 

7				
---	--	--	--	--
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

--	--	--	--	--
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

					.	
--	--	--	--	--	---	--

#### 3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

0				
---	--	--	--	--

#### 4. What was the date of the last training?

1	2
---	---

 / 

1	9
---	---

 / 

2	0	1	7
---	---	---	---

#### 5. How many municipal employees have been trained in this reporting period?

0		
---	--	--

#### 6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

8	5
---	---

 %



6445134838

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Round Lake
-----------------------

SPDES ID  

N	Y	R	2	0	A	0	9	9
---	---	---	---	---	---	---	---	---

#### 2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

				0
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

			1	2
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			1	1
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				2
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

		0	0	.	
--	--	---	---	---	--

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 

				0
--	--	--	--	---

4. What was the date of the last training? 

0		/	0		/	0			
---	--	---	---	--	---	---	--	--	--

5. How many municipal employees have been trained in this reporting period? 

		1
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 

	2	0	%
--	---	---	---

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	2	0	9
---	---	---	---	---	---	---	---	---

#### 2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres
- Streets Swept (Number of miles X Number of times swept) # Miles
- Catch Basins Inspected and Cleaned Where Necessary #
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #
- Phosphorus Applied In Chemical Fertilizer # Lbs.
- Nitrogen Applied In Chemical Fertilizer # Lbs.
- Pesticide/Herbicide Applied # Acres   
(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

4. What was the date of the last training?

5. How many municipal employees have been trained in this reporting period?

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?  %

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Saratoga Springs
--------------------------

SPDES ID  

N	Y	R	2	0	A	2	1	6
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

			1	0
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

		2	9	2
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			7	6
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

--	--	--	--	--
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

				8
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

			3	5
--	--	--	---	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

		1	8	.	8
--	--	---	---	---	---

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

				0
--	--	--	--	---

**4. What was the date of the last training?**

0	2
---	---

 / 

1	1
---	---

 / 

2	0	1	6
---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

		0
--	--	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

	5	0
--	---	---

 %

6445134838

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

South Glens Falls

SPDES ID

N Y R 2 0 A 0 9 1

#### 2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

			1	2
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

		3	2	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		3	0	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				0
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

				0
--	--	--	--	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

0	0				.	
---	---	--	--	--	---	--

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 

				0
--	--	--	--	---

4. What was the date of the last training? 

0	4
---	---

 / 

2	6
---	---

 / 

2	0	1	8
---	---	---	---

5. How many municipal employees have been trained in this reporting period? 

		0
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 

		5
--	--	---

 %

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Stillwater
--------------------

SPDES ID  

N	Y	R	2	0	A	5	4	9
---	---	---	---	---	---	---	---	---

#### 2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

				5
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

			3	3
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		1	9	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				6
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

					.	
--	--	--	--	--	---	--

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 

				4
--	--	--	--	---

4. What was the date of the last training? 

1	0
---	---

 / 

2	0
---	---

 / 

2	0	2	2
---	---	---	---

5. How many municipal employees have been trained in this reporting period? 

		5
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 

1	0	0
---	---	---

 %

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Stillwater
-----------------------

SPDES ID  

N	Y	R	2	0	A	5	4	7
---	---	---	---	---	---	---	---	---

#### 2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

--	--	--	--	--
- Streets Swept (Number of miles X Number of times swept) # Miles 

				8
--	--	--	--	---
- Catch Basins Inspected and Cleaned Where Necessary # 

				2
--	--	--	--	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

--	--	--	--	--
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied # Acres 

					.	
--	--	--	--	--	---	--

  
(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 

				3
--	--	--	--	---

4. What was the date of the last training? 

1	0
---	---

 / 

2	0
---	---

 / 

2	0	2	2
---	---	---	---

5. How many municipal employees have been trained in this reporting period? 

		1
--	--	---

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 

	5	0
--	---	---

 %

### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2023

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition Town of Waterford

SPDES ID  
NYR20A037

**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    48
- Catch Basins Inspected and Cleaned Where Necessary #    18
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #     2
- Phosphorus Applied In Chemical Fertilizer # Lbs.     0
- Nitrogen Applied In Chemical Fertilizer # Lbs.   800
- Pesticide/Herbicide Applied # Acres   30.   
 (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**     1

**4. What was the date of the last training?** 02 / 17 / 2023

**5. How many municipal employees have been trained in this reporting period?**   6

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?** 100 %

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Wilton
----------------

SPDES ID  

N	Y	R	2	0	A	1	1	4
---	---	---	---	---	---	---	---	---

**2. Provide the following information about municipal operations good housekeeping programs:**

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

				4
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

		3	8	4
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			4	6
--	--	--	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

--	--	--	--	--
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

--	--	--	--	--
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres 

				.	
--	--	--	--	---	--

**3. How many stormwater management trainings have been provided to municipal employees during this reporting period?**

				8
--	--	--	--	---

**4. What was the date of the last training?**

1	0
---	---

 / 

2	0
---	---

 / 

2	0	2	2
---	---	---	---

**5. How many municipal employees have been trained in this reporting period?**

		2
--	--	---

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**

1	0	0
---	---	---

 %



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Ballston
------------------

SPDES ID  

N	Y	R	2	0	A	1	5	7
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

The town will continue to track the metrics regarding housekeeping practices. The highway department is diligent in performing street/parking lot sweeping, catch basin cleaning and maintenance of Town-owned stormwater management basins.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

The town has continued to track the metrics regarding housekeeping practices. Training completed yearly in October.

**C. How many times was this observation measured or evaluated in this reporting period?**

			1
--	--	--	---

*(ex.: samples/participants/events)*

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

Yes    No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

Yes    No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

The town has continued to track the metrics regarding housekeeping practices. The highway department will continue its program of street/parking lot sweeping, catch basin cleaning and maintenance of Town-owned stormwater management basins.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
---	---	---	---

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	0	3	2
---	---	---	---	---	---	---	---	---

#### 7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Maintain Town Hall storm system, housekeeping policies at Town Garage, training class for Highway Superintendent, street sweeping agreement with Ballston Spa, rotate storm sewer cleanout, ditch maintenance. Began brine pretreatment of roads to reduce salt usage.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Charlton's water testing program continues to validate the lack of pollutants in the watershed. Town owned & managed facilities are in good condition and are well maintained. Municipal facilities are observed daily and maintenance issues are addressed as soon as possible.

##### C. How many times was this observation measured or evaluated in this reporting period?

	3	6	5
--	---	---	---

*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Charlton's good housekeeping MCM is in full implementation in accordance with its Storm Water Management Program Plan. The Town will continue to pursue the same policies in the upcoming year. In early 2018, the Town hired a new Highway Superintendent. Some reporting parameters were not available from the departing Superintendent. The Highway Super continues to work with the TE and outside training opportunities to become familiar with MS4 provisions.

7123078468

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF CLIFTON PARK
----------------------

SPDES ID  

N	Y	R	2	0	A	0	3	5
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#### 7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Maintain all selected BMPs detailed in the Town of Clifton Park MS4 SWMP Plan.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

A significant amount of debris removed from the stormwater system as a result of maintenance.

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
--	--	--	---

*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes  No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes  No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Maintain all selected BMPs detailed in the Town of Clifton Park MS4 SWMP Plan. Continued maintenance of the town's streets and stormwater system. Expansion of the program to include the cleaning of retention ponds as time and manpower permits.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Greenfield
--------------------

SPDES ID

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

#### 7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town Highway Department has established an inventory system and a maintenance schedule plan to inspect and maintain all existing stormwater practices in the Town. The Town regularly inspects and maintains all municipal properties and addresses any noted deficiencies in a timely manor. The Highway Department cleaned 24 miles of local roads, cleaned and improved roadside ditches on 7 roads and replaced 14 culvert structures in 2022.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Continued communication between Town officials, Highway Department personnel and Town Engineer, has helped to establish a successful good housekeeping and pollution prevention plan within the Town

##### C. How many times was this observation measured or evaluated in this reporting period?

			2
--	--	--	---

*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes  No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes  No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to implement the maintenance program that has been established. The Highway Department has established a program to train their employees on stormwater related issues and will continue to provide opportunities for personnel to attend stormwater management training programs.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Halfmoon
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SPDES ID

N	Y	R	2	0	A	3	7	5
---	---	---	---	---	---	---	---	---

#### 7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Records maintained of all areas that are reported on for this minimum control measure. A form is completed by the Highway Department for each activity reported on. The Town Highway Department reported 402.51 miles of road swept with 71 cubic yards of debris collected. 22 catch basins were also cleaned out removing 14 cubic yards of debris.
---

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town Highway Department reported on 402.51 miles of road swept with 71 cubic yards of debris collected; 22 catch basins were also cleaned removing 14 cubic yards of debris.
--

##### 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).

Roads will be swept on a continual basis. Catch basins will be cleaned as needed. Annual roadside cleanups will be held. Reports will be written and maintained by the Town. Conduct a Self-Assessment and ISWM Program MCM 6/P2 Training by 12/31/2023.
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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Malta
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SPDES ID  

N	Y	R	2	0	A	0	8	6
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#### 7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town will continue to work on training relevant staff, will hold its self-audit every three years and will maintain inspection, cleaning and repair records. Stormwater training for parks and highway staff is planned to be held every three years. Training for highway and parks staff was last conducted on 3/31/2021.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town conducted a self-assessment last reporting in 2021 and will conduct its next self-assessment no later than 2024. The Town revised its SWMP Plan in 2016 year to provide better guidance to town staff on BMP's to use and to align the plan with initiatives the Town has been undertaking. Training for parks and highway staff was held in 2021.

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes  No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes  No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The town will continue to work on training relevant staff, will conduct its next self-audit in 2024 and will maintain inspection, cleaning and repair records. Stormwater training was provided in the spring of 2021 to parks and highway staff.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Mechanicville
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SPDES ID

N	Y	R	2	0	A	5	5	1
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#### 7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The measurable goal tracked was the number of municipal training programs provided.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Eight City employees received training on February 16. This training covered all MS4 Minimum Control Measures, with a focus on illicit discharge detection & elimination

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City plans to continue to provide training to relevant employees.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Mechanicville									
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SPDES ID

N	Y	R	2	0	A	5	5	1
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#### 7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The measurable goal tracked is the # of yards of debris removed during street sweeping activities.
--

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

During this reporting cycle, street sweeping removed a total of 147 yards of litter/debris
--

##### C. How many times was this observation measured or evaluated in this reporting period?

	1	4	7
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The City will continue their street sweeping program.
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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF MILTON
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SPDES ID  

N	Y	R	2	0	A	1	0	8
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#### 7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue to keep accurate records of municipal pollution prevention and good housekeeping activities to assist in completion of annual MS4 report. Have improved record keeping from past years.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Record of PP/GH activities were available at the time of report completion.

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Keep records on forms found in SWMPP or in manner acceptable to the Town Stormwater Officer. Review record keeping procedures with responsible parties. To be further reviewed for completeness.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF MOREAU
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SPDES ID

N	Y	R	2	0	A	1	5	8
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#### 7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Keep all required records on forms found in SWMPP or in a manner acceptable to the Town's Stormwater Management Officer (SMO); implement all SOPs - on-going.
---

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The receipt/keeping of records has kept pace with related activities with exception of the Recreation department.
---

##### C. How many times was this observation measured or evaluated in this reporting period?

1			
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

A Self-Assessment will be conducted next reporting period, per SOP; Recreation Department Employees will receive training on Good Housekeeping/Pollution Prevention; all other program elements and SOPs will continue as planned.
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7123078468

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	0	9	9
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

The Village, as an automatically designated MS4 since 2003, has a fully developed MCM6 program of training, operations, and system inspection & maintenance.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

The Village continues all applicable SOPs and BMPs relative to Public Works and MS4 inspection, operations, and maintenance. Each year all catch basins, system connectors (i.e. culverts), inlet and outlet points are inspected; general GH/P2 measures are implemented as part of daily operations; all such measures have been fully implemented.

**C. How many times was this observation measured or evaluated in this reporting period?**

		2	0
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*(ex.: samples/participants/events)*

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

Yes  No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

Yes  No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

Village Public Works will conduct a Self-Assessment of all applicable operations with assistance from the Saratoga County/CCE Saratoga ISWM Program in Reporting Year 17 (i.e. 2020 - 2021); all other SOPs and BMPs will continue to be implemented, any new/necessary SOPs/BMPs discovered through Self-Assessment will be included in the SWMP Plan and implemented the following year (i.e. Year-18, 2020 - 2021).

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Saratoga County, Department of Public Works
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SPDES ID  

N	Y	R	2	0	A	2	0	9
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#### 7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue with GH/PP BMP implementation at DPW/County Facilities (i.e. zero or limited exposure of potential SW Pollutants; no fertilizer application and organic debris management of turf grass areas; Employee trainings; MS4 system inspections; etc.)

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Continuing: street/road sweeping; BMPs at DPW Facilities were maintained/implemented; catch basin inspection/cleaning program.

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes  No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes  No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue MM6 Program implementation. Resume employee training program with the goal of training 100% of DPW employees on pollution prevention BMPs and policies.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

City of Saratoga Springs									
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SPDES ID  

N	Y	R	2	0	A	2	1	6
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#### 7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

- Implement Best Management Practices to address pollutants identified during Self-Assessment.
- Perform a Self-Assessment of municipal facilities and operations every (3) years.
- Provide City employees with pollution prevention and good housekeeping training every (3) years.
- Enforce local ordinances regarding pet waste disposal and waterfowl feeding.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

- Year-round implementation of Best Management Practices including parking lots/streets swept, storm drains cleaned, fertilizer/pesticide application, vehicle/equipment washing, fueling & repair, road salt storage, hazardous material handling & storage, spill prevention & clean-up.
- A Self Assessment/Audit of municipal facilities/operations was performed in March 2023.
- Pollution prevention training for DPW employees not provided due to covid gathering restrictions.

##### C. How many times was this observation measured or evaluated in this reporting period?

	3	6	5
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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).

- Best management practices will continue to be implemented and monitored for effectiveness.
- Next Self Assessment/Audit of municipal facilities/operations scheduled for March 2026.
- Training of DPW employees postponed due to Covid restrictions. Rescheduled to Spring 2023.
- Ordinances prohibiting waterfowl feeding and improper pet waste disposal will remain in effect.



7123078468

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

South Glens Falls

SPDES ID

N	Y	R	2	0	A	0	9	1
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#### 7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Work with town of Moreau and SCI Stormwater Program to offer refresher courses for employees.  
Maintain MSD Sheets.  
Update materials inventory updated.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Work with town of Moreau setting up training.  
Maintain all MSDS.  
Materials inventory updated.

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes  No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes  No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Using new GIS to map and inspect our catchbasins and storm water system.  
Use street sweeping forms.  
Continue to update MSD Sheets as needed.  
Materials inventory update as needed.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Stillwater
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SPDES ID  

N	Y	R	2	0	A	5	4	9
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#### 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 maintained records of the practices that were inspected and cleaned along with the total amount of material that was removed. The Town maintained records for total fertilizer applied during the reporting year.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town of Stillwater swept 33 miles of roadway and 72 yards of material was collected. 6 post construction practices were inspected and cleaned with the removal of 1279 yards of material.

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes  No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes  No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town of Stillwater will continue to maintain records in accordance with the SWMP. The recording form provided to the Highway Department will be updated as needed to ensure compliance.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Village of Stillwater
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SPDES ID  

N	Y	R	2	0	A	5	4	7
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

**A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.**

The Village of Stillwater has developed their Stormwater Management Plan (SWMP). Goals for inspection and maintenance of the Village owned facilities are outlined in the plan.

**B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.**

A detailed reporting form was established by the Village that the Highway Department uses to report on activities outlined in this report. The activities reported have been managed and maintained by the department and utilized for this report. Approximately 5 cubic yards of debris was collected.

**C. How many times was this observation measured or evaluated in this reporting period?**

1
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*(ex.: samples/participants/events)*

**D. Has your MS4 made progress toward this measurable goal during this reporting period?**

Yes  No

**E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?**

Yes  No

**F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).**

The Village of Stillwater has developed their Stormwater Management Plan (SWMP). Goals for inspection and maintenance of the Village owned facilities are outlined in the plan. Through an Inter-municipal Agreement, a Stormwater Committee developed by the Town of Stillwater continues to educate the affected employees and set goals for the next step in the programs development.



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Waterford
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SPDES ID

N	Y	R	2	0	A	0	3	7
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#### 7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town practices good housekeeping measures such as those listed herein, as well as measures identified in their Good Housekeeping/Pollution Prevention Plan.
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##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town removed 4.5 cy of sediment from 14 catch basins, rebuilt 4 catch basins, replaced 11 culvert pipes, and flushed 8 culverts.
--

##### C. How many times was this observation measured or evaluated in this reporting period?

		3	7
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to implement good housekeeping measures and maintain their stormwater collection and conveyance system.
--

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Waterford
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SPDES ID

N	Y	R	2	0	A	0	3	7
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#### 7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town trained DPW staff
----------------------------

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town hosted a training day for DPW staff, which was a general overview of the stormwater program with an emphasis on illicit discharge detection and elimination.
---

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to maintain these stations, adding and replacing them when necessary.
--

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

Town of Waterford
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SPDES ID  

N	Y	R	2	0	A	0	3	7
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#### 7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

The Town maintains pet waste stations.
--

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The town replaced 5 pet waste stations and added 1, for a new total of 14.
--

##### C. How many times was this observation measured or evaluated in this reporting period?

		1	4
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

The Town will continue to maintain these stations, adding and replacing them when necessary.
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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	1	1	4
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#### 7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

##### A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Regularly inspect, clean, maintain and repair catch basins. Maintenance and repairs are tracked. Perform good housekeeping practices. Determine sources of pollutants.

##### B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Catch basins cleaned, maintained or repaired. Facilities maintained in good order.

##### C. How many times was this observation measured or evaluated in this reporting period?

			1
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*(ex.: samples/participants/events)*

##### D. Has your MS4 made progress toward this measurable goal during this reporting period?

Yes    No

##### E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

Yes    No

##### F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Town crews will continue to inspect catch basins on a regular ongoing basis and make repairs/clean in a timely manner. Continue with educational training when available.





































