MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2014

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

Name of MS4/Coalition: Town of Halfmoon

SPDES ID: NYR20A375

3. 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: Planning Department

Address: 2 Halfmoon Town Plaza

City: Halfmoon Zip: NY 12065-

Phone: (518) 371-7410

○ Library — ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Other — ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street

City: Ballston Spa Zip: NY 12020-

Phone: (518) 885-8995

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

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

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

● eMail — ● Comments

lzepko@townofhalfmoon.org

brn5@cornell.edu