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 Malta

SPDES ID: NYR20A086

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: Town of Malta Building Dept.

Address: 2540 Route 9

City: Malta NY Zip: 12020-

Phone: (518) 899-2685

○ Library ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: Zip: -

Phone: ( ) -

● Other ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street

City: Ballston Spa NY Zip: 12020-

Phone: (518) 885-8995

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

http://www.malta-town.org/index.aspx?NID=222

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

● eMail ● Comments

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