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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2014

Name of MS4: Town of Halfmoon

SPDES ID: NYR20A375

Section 3 - Partner Information

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

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name: Saratoga County Intermunicipal

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

SPDES Partner ID - If applicable: NYR20C006

Address: 50 West High Street

City: Ballston Spa

State: NY

Zip: 12020 -

eMail: brn5@cornell.edu

Phone: (518) 885-8995

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

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

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

Additional tasks/responsibilities

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