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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: SARATOGA COUNTY

SPDES ID: NYR20A209

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: varies by project

Address: 40 McMaster Street

City: Ballston Spa NY Zip: 12020-

Phone: (518) 884-2402

○ 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

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