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

	SPDES ID
Name of MS4 Town of Halfmoon	N Y R 2 0 A 3 7 5
Each MS4 must submit an MCC form.	
Each M34 must submit all MCC form.	
Section 1 - MCC Identification Page	
Indicate whether this MCC form is being submitted to certify endorsemen	at or acceptance of:
An Annual Report for a single MS4	
○ A Single Entity (Per Part II.E of GP-0-10-002)	
O A Joint Report	
Joint reports may be submitted by permittees with legally be	inding agreements.
If Joint Report, enter coalition name:	

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

	SPI	DES	ID						
Name of MS4 Town of Halfmoon	N	Y	R	2	0	A	3	7	5

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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

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Name of MS4	Town of Halfmoon	N	Y	R	2	0	А	3	7	5

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For each contact, select all that apply:

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

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

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

	SPI	DES	ID						
Name of MS4 Town of Halfmoon	N	Y	R	2	0	А	3	7	5

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.

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itle (Clearly print title of individual signing report)	MILE TO SECURE							
Town Supervisor								
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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

This report is being submitted for the reporting period ending March 9, 2 0 2 0

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

SPDES ID

Name of MS4/Coalition Town of Halfmoon

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Name of MS4/Coalition Town of Halfmoon	SPDES ID N Y R 2 0 A 3 7 5
Minimum Control Measure 1. Public Ed	ucation 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 Manageme	ent Practices
Check all topics that were included in Education and Outreach do	uring this reporting period:
Construction Sites	O Pesticide and Fertilizer Application
● General Stormwater Management Information	Pet Waste Management
O Household Hazardous Waste Disposal	O Recycling
O Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	O Trash Management
Smart Growth	O Vehicle Washing
Storm Drain Marking	O Water Conservation
• Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	○ None
Lawn/organic waste ma	n a g m e n t
Other2. Specific audiences targeted during this reporting period:	
2. Specific audiences targeted during this reporting period.	
Public Employees Contractors	
ResidentialDevelopers	
O Businesses • General Public	
○ Restaurants ○ Industries	
Other: O Agricultural Other	

This report is being submitted for the reporting period ending March 9, 2 0 2 0

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID YR 2 0 A Name of MS4/Coalition Town of Halfmoon N 3 3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply: O Construction Site Operators Trained #Trained O Direct Mailings # Mailings Kiosks or Other Displays 1 # Locations O List-Serves # In List O Mailing List # In List O Newspaper Ads or Articles # Days Run O Public Events/Presentations # Attendees O School Program # Attendees O TV Spot/Program # Days Run Printed Materials: Total # Distributed Locations (e.g. libraries, town offices, kiosks) H a 1 f m Ha \mathbf{T} 1 1 0 o n 0 wn Other: i 1 i h A C a t o n a n d o u t pp S Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed. r t t t 0 p W W S a r a 0 g a S 0 r m W a е r r a t C 0 u n i d t h g S a o g a t У r е S e n S t m URL t t p W W W S a r a t t 0 ga S 0 r m w r 0 a r a t coun t S o g a У --C o n t r a C t 0 r S d е g

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This report is being submitted for the reporting period ending March 9, 2 0 2 0

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SPDES ID
Name of MS4/Coalition Town of Halfmoon N N Y R 2 0 A 3 7 5
4. Evaluating Progress Toward Measurable Goals MCM 1
Here this makes to manner on view management and anxiest along toward achieving accountly small
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.
and other streams pugges 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.
C. How many times was this observation measured or evaluated in this reporting period?
1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(ex.: samples/participants) 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 O No
E. 15 your MIST on senedule to meet the deadnine set forth in the SWIMIT:
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: www.townofhalfmoon-ny.gov/planning-department

Continue direct education/outreach programming; ongoing throughout the year
Continue SW Regional Training Center w/John Dunkle; ongoing throughout the year

This report is being submitted for the reporting period ending March 9, 2 0 2 0

If submitting this form as part of a joint report on behal	f of a c	oalit					ES	ID	bla	nk.		
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On behalf of a coalition	T-T-	7										
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○ TV/Radio Notices				# I	Days	Ru	n					
Other:												

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

This report is being submitted for the reporting period ending March 9, 2 0 2 0

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

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This report is being submitted for the reporting period ending March 9, 2 0 2 0

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 0

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID N Y R 2 0 A 3 7 5 Name of MS4/Coalition Town of Halfmoon 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 ReportSWMP Plan Department l a n n P i n g e p D a r t m e n t Address 2 fm 1 H a 1 0 0 n Т 0 W n H a 1 1 a Z a City Zip H a 1 f Ν Y 1 2 0 6 5 m 0 0 n Phone 5 1 3 7 1 7 1 O Library Address O Annual Report O SWMP Plan O Comments City Zip NY Phone 5 1 8 Other Annual Report O SWMP Plan Comments Address 0 i S 5 W t Η h t e S g r e e t City Zip Y 1 2 0 2 Ва 1 1 S Ν 0 t S 0 n p a Phone 5 8 8 8 5 8 9 9 5 • Web Page URL: Annual Report O SWMP Plan O Comments t h t S a r a t 0 g a S t 0 r m W a t е r 0 p W W W r g m u n li C i p a 1 i t i е s _ a d d li t i o n a 1 r e h t lu |r C e S m Please provide specific address of page where report can be accessed - not home page. eMail Comments f h 1 f k @ t 0 0 a m 0 on 0 r g \mathbf{z} е 0 W n p

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This report is being submitted for the reporting period ending March 9, 2 0 2 0

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4.a. If this report was made available on the internet, what date was it poste	ed?				_
Leave blank if this report was not posted on the internet.	0 1	.] / [2	2 0	2	0
4.b. For how many days was/will this report be posted?			9	9	9
If submitting a report for single MS4, answer 5.a If submitting a joint repo	ort, an	swer :	5.b		
5.a. Was an Annual Report public meeting held in this reporting period? If Yes, what was the date of the meeting? 0 4 /	1 5	© Y	Yes 2 0	0 N	0
If No, is one planned?		0	l'es	01	Vо
5.b. Was an Annual Report public meeting held for all MS4s contributing t	o this	repo	rt dı	urin	g
this reporting period?		0	l'es	• 1	lо
If No, is one planned for each?		0	<i>l</i> es	• 1	Лo
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.		0 '	l'es	• 1	Vо
5 WIVIE III TESPONSE TO COMMISSION TO THIS TEPOIT.					

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix}$

Name of MS4/Coalition Town of Halfmoon	SPDES ID N Y R 2 0 A 3 7 5
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Continue Clean-up events including Annual Spring Cleanup Even Cleanup Event. The SWMPP and annual reports (all) to be availa Department, during regular business hours to the general public of	ble for review at the Planning
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
Clean up event is held annually each spring. The SWMPP and an review at the Planning Department. No requests to review docum	
C. How many times was this observation measured or evaluat	red 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	he SWMPP? • Yes • No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	et the goals of this MCM during
Continue all specified measures detailed in the Town of Halfmoor Continue to participate in the ISWM Program publication of a Co Annual Report.	

This report is being submitted for the reporting period ending March 9, 2 0 2 0 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

	Minimum Control Measure 3. 1	<u> </u>	cit Discl	1a	rge I	<u>ete</u>	cti	ion	an	d	Eli	im	ina	tic	<u>n</u>	
Th	e information in this section is being reported (che	ck one):													
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to tl	his	report?	I												
1.	Enter the number and approx. percent of	of c	outfalls m	ap	ped:				6	3	#			7	0 %	6
2.	How many of these outfalls have been so reporting period (outfall reconnaissance				weat	her	dis	scha	arg	es	dui	rinș	g tł	is)
3.	a.What types of generating sites/sewershe reporting period?	ds	were targ	get	ed for	ins	peo	ctio	n d	uri	ing	th	is			
	O Auto Recyclers	0	Landscapi	ng	(Irrig	ation	1)									
	O Building Maintenance	0	Marinas													
	O Churches	0	Metal Pla	teir	ıg Ope	eratio	ons									
	O Commercial Carwashes	0	Outdoor F	lui	d Stor	age										
	O Commercial Laundry/Dry Cleaners	0	Parking L	ot	Mainte	enan	ce									
	O Construction Vehicle Washouts	0	Printing													
	○ Cross-Connections	0	Residentia	1 (Carwas	shing	5									
	O Distribution Centers	0	Restauran	ts												
	O Food Processing Facilities	0	Schools a	nd	Unive	rsitie	es									
	O Garbage Truck Washouts	0	Septic Ma	int	enance	e										
	○ Hospitals	0	Swimming	, P	ools											
	O Improper RV Waste Disposal	0	Vehicle F	uel	ing											
	O Industrial Process Water	0	Vehicle M	air	ıt./Rep	air S	Sho	ps								
	Other:		None		250			***								
	O Sewersheds:															

This report is being submitted for the reporting period ending March 9, 2 0 2 0 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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O Br	oker	Li.	nes	Fro	om	San	itar	y S	ewe	er			0	Ind	usti	rial	Co	nne	ctio	ns											
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This report is being submitted for the reporting period ending March 9, 2 0 2 0 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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This report is being submitted for the reporting period ending March 9, 2 0 2 0

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SPDES ID

Name of MS4/Coalition Town of Halfmoon

N Y R 2 0 A 3 7 5

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 2020. The information obtained from this will be mapped with GIS and made available to all members of the coalition and public. The Town

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 2020. 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 i	n this reporting period?
	1
	(ex.: samples/participants/events)
D. Has your MS4 made progress toward this measurable goal dur	ring this reporting period?
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the S	WMPP?
	• Yes O 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 2020. 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.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix}$ 2 $\begin{vmatrix} 0 & 2 \end{vmatrix}$

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Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

	Construction Site and Post-Construction Control		
Th	ne 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	a. Has each MS4 contributing to this report adopted a law, ordinance or other regumechanism that provides equivalent protection to the NYS SPDES General Perm Stormwater Discharges from Construction Activities?		○ No
1b	o. Has each Town, City and/or Village contributing to this report documented that equivalent to a NYSDEC Sample Local Law for Stormwater Management and E Sediment Control through either an attorney cerfification or using the NYSDEC Analysis Workbook?	rosion	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law • 09/2004 • 03/	v.	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have reviewed in this reporting period?	been	7
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of pub comments related to construction SWPPPs? • Yes	olic O No	O NT
	If Yes, how many public comments were received during this reporting period?		0
5.	Does your MS4/Coalition provide education and training for contractors about the SWPPP process?	he loca Yes	l O 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	#	1	O No Authority
O Stop Work Orders	#		O No Authority
O Criminal Actions	#		O No Authority
O Termination of Contracts	#		O No Authority
O Administrative Fines	#		O No Authority
O Civil Penalties	#		O No Authority
O Administrative Orders	#		O No Authority
O Enforcement Actions or Sanctions	#		
Other	#		O No Authority

This report is being submitted for the reporting period ending March 9, 2 0 2 0

Name of MS4/Coalition Town of Halfmoon	N Y R 2 0 A 3 7 5
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 during this reporting period?	disturbances of one acre or more
2. How many construction projects disturbing at least one ac during this reporting period?	re were active in your jurisdiction
3. What percent of active construction sites were inspected d	uring this reporting period? \bigcirc NT
4. What percent of active construction sites were inspected m	1 0 0 % nore than once? ONT
5. Do all inspectors working on behalf of the MS4s contribut Construction Stormwater Inspection Manual?	ing to this report use the NYS ● Yes ○ No ○ NT
6. Does your MS4/Coalition provide public access to Stormw (SWPPPs) of construction projects that are subject to MS4	review and approval?
If your MS4 is Non-Traditional, are SWPPPs of constructional public review?	● Yes ○ No ○ NT on projects made available for ○ Yes ○ No
If Yes, use the following page to identify location(s) where SV	VPPPs can be accessed.

This report is being submitted for the reporting period ending March 9, 2 0 2 0 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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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 identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
The Stormwater Control local law authorizes the enforcement to risites. Copies of all inspection reports completed by the developer and kept on record by the SMO. Active construction sites are inspection and after heavy rainfall events. The Town's consulting enging for construction projects during the review process. A pre-construction projects during the review process.	's inspector are received via email pected by the SMO on a regular neering firm reviews all SWPPPs
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
The Town's local law is continually enforced. Inspections on consregularly by the SMO. Copies of inspection reports performed by received weekly for all active sites and maintained on record by the violation is detected, the SMO ensures that compliance is obtained	developer's certified inspector are he SMO. When a complaint or
C. How many times was this observation measured or evaluat	ed in this reporting period?
	(ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal	
E. Is your MS4 on schedule to meet the deadline set forth in the	
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation scheme)	
The Town will continue to review all SWPPPs for proposed proje	ects, pre-construction meetings will

be held, construction site inspections will occur, enforcement actions will be taken when necessary

to ensure compliance with regulations.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix}$

Name of MS4/Coalitio	n Town of Halfm	N Y R	2 0 A 3 7 5		
Minimum	Control Meas	sure 5. Post	-Construction	on Stormwater I	<u>Management</u>
The information in the On behalf of an in		g reported (chec	ck one):		
On behalf of a coa		ibuted to this	report?		
	what type of post			nagement practices eporting period?	has your
		# Inventoried	# Inspections	# Times Maintained	
O Alternative Practic					
O Filter Systems					
O Infiltration Basins					
Open Channels					
○ Ponds			2	2	
O Wetlands					
O Other					
2. Do you use an BMPs, inspecti	electronic tool (dions and mainta		ıbase, spreadsl	neet) to track post-	-construction ○ Yes • No
3. What types of Development/E	non-structural p Better Site Desig			_	npact
Building Codes	Municipal Co	mprehensive P	lans		
Overlay Districts	Open Space P	reservation Pro	ogram		
Zoning	• Local Law or	Ordinance			
○ None	● Land Use Reg	gulation/Zoning	5		
O Watershed Plans	Other Compre	hensive Plan			
Other:					

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$

	SPDES ID				
Nan	ne of MS4/Coalition Town of Halfmoon N Y R 2 0	I	4 3	7	5
4a.	Are the MS4s contributing to this report involved in a regional/watershed wide planning	_	effor Yes		No
4b.	Does the MS4 have a banking and credit system for stormwater management practices?		res Yes		No
4c.	Do the SWMP Plans for each MS4 contributing to this report include a protocol for eva and approval of banking and credit of alternative siting of a stormwater management p	lua ra	ation	1 ?	No
4d.	How many stormwater management practices have been implemented as part of this system reporting period?	ste	em ir	0 th	is
5.	What percent of municipal officials/MS4 staff responsible for program implementation training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?	ati	tend	ed	%

This report is being submitted for the reporting period ending March 9, 2 0 2 0

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	SPDES ID
Name of MS4/Coalition Town of Halfmoon	N Y R 2 0 A 3 7 5
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
The Town adopted and implemented a town-wide ordinance to a pollutant runoff from active construction sites. The SMO is responsites to ensure proper operation and maintenance of requirements	onsible for the inspection of such
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
All active construction sites are inspected prior to the Notice of Tournecessary a maintenance bond is held by the Town to ensure the Town Highway Dept. maintains records of post-construction prareceived maintenance in the reporting year.	BMPs function appropriately. The
C. How many times was this observation measured or evalua	ted in this reporting period?
D. Has your MS4 made progress toward this measurable goa	l during this reporting period? • Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in t	
The same of most the deadline set lottle in	• Yes O No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation scho	eet the goals of this MCM during
Prior to dedication to the Town, a final inspection is performed o maintenance will continue to be performed by the Town Highwa such actions.	

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 0$

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

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Name of MS4/Coalition	Town of Halfmoon	N	Y	R	2	0	А	3	7	5

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.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

		р	erformed within	the past 3
Operation/Activity/Facility	Addressed in	n SWMP?	years?	_
Street Maintenance	• Yes	○ No	• Yes	O No
Bridge Maintenance	• Yes	○ No	O Yes	No
Winter Road Maintenance	• Yes	○ No	• Yes	○ No
Salt Storage	• Yes	○ No	• Yes	O No
Solid Waste Management	• Yes	○ No	• Yes	O No
New Municipal Construction and Land Disturba	nce • Yes	○ No	• Yes	O No
Right of Way Maintenance	• Yes	O No	● Yes	O No
Marine Operations		• No	○ Yes	No
Hydrologic Habitat Modification		○ No	• Yes	O No
Parks and Open Space	7 c c c c c c c c c c c c c c c c c c c	○ No	● Yes	O No
Municipal Building	• Yes	○ No	• Yes	\bigcirc No
Stormwater System Maintenance		○ No	• Yes	O No
Vehicle and Fleet Maintenance		○ No	• Yes	O No
Other	O Yes	○ No	○ Yes	\bigcirc No

This report is being submitted for the reporting period ending March 9, 2 0 2 0 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID					
Name of MS4/Coalition Town of Halfmoon	N Y R 2	0	А	3	7	5
2. Provide the following information about municipal operations	s good housekeep	oing	pr	ogr	am	ıs:
 Parking Lots Swept (Number of acres X Number of times swept) 	# Acres			2		5
• Streets Swept (Number of miles X Number of times swept)	# Miles	1	3	7		5
 Catch Basins Inspected and Cleaned Where Necessary 	#				9	7
Post Construction Control Stormwater Management Practices Annual Claused Wilesen Name and Control Stormwater Management Practices	#			T	T	2
Inspected and Cleaned Where Necessary		Ш			_	
O Phosphorus Applied In Chemical Fertilizer	# Lbs.					
Nitrogen Applied In Chemical Fertilizer	# Lbs.			6	2	2
Pesticide/Herbicide Applied Observe of the state	# Acres		1	. 0].[0
(Number of acres to which pesticide/herbicide was applied X Number applied to the nearest tenth.)	per of					
2. How many starmwater management trainings have been made	ided to municina	.1	1			
3. How many stormwater management trainings have been prov	ided to municipa	ıı er	npı	oye	-	
during this reporting period?						2
4. What was the date of the last training?	0 2 / 2 0	[2	0	2	0
5. How many municipal employees have been trained in this repo	orting period?					2
	T. T					
6. What percent of municipal employees in relevant positions an stormwater management training?	d departments ro	ecei		0	0 0	%
		L		J		/0

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$

if submitting this form as part of a joint report on behalf of a coamon leave of DES ID bid	111K.
SPDES ID	
Name of MS4/Coalition Town of Halfmoon 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 III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting J	period.
Records maintained of all areas that are reported on for this minimum control measure. A fo completed by the Highway Department for each activity reported on. The Town Highway Department reported 137.5 miles of road swept with 56.5 cubic yards of debris collected. 97 basins were also cleaned out removing 16.5 cubic yards of debris.	3-776-
B. Briefly summarize the observations that indicated the overall effectiveness of this M Goal.	easurable
The Town Highway Department reported on 137.5 miles of road swept with 56.5 cubic yard debris collected. 97 catch basins were also cleaned removing 16.5 cubic yards of debris.	s of
C. How many times was this observation measured or evaluated in this reporting perio	1
D. Has your MS4 made progress toward this measurable goal during this reporting per	/participants/ riod? es O No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	o No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM the next reporting cycle (including an implementation schedule).	
Roads will be swept on a continual basis. Catch basins will be cleaned as needed. Annual roscleanups will be held. Reports will be written and maintained by the Town. Conduct a Self-Assessment and ISWM Program MCM 6/P2 Training by 12/31/2020.	adside

MS4 Annual Report Cover Page

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

This cover	page must be completed by the report preparer.
Joint repor	ts require only one cover page.

SPI	DES	ID					,	
N	Y	R	2	0	С	0	0	6

Choose one:

\bigcirc	This	report	is	being	submitted	on	behalf	of	an	indivi	dual	MS	34.
	THIS	report	13	Denis	Submitted	VII	Deman	UI	an	HIMIAI	uuai	TATE	,,,,,

Fill in SPDES ID in upper right hand corner.

N	ame	`M	S4													
								į								
		- 1							1							

OR

O This report is being submitted on behalf of a Single Entity

(Per Part II.E of GP-0-10-002)

Nai	me c	of S1	ngl	e En	tity												
			1027														

OR

This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

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MS4 Annual Report Cover Page

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

Provide SPDES ID of each permitted MS4 included in this report.

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

	SPI	DES	ID						
Name of MS4 Saratoga County ISWM Program	N	Y	R	2	0	С	0	0	6

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:

- O An Annual Report for a single MS4
- O 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.

S	a	r	a	t	0	g	a		С	0	u	n	t	У		I	n	t	е	r	m	u	n	i	С	i	р	a	1
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MCC form for period ending March 9, 2 0 2 0

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Name of MS4 Saratoga County ISWM Program	N	Y	R	2	0	С	0	0	6

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> 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
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

First Name	MI Last Name
Preston	A 1 1 e n
Title	
Chairofthe Bo	a r d o f S u p e r v i s o r s
Address	
4 0 M c M a s t e r S t r	e e t
City	State Zip
City B a l l s t o n S p a	State Zip N Y 1 2 0 2 0 -
Balllston Spa	
Ballston Spa eMail	N Y 1 2 0 2 0 -

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

	SPDES ID
Name of MS4 Saratoga County ISWM Program	N Y R 2 0 C 0 0 6

Section 2 - Contact Information

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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)
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For each contact, select all that apply:

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

First Name B 1 u e	MI Last Name R N e i l s
Title	
SC/CCEIISWMProc	gram Coordinator
Address	
50 West High Str	reet
City	State Zip
Ballston Spa	N Y 1 2 0 2 0 -
eMail	
b r n 5 @ c o r n e 1 1 . e d u	1
Phone	County
(5 1 8) 8 8 5 - 8 9 9 5	S A R A T O G A

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

		SPI	DES	ID						W
Name of MS4	Saratoga County/CCE Intermunicipal Stormwater Management Program	N	Y	R	2	0	С	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	Na	ıme						311500000								MI		Las	t Na	me												
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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

Other

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, | 2 |

	SPE	DES	ID						
Name of MS4/Coalition Saratoga County ISWM Program	N	Y	R	2	0	С	0	0	6

Minimum Control Measure 1. Public Ed	lucation and Outreach
The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition 	
55-034 District Control Dist	9
1. Targeted Public Education and Outreach Best Managem	ent Practices
Check all topics that were included in Education and Outreach d	luring this reporting period:
• Construction Sites	O Pesticide and Fertilizer Application
 General Stormwater Management Information 	Pet Waste Management
 Household Hazardous Waste Disposal 	○ Recycling
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	O Trash Management
Smart Growth	• Vehicle Washing
Storm Drain Marking	Water Conservation
● Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	O None
L a w n / O r g a n i c D e b r i s Other	
2. Specific audiences targeted during this reporting period:	
Public Employees Contractors	
● Residential • Developers	
● Businesses ● General Public	
○ Restaurants ○ Industries	
• Other: O Agricultural	
Planning and Zoning B	o a r d s

This report is being submitted for the reporting period ending March 9, 2 0 2 0

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition Saratoga County ISWM Program NYR 2 0 C 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 2 #Trained 1 7 O Direct Mailings # Mailings Kiosks or Other Displays # Locations 2 1 List-Serves 6 2 6 # In List O Mailing List # In List O Newspaper Ads or Articles # Days Run Public Events/Presentations # Attendees 5 6 3 O School Program # Attendees O TV Spot/Program # Days Run Printed Materials: Total # Distributed UNKN Locations (e.g. libraries, town offices, kiosks) C 0 f f i С е S C 0 u n t В u i 1 d i n 5 Other: Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed. i W W S a r t 0 rm t r d W a t 0 g a S W a е 0 r g r е S i e n t S u b 1 C d u t i h p е C a o n t m URL W W W S a r a t 0 S t i g a 0 r m W a t e r r r g n t u b 1 i i 1 e S p C n V 0 V e m e n t h t m

This report is being submitted for the reporting period ending March 9, 2 0 2 0

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

SPDES ID

Na	me o	ne of MS4/Coalition Saratoga County ISWM Program																	N	Y	R	2	0	С	0	0	6					
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This report is being submitted for the reporting period ending March 9, 2 0 2 0

11 0 u og	and return as pairs of a joint report on contain	or a countrion	SPDES ID	JO ID OILIIN	•
Name of MS4/Coalition S	aratoga County ISWM Program			2 0 C 0	0 6
4. Evaluating Progre	ess Toward Measurable Goals MCM	1			
	t on your progress and project plans tow mwater Management Program Plan (SV onal pages as needed.		_	_	Part
A. Briefly summarize	e the Measurable Goal identified in t	he SWMPP i	in this rep	orting per	iod.
Maintain/continue all	selected BMPs detailed in the ISWM F	Program Plan.			
		-			
D D : C		11 66			
Goal.	e the observations that indicated the	overall effect	tiveness of	this Meas	urable
RTC continues to offer attendees, 679hrs of tra updated as needed; ISV	displays continue to be maintained at all professional-level accredited stormwater tining); the ISWM Program is maintained VM Program continues to conduct direct aratoga County (575 attendees, 1,191hrs of	r management I as the online education/out	education/ source for reach to gro	training (10 information)6 1 -
C. How many times v	was this observation measured or eva	luated in thi	s reportin	g period?	
				1	
D. Has your MS4 ma	de progress toward this Measurable	Goal during			cticipants/event
20 1145 y 041 1/15 1 114	de progress toward this measurable	Goar during	tins repor	• Yes	
E. Is your MS4 on sc	hedule to meet the deadline set forth	in the SWM	PP?	• Yes	○ No
	e the stormwater activities planned to cycle (including an implementation s		als of this	MCM dui	ring
	of the Saratoga County I-SWM Program Educ	ation/Outreach l	Program		
-Maintain website; ongoin -Maintain "Town Hall" dis	g throughout the year splays/kiosks; ongoing throughout the year				
-Continue direct education	outreach programming; ongoing throughout t				
	raining Center w/ John Dunkle; ongoing through the via ESRI ArcGIS Online Story Man tool	gnout the year			

This report is being submitted for the reporting period ending March 9, 2 0 2 0

If submitting this form as part of a joint report on behalf of a coalition		S ID b	lank		
Name of MS4/Coalition Saratoga County ISWM Program	SPDES ID N Y R 2	2 0	C 0	0	6
Minimum Control Measure 2. Public Involvement	nt/Particip	atio	<u>n</u>		
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 9 					
1. What opportunities were provided for public participation in imdevelopment, evaluation and improvement of the Stormwater M (SWMP) Plan during this reporting period? Check all that apple	anagement P		am		
Cleanup Events	# Events			6	7
O Comments on SWMP Received	#Comments				
Community Hotlines Phone # ()] - [
Phone # (5 1 8) 8 8 5 - 8 9 9 5 Phone # ()] - [
Phone # (Phone # ()]-[
Phone # (Phone # ()] - [
Phone # (Phone # ()]-[
Phone # (Phone # ()]-[
O Community Meetings	# Attendees				
○ Plantings	Sq. Ft.				
Storm Drain Markings	# Drains			2	5
O Stakeholder Meetings	# Attendees				
O Volunteer Monitoring	# Events				
Other:					
2. Was public notice of availability of this annual report and Storm Program (SWMP) Plan provided?	water Manaş	gemei		0	No
• List-Serve	# In List		6	2	6
O Newspaper Advertising	# Days Run				
○ TV/Radio Notices	# Days Run				
Othory			T	Ī	「

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

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 2 \mid 0$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID Name of MS4/Coalition Saratoga County ISWM Program N Y R 2 0 C 0 0 6 2. URL(s) con't.: Please provide specific address(es) where notice(s) can be accessed - not home page. W s a r a t o g a S t o |m|u|n|i| W r m w a t er o|r|g C i p i a 1 t i e s a d d i t i o n a 1 r e S o|u|r|. h e t m URL URL URL URL URL

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

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID NYR2 0 0 0 0 6 Name of MS4/Coalition | Saratoga County ISWM Program 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 Department S a r a t C C Ε 0 g a Ι S W М P ro g ram Address 5 0 i W e S t Η g h S t r е е t City Zip 1 1 S NY В S t a 0 n p a Phone O Library Address O Annual Report O SWMP Plan O Comments City Zip Phone Other O Annual Report O SWMP Plan O Comments Address City Zip Phone • Web Page URL: Annual Report O SWMP Plan O Comments

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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix}$

	SPI	DES ID)			
Name of MS4/Coalition Saratoga County ISWM Program	N	YR	2	0	C 0	0 6
4.a. If this report was made available on the internet, what date wa	s it po	sted?	•			
Leave blank if this report was not posted on the internet.	0 6	/ 0	1	/	2 0	1 9
4.b. For how many days was/will this report be posted?					9	9 9
If submitting a report for single MS4, answer 5.a If submitting a j	joint r	eport,	ansv	ver	5.b	
5.a. Was an Annual Report public meeting held in this reporting po	eriod?			0	Yes	No
If Yes, what was the date of the meeting?		/		1		
If No, is one planned?				0	Yes	• No
5.b. Was an Annual Report public meeting held for all MS4s contri	ibutin	g to t	his r	epo	rt dı	ıring
this reporting period?				0	Yes	No
If No, is one planned for each?				0	Yes	No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.				0	Yes	• No

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 0 \end{vmatrix}$

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
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward achie identified in your Stormwater Management Program Plan (SWMPP), in III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWM	PP in this reporting period.
On-time publication of the Saratoga County Local MS4 Annual Report (or better) participation in clean up events by all groups.	rt Addendum (Y17) and 90%
B. Briefly summarize the observations that indicated the overall ef Goal.	fectiveness of this Measurable
Annual Report was submitted on UNKN - TBD; DUE TO CORONAV PANDEMIC RESPONSE AND NYS EXECUTIVE ORDER 202 IT I TIME, IF THE GOAL WILL BE MET;	
100% Participation by all registered groups - this goal has been met.	,
C. How many times was this observation measured or evaluated in	• • • • • • • • • • • • • • • • • • • •
	(ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable goal duri	ng this reporting period?
E. Is your MS4 on schedule to meet the deadline set forth in the SV	● Yes ○ No WMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule)	e goals of this MCM during

Continue implementation of Saratoga County Biological Monitoring & Assessment - Kayaderosseras Ck (BioMAK) and the Dwass Kill (BioMAD) in coordination with the NYS DEC WAVE Program;
Continue administration of all Adopt-A-Highway Programs;
Resume SOP of ISWM Program publication of a Combined Saratoga County MS4 Annual Report.