

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

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SPDES ID

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Section 2 - Contact Information

Important Instructions - Please Read

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

First Name	MI	Last Name
K e v i n		T o l l i s e n

Title
T o w n S u p e r v i s o r

Address
2 H a l f m o o n T o w n P l a z a

City	State	Zip
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eMail
k t o l l i s e n @ t o w n o f h a l f m o o n . o r g

Phone	County
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Name of MS4

Town of Halfmoon

SPDES ID

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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
- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name

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 MI

M

 Last Name

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Title

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Address

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City

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 State

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 Zip

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eMail

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Phone

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 County

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Name of MS4

SPDES ID

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

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

Address

City

State

Zip

-

eMail

Phone

() -

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
- MM2 S"/>
- MM3 S"/>
- MM4 S"/>
- MM5 S"/>
- MM6 S"/>

Additional tasks/responsibilities

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

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Name of MS4

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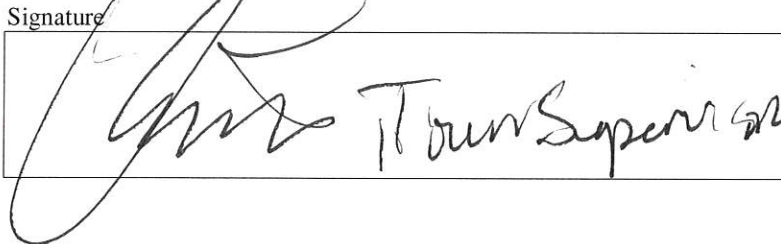
Section 4 - Certification Statement

"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 Name MI Last Name

Title (Clearly print title of individual signing report)

Signature 

Date / /

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

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.

Name of MS4/Coalition

SPDES ID
N Y R 2 0 A 3 7 5

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 # Trained
- Direct Mailings # Mailings
- Kiosks or Other Displays # Locations
- List-Serves # In List
- Mailing List # In List
- Newspaper Ads or Articles # Days Run
- Public Events/Presentations # Attendees
- School Program # Attendees
- TV Spot/Program # Days Run
- Printed Materials: Total # Distributed

Locations (e.g. libraries, town offices, kiosks)

H	a	l	f	m	o	o	n		T	o	w	n		H	a	l	l			

● Other:

● Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

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MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID

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3. Web Page cont.: Provide specific web addresses - not home page.

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Name of MS4/Coalition

Town of Halfmoon

SPDES ID

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4. Evaluating Progress Toward Measurable Goals MCM 1

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.

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
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(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 SWMPP?

Yes No

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

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Name of MS4/Coalition

SPDES ID
N Y R 2 0 A 3 7 5

2. URL(s) con't.:

Please provide specific address(es) where notice(s) can be accessed - not home page.

URL

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Name of MS4/Coalition:

SPDES ID
N Y R 2 0 A 3 7 5

2. URL(s) con't.:

Please provide specific address(es) where notices can be accessed - not home page.

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Name of MS4/Coalition

Town of Halfmoon

SPDES ID

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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

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 /

0	1
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 /

2	0	2	0
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4.b. For how many days was/will this report be posted?

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

Yes No

If Yes, what was the date of the meeting?

0	4
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1	5
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2	0	2	0
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If No, is one planned?

Yes No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

Yes No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

MS4 Annual Report Form

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Name of MS4/Coalition

Town of Halfmoon

SPDES ID

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7. Evaluating Progress Toward Measurable Goals MCM 2

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.

Continue Clean-up events including Annual Spring Cleanup Event (6 days), the Mohawk River Cleanup Event. The SWMPP and annual reports (all) to be available for review at the Planning Department, during regular business hours to the general public or upon request for review.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Clean up event is held annually each spring. The SWMPP and annual reports are available for review at the Planning Department. No requests to review documents this reporting period

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(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 SWMPP?

Yes No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Continue all specified measures detailed in the Town of Halfmoon SWMP Plan.
Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

MS4 Annual Report Form

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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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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 in this reporting period?

			1
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(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 SWMPP?

Yes 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.

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Town of Halfmoon

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

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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? Yes No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? Yes No NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
 09/2004 03/2006 NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? Yes No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

		7
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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? Yes No NT

If Yes, how many public comments were received during this reporting period?

		0
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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? Yes 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
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 No Authority
- Stop Work Orders #

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 No Authority
- Criminal Actions #

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 No Authority
- Termination of Contracts #

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 No Authority
- Administrative Fines #

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 No Authority
- Civil Penalties #

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 No Authority
- Administrative Orders #

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 No Authority
- Enforcement Actions or Sanctions #

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 No Authority
- Other #

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 No Authority

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Town of Halfmoon

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N	Y	R	2	0	A	3	7	5
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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?

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1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period?

		3
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2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

	3	4
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3. What percent of active construction sites were inspected during this reporting period? NT

1	0	0
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 %

4. What percent of active construction sites were inspected more than once? NT

1	0	0
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 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? Yes No NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval? Yes No NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? Yes No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

MS4 Annual Report Form

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

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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
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7. Evaluating Progress Toward Measurable Goals MCM 4

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 Stormwater Control local law authorizes the enforcement to reduce runoff from construction sites. Copies of all inspection reports completed by the developer's inspector are received via email and kept on record by the SMO. Active construction sites are inspected by the SMO on a regular basis and after heavy rainfall events. The Town's consulting engineering firm reviews all SWPPPs for construction projects during the review process. A pre-construction meeting is held with all

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town's local law is continually enforced. Inspections on construction sites are performed regularly by the SMO. Copies of inspection reports performed by developer's certified inspector are received weekly for all active sites and maintained on record by the SMO. When a complaint or violation is detected, the SMO ensures that compliance is obtained in a reasonable time frame.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(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 SWMPP?

Yes 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 Town will continue to review all SWPPPs for proposed projects, pre-construction meetings will be held, construction site inspections will occur, enforcement actions will be taken when necessary to ensure compliance with regulations.

MS4 Annual Report Form

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

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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

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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?
 Yes No

4b. Does the MS4 have a banking and credit system for stormwater management practices?
 Yes No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?
 Yes No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

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 %

MS4 Annual Report Form

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

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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

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6. Evaluating Progress Toward Measurable Goals MCM 5

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 adopted and implemented a town-wide ordinance to authorize enforcement to reduce pollutant runoff from active construction sites. The SMO is responsible for the inspection of such sites to ensure proper operation and maintenance of requirements under current regulations.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All active construction sites are inspected prior to the Notice of Termination being signed. When necessary a maintenance bond is held by the Town to ensure the BMPs function appropriately. The Town Highway Dept. maintains records of post-construction practices that have been inspected and received maintenance in the reporting year.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(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 SWMPP?

Yes No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Prior to dedication to the Town, a final inspection is performed of all BMPs. Inspections and maintenance will continue to be performed by the Town Highway Dept. All records are kept for such actions.

MS4 Annual Report Form

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

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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
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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?

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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.

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID

2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres
- Streets Swept (Number of miles X Number of times swept) # Miles
- Catch Basins Inspected and Cleaned Where Necessary #
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #
- Phosphorus Applied In Chemical Fertilizer # Lbs.
- Nitrogen Applied In Chemical Fertilizer # Lbs.
- Pesticide/Herbicide Applied # Acres
(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

3. How many stormwater management trainings have been provided to municipal employees during this reporting period?

4. What was the date of the last training?

/ /

5. How many municipal employees have been trained in this reporting period?

6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

%

MS4 Annual Report Form

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

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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

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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 in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Records maintained of all areas that are reported on for this minimum control measure. A form is 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 catch basins were also cleaned out removing 16.5 cubic yards of debris.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

The Town Highway Department reported on 137.5 miles of road swept with 56.5 cubic yards of debris collected. 97 catch basins were also cleaned removing 16.5 cubic yards of debris.

C. How many times was this observation measured or evaluated in this reporting period?

			1
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(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 SWMPP?

Yes No

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).

Roads will be swept on a continual basis. Catch basins will be cleaned as needed. Annual roadside cleanups 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.

MS4 Annual Report Cover Page

MCC form for period ending March 9,

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

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MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

SPDES ID

N	Y	R	2	0	C	0	0	6
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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:

- An Annual Report for a single MS4
- 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.

If Joint Report, enter coalition name:

S	a	r	a	t	o	g	a		C	o	u	n	t	y		I	n	t	e	r	m	u	n	i	c	i	p	a	l
S	t	o	r	m	w	a	t	e	r		M	a	n	a	g	e	m	e	n	t		P	r	o	g	r	a	m	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2020

Name of MS4 Saratoga County ISWM Program

SPDES ID
N Y R 2 0 C 0 0 6

Section 2 - Contact Information

Important Instructions - Please Read

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

First Name P r e s t o n MI Last Name A l l e n

Title C h a i r o f t h e B o 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 B a l l s t o n S p a State N Y Zip 1 2 0 2 0 -

eMail d a y s u p e r v i s o r @ t o w n o f d a y . o r g

Phone (5 1 8) 8 8 5 - 2 2 4 0 County S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2020

Name of MS4 Saratoga County ISWM Program

SPDES ID
N Y R 2 0 C 0 0 6

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for *each* 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
- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name: B l u e MI: R Last Name: N e i l l s

Title: S C / C C E I S W M P r o g r a m C o o r d i n a t o r

Address: 5 0 W e s t H i g h S t r e e t

City: B a l l s t o n S p a State: N Y Zip: 1 2 0 2 0

eMail: b r n 5 @ c o r n e l l . e d u

Phone: (5 1 8) 8 8 5 - 8 9 9 5 County: S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2020

Name of MS4

SPDES ID

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 Name

MI

Last Name

Title (Clearly print title of individual signing report)

Signature



Date

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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: NYR20C006

Minimum Control Measure 1. Public Education 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? 19

1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

- Construction Sites
General Stormwater Management Information
Household Hazardous Waste Disposal
Illicit Discharge Detection and Elimination
Infrastructure Maintenance
Smart Growth
Storm Drain Marking
Green Infrastructure/Better Site Design/Low Impact Development
Other:
Pesticide and Fertilizer Application
Pet Waste Management
Recycling
Riparian Corridor Protection/Restoration
Trash Management
Vehicle Washing
Water Conservation
Wetland Protection
None

Law n / O r g a n i c D e b r i s

2. Specific audiences targeted during this reporting period:

- Public Employees
Contractors
Residential
Developers
Businesses
General Public
Restaurants
Industries
Other:
Agricultural

P l a n n i n g a n d Z o n i n g B o a r d s

MS4 Annual Report Form

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

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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
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3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

- | | | | | | | | |
|--|---------------------|---|---|---|---|---|---|
| <input checked="" type="radio"/> Construction Site Operators Trained | # Trained | <table border="1"><tr><td></td><td></td><td>2</td><td>1</td><td>7</td></tr></table> | | | 2 | 1 | 7 |
| | | 2 | 1 | 7 | | | |
| <input type="radio"/> Direct Mailings | # Mailings | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | |
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| <input checked="" type="radio"/> Kiosks or Other Displays | # Locations | <table border="1"><tr><td></td><td></td><td>2</td><td>1</td><td></td></tr></table> | | | 2 | 1 | |
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| <input checked="" type="radio"/> List-Serves | # In List | <table border="1"><tr><td></td><td></td><td>6</td><td>2</td><td>6</td></tr></table> | | | 6 | 2 | 6 |
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| <input type="radio"/> Mailing List | # In List | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | |
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| <input type="radio"/> Newspaper Ads or Articles | # Days Run | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | |
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| <input checked="" type="radio"/> Public Events/Presentations | # Attendees | <table border="1"><tr><td></td><td></td><td>3</td><td>5</td><td>6</td></tr></table> | | | 3 | 5 | 6 |
| | | 3 | 5 | 6 | | | |
| <input type="radio"/> School Program | # Attendees | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> TV Spot/Program | # Days Run | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Printed Materials: | Total # Distributed | <table border="1"><tr><td>U</td><td>N</td><td>K</td><td>N</td></tr></table> | U | N | K | N | |
| U | N | K | N | | | | |

Locations (e.g. libraries, town offices, kiosks)

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C	o	u	n	t	y		B	u	i	l	d	i	n	g		5			

Other:

- Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

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URL

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e	n	t	s	-	p	u	b	l	i	c	-	i	n	v	o	l	v	e	m	e	n	t	.	h	t	m						

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

Name of MS4/Coalition

SPDES ID
N Y R 2 0 C 0 0 6

3. Web Page cont': Provide specific web addresses - not home page.

URL
www.saratogastormwater.org/residents-illlicit-discharge.htm

URL
www.saratogastormwater.org/residents-construction-runoff.htm

URL
www.saratogastormwater.org/residents-post-construction.htm

URL
www.saratogastormwater.org/residents-good-housekeeping.htm

URL
www.saratogastormwater.org/contractors-developers-construction-r

URL
www.saratogastormwater.org/contractors-developers-post-construct

URL
www.saratogastormwater.org/municipalities-public-education.htm

MS4 Annual Report Form

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

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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
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4. Evaluating Progress Toward Measurable Goals MCM 1

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.

Maintain/continue all selected BMPs detailed in the ISWM Program Plan.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

All kiosks/information displays continue to be maintained at all local MS4 locations; the Eastern NY SW RTC continues to offer professional-level accredited stormwater management education/training (106 attendees, 679hrs of training); the ISWM Program is maintained as the online source for information - updated as needed; ISWM Program continues to conduct direct education/outreach to groups/individuals and Staff throughout Saratoga County (575 attendees, 1,191hrs of education/training).

C. How many times was this observation measured or evaluated in this reporting period?

1			
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(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 SWMPP?

Yes No

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
 -Maintain website; ongoing throughout the year
 -Maintain "Town Hall" displays/kiosks; ongoing throughout the year
 -Continue direct education/outreach programming; ongoing throughout the year
 -Continue SW Regional Training Center w/ John Dunkle; ongoing throughout the year
 -Add "Story Maps" to website via ESRI ArcGIS Online Story Map tool

MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID
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.

URL

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t m

URL

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2020

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

Name of MS4/Coalition

SPDES ID

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
S a r a t o g a C C E I S W M P r o g r a m

Address
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City
B a l l s t o n S p a

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N Y -

Phone
() -

- Library Annual Report SWMP Plan Comments

Address

City

Zip

Phone
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- Other Annual Report SWMP Plan Comments

Address

City

Zip

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- Web Page URL: Annual Report SWMP Plan Comments

h t t p : / / w w w . s a r a t o g a s t o r m w a t e r . o
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r e s o u r c e s . h t m

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

- eMail Comments

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MS4 Annual Report Form

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

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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

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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0	6
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 /

0	1
---	---

 /

2	0	1	9
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4.b. For how many days was/will this report be posted?

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

Yes No

If Yes, what was the date of the meeting?

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If No, is one planned?

Yes No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

Yes No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

MS4 Annual Report Form

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

2	0	2	0
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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

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7. Evaluating Progress Toward Measurable Goals MCM 2

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.

On-time publication of the Saratoga County Local MS4 Annual Report Addendum (Y17) and 90% (or better) participation in clean up events by all groups.

B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.

Annual Report was submitted on UNKN - TBD; DUE TO CORONAVIRUS/COVID-19 PANDEMIC RESPONSE AND NYS EXECUTIVE ORDER 202 IT IS UNCLEAR, AT THIS 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 this reporting period?

2			
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(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 SWMPP?

Yes No

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 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.