

MS4 Annual Report Cover Page

MCC form for period ending March 9,

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

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Choose one:

- This report is being submitted on behalf of an individual MS4.**

Fill in SPDES ID in upper right hand corner.

Name of MS4

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OR

- This report is being submitted on behalf of a Single Entity**

(Per Part ILE of GP-0-10-002)

Name of Single Entity

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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.

Name of Coalition

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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 3

Name of MS4

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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

Title

Address

City State Zip -

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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- 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 |
| T o n y | | L u b a s |

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| Phone | County |
| (5 1 8) 2 3 5 - 3 4 1 3 | S a r a t o g a |

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 3

Name of MS4

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

First Name MI Last Name

Title

Address

City State Zip

eMail

Phone County

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9,

Name of MS4

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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

MM3

MM4

MM5

MM6

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) FormMCC form for period ending March 9,

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Name of MS4

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Section 4 - Certification Statement

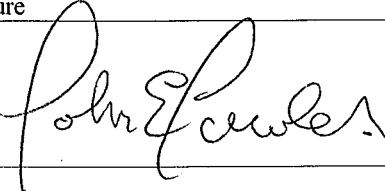
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage 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 |
|------------|----|-------------|
| J o h n | E | L a w l e r |

| Title (Clearly print title of individual signing report) |
|--|
| T o w n S u p e r v i s o r |

Signature



Date

| | | | | | | | | | |
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The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: MS4compliance@dec.ny.gov. All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

Submit Form

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance
 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 3

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
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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:

- 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)

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Other:

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

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

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MS4 Annual Report Form

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Name of MS4/Coalition

Town of Waterford

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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.

The Town maintained educational kiosks at the Town Hall and Harbor Center which includes, among other pamphlets and brochures, information about stormwater.

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

Four different stormwater pamphlets/brochures are made available to the public at Town Hall: "Where does all the Dirty Water Go?"; "10 Things You Can do to Prevent Stormwater Runoff Pollution"; "Stormwater Regulations and the Construction Industry"; and "After the Storm".

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

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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 maintain the educational kiosk.

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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.

| |
|--|
| The Town maintained its stormwater website: www.waterfordstormwater.com which educates the public, notifies of stormwater program events, includes the Town's stormwater mapping, and more. |
|--|

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

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| The website received 61 visitors during this reporting period. |
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C. How many times was this observation measured or evaluated in this reporting period?

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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).

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| The Town will continue to update the website and utilize it for public education and involvement. |
|---|

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Minimum Control Measure 2. Public Involvement/Participation

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. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

- Cleanup Events # Events

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- Comments on SWMP Received # Comments

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- Community Hotlines Phone # (

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- Community Meetings # Attendees

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- Plantings Sq. Ft.

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- Storm Drain Markings # Drains

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- Stakeholder Meetings # Attendees

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- Volunteer Monitoring # Events

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- Other:

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2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? Yes No

- List-Serve # In List

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- Newspaper Advertising # Days Run

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- TV/Radio Notices # Days Run

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- Other:

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

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

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2. URL(s) con't.:

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

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

Address

City

Zip

Phone

() -

Library Annual Report SWMP Plan Comments

Address

City

Zip

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Phone

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Other Annual Report SWMP Plan Comments

Address

City

Zip

Phone

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Web Page URL: Annual Report SWMP Plan Comments

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

eMail Comments

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

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| Town of Waterford |
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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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4.b. For how many days was/will this report be posted?

| | | |
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| 3 | 6 | 5 |
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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,

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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

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| Town of Waterford |
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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.

| |
|------------------------------|
| The Town hosts cleanup days. |
|------------------------------|

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

| |
|--|
| On April 22, 2022 the Canal Clean Sweep took place and report a successful cleanup of the canal bank and area surrounding Lock 4 on the Old Champlain Canal in front of the Waterford Historical Museum and cultural Center. |
|--|

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

*(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 publicize and host these cleanup days when applicable. |
|--|

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

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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.

| |
|--|
| The Town continues to collect residential yard waste (green waste) annually. |
|--|

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

| |
|--|
| The Town collected 3,030 yards of green waste during the reporting year. |
|--|

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

| | | | |
|---|---|---|---|
| 3 | 0 | 3 | 0 |
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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 collect residential yard waste annually. |
|--|

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

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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.

| |
|--|
| The Town hosted their annual Household Hazardous Waste Collection Day and Electronic Recycling Days. |
|--|

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

| |
|---|
| Household Hazardous Waste Day took place on October 22, 2022 and saw a total of 28 cars. Two Electronic Recycling Days were held on April 16 and September 27 for a net weight collected between the 3 days of 2,752lb. |
|---|

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

| | | | |
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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 host the annual Household Hazardous Waste Collection Day and Electronic Recycling Days. |
|---|

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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 Waterford

SPDES ID

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3.b.What types of illicit discharges have been found during this reporting period?

- Broken Lines From Sanitary Sewer
- Industrial Connections
- Cross Connections
- Inflow/Infiltration
- Failing Septic Systems
- Pump Station Failure
- Floor Drains Connected To Storm Sewers
- Sanitary Sewer Overflows
- Illegal Dumping
- Straight Pipe Sewer Discharges
- Other:
- None

Empty grid for additional discharge types

4. How many illicit discharges/potential illegal connections have been detected during this reporting period?

0

5. How many illicit discharges have been confirmed during this reporting period?

0

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

0

7. Has the storm sewershed mapping been completed in this reporting period? Yes No

If No, approximately what percent was completed in this reporting period? %

Empty box for percentage

8. Is the above information available in GIS? Yes No
Is this information available on the web? Yes No

If Yes, provide URL(s):

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

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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

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Please provide specific address of page where map(s) can be accessed - not home page

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9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report? Yes No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law? Yes No NT

11. What percent of staff in relevant positions and departments has received IDDE training?

| | | |
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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

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| Town of Waterford |
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SPDES ID

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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.

Outfall inspections are performed at a rate of 100% of the outfalls every five years, as required.

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

The Town is within a new 5-year inspection period, and is therefore up-to-date. However, outfalls are maintained as needed and two locations received maintenance: Sugarloaf Pond & Devitt Road.

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).

The Town will continue to adhere to the required outfall inspection schedule, with the Saratoga County Intermunicipal Stormwater Management Program assisting with inspections.

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

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| Town of Waterford |
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SPDES ID

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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?

| | | |
|--|--|---|
| | | 0 |
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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 |
|--|--|---|

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 #

| | | | | | |
|--|--|--|--|--|---|
| | | | | | 0 |
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 No Authority
- Stop Work Orders #

| | | | | | |
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| | | | | | 0 |
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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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- Other #

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 No Authority

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

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| Town of Waterford |
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SPDES ID

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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?

| | | |
|--|--|---|
| | | 0 |
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2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?

| | | |
|--|--|---|
| | | 0 |
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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

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| Town of Waterford |
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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 Town continues to review SWPPPS for 100% of all projects disturbing 1 or more acres of land to ensure compliance with the Town of Waterford local stormwater law and NYSDEC regulations. The Town also records any notices of violation and/or stop work orders issued in relation to active/approved sites. |
|--|

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

| |
|--|
| No projects requiring a permit were reported active. |
|--|

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

*(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, inspect active construction sites, and require stormwater and erosion and sediment control practices on construction sites of all sizes. |
|---|

MS4 Annual Report Form

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

| | | | |
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| 2 | 0 | 2 | 3 |
|---|---|---|---|

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 Waterford |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 3 | 7 |
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Minimum Control Measure 5. Post-Construction Stormwater Management

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 and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

| | # Inventoried | # Inspections | # Times Maintained | | | | | | | | | |
|---|---|------------------|-----------------------|---|---|--|--|---|---|--|--|---|
| <input type="radio"/> Alternative Practices | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| <input type="radio"/> Filter Systems | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| <input type="radio"/> Infiltration Basins | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| <input type="radio"/> Open Channels | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| <input checked="" type="radio"/> Ponds | <table border="1"><tr><td> </td><td> </td><td>2</td></tr></table> | | | 2 | <table border="1"><tr><td> </td><td> </td><td>2</td></tr></table> | | | 2 | <table border="1"><tr><td> </td><td> </td><td>2</td></tr></table> | | | 2 |
| | | 2 | | | | | | | | | | |
| | | 2 | | | | | | | | | | |
| | | 2 | | | | | | | | | | |
| <input type="radio"/> Wetlands | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| <input type="radio"/> Other | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | |
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| | | | | | | | | | | | | |

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance? Yes No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- Building Codes Municipal Comprehensive Plans
- Overlay Districts Open Space Preservation Program
- Zoning Local Law or Ordinance
- None Land Use Regulation/Zoning
- Watershed Plans Other Comprehensive Plan

Other:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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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

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| Town of Waterford |
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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?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

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?

| | | |
|--|--|---|
| | | 0 |
|--|--|---|

 %

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

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| Town of Waterford |
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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 has a robust inspection and maintenance program for all ditches, catch basins, and stormwater management practices. |
|--|

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

| |
|---|
| The Town has two stormwater management ponds, and maintained the Sugarloaf Pond outfall as well as performed general maintenance on the Gadwell Drive retention pond. |
|---|

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

| | | | |
|--|--|--|---|
| | | | 2 |
|--|--|--|---|

*(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 implement and track operations related to its maintenance program. |
|--|

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

SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 3 | 7 |
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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?

| | | |
|--|--|--|
| | | |
|--|--|--|

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 type="radio"/> Yes | <input type="radio"/> No | <input 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 checked="" type="radio"/> | <input 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 type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input checked="" 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 type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input checked="" 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,

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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

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| Town of Waterford |
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SPDES ID

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres

| | | | | |
|--|--|--|--|---|
| | | | | 3 |
|--|--|--|--|---|
- Streets Swept (Number of miles X Number of times swept) # Miles

| | | | | |
|--|--|--|---|---|
| | | | 4 | 8 |
|--|--|--|---|---|
- Catch Basins Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|---|---|
| | | | 1 | 8 |
|--|--|--|---|---|
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

| | | | | |
|--|--|--|--|---|
| | | | | 2 |
|--|--|--|--|---|
- Phosphorus Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|--|--|---|
| | | | | 0 |
|--|--|--|--|---|
- Nitrogen Applied In Chemical Fertilizer # Lbs.

| | | | | |
|--|--|---|---|---|
| | | 8 | 0 | 0 |
|--|--|---|---|---|
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

| | | | | | |
|--|--|---|---|---|--|
| | | 3 | 0 | . | |
|--|--|---|---|---|--|

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

| | | | | |
|--|--|--|--|---|
| | | | | 1 |
|--|--|--|--|---|

4. What was the date of the last training?

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 2 | / | 1 | 7 | / | 2 | 0 | 2 | 3 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | |
|--|--|---|
| | | 6 |
|--|--|---|

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

| | | | |
|---|---|---|---|
| 1 | 0 | 0 | % |
|---|---|---|---|

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 Waterford

SPDES ID

| | | | | | | | | |
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| N | Y | R | 2 | 0 | A | 0 | 3 | 7 |
|---|---|---|---|---|---|---|---|---|

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.

The Town practices good housekeeping measures such as those listed herein, as well as measures identified in their Good Housekeeping/Pollution Prevention Plan.

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

The Town removed 4.5 cy of sediment from 14 catch basins, rebuilt 4 catch basins, replaced 11 culvert pipes, and flushed 8 culverts.

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

| | | | |
|--|--|---|---|
| | | 3 | 7 |
|--|--|---|---|

(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 implement good housekeeping measures and maintain their stormwater collection and conveyance system.

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 Waterford

SPDES ID

| | | | | | | | | |
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| N | Y | R | 2 | 0 | A | 0 | 3 | 7 |
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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.

The Town trained DPW staff

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

The Town hosted a training day for DPW staff, which was a general overview of the stormwater program with an emphasis on illicit discharge detection and elimination.

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

| | | | |
|--|--|--|---|
| | | | 1 |
|--|--|--|---|

(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 maintain these stations, adding and replacing them when necessary.

MS4 Annual Report Form

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

| | | | |
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| 2 | 0 | 2 | 3 |
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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

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|-------------------|
| Town of Waterford |
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SPDES ID

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| N | Y | R | 2 | 0 | A | 0 | 3 | 7 |
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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.

| |
|--|
| The Town maintains pet waste stations. |
|--|

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

| |
|--|
| The town replaced 5 pet waste stations and added 1, for a new total of 14. |
|--|

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

| | | | |
|--|--|---|---|
| | | 1 | 4 |
|--|--|---|---|

*(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 maintain these stations, adding and replacing them when necessary. |
|--|

MS4 Annual Report Cover Page

MCC form for period ending March 9,

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

SPDES ID

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Choose one:

This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

Name of MS4

| | | | | | | | | | | | | | | | | | | | | | | | |
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OR

This report is being submitted on behalf of a Single Entity

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

Name of Single Entity

| | | | | | | | | | | | | | | | | | | | | | | | |
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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.

Name of Coalition

| | | | | | | | | | | | | | | | | | | | | | | | |
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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,

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Name of MS4

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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:

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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Name of MS4

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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

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

Name of MS4

SPDES ID

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

Title

Address

City State Zip -

eMail

Phone () - County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 Saratoga County ISWM Program

SPDES ID
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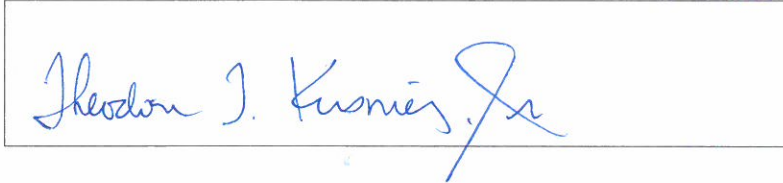
Section 4 - Certification Statement

"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 Theodore MI T Last Name Kusnierz, Jr.

Title (Clearly print title of individual signing report)
Chair of the Board of Supervisors

Signature


Date 05/26/2023

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,

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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

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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?

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1. Targeted Public Education and Outreach Best Management Practices

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

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

2. Specific audiences targeted during this reporting period:

- | | |
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| <ul style="list-style-type: none"> <input type="radio"/> Public Employees <input type="radio"/> Residential <input type="radio"/> Businesses <input type="radio"/> Restaurants <input type="radio"/> Other: | <ul style="list-style-type: none"> <input type="radio"/> Contractors <input type="radio"/> Developers <input type="radio"/> General Public <input type="radio"/> Industries <input type="radio"/> Agricultural |
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Other

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
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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:

- 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)

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

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MS4 Annual Report Form

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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

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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

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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.

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

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

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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).

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

Minimum Control Measure 2. Public Involvement/Participation

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. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

- Cleanup Events # Events
- Comments on SWMP Received # Comments
- Community Hotlines Phone # () -
Phone # () -
Phone # () -
Phone # () -
Phone # () -
Phone # () -
- Community Meetings # Attendees
- Plantings Sq. Ft.
- Storm Drain Markings # Drains
- Stakeholder Meetings # Attendees
- Volunteer Monitoring # Events
- Other:

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? Yes No

- List-Serve # In List
- Newspaper Advertising # Days Run
- TV/Radio Notices # Days Run
- Other:
- Web Page URL: Enter URL(s) on the following two pages.

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

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

Address

City Zip -

Phone
 () -

- Library Annual Report SWMP Plan Comments

Address

City Zip -

Phone
 () -

- Other Annual Report SWMP Plan Comments

Address

City Zip -

Phone
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- Web Page URL: Annual Report SWMP Plan Comments

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

- eMail Comments

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

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.

/ /

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

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?

/ /

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,

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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

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.

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

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

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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).