



**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 

2	0	2	3
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Name of MS4 

Town of Wilton
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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 

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 MI 

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 Last Name 

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Title 

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City 

W	i	l	t	o	n										
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 State 

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 Zip 

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eMail 

j	l	a	n	t	@	t	o	w	n	o	f	w	i	l	t	o	n	.	c	o	m							
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Phone 

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 County 

S	A	R	A	T	O	G	A							
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Name of MS4 

Town of Wilton
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SPDES ID  

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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
R y a n		R i p e r , P E
Title		
T o w n E n g i n e e r		
Address		
2 2 T r a v e r R o a d		
City	State	Zip
W i l t o n	N Y	1 2 8 3 1 -
eMail		
r r i p e r @ t o w n o f w i l t o n . c o m		
Phone	County	
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**MS4 Municipal Compliance Certification (MCC) Form**

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID  
N Y R 2 0 A 1 1 4

**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

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

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable  
N Y R 2 0 C 0 0 6

Address

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

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 C o u n t y - w i d e E d / O u t r e a c h
- MM2 M a t e r i a l / T e c h n i c a l S u p p o r t
- MM3 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t
- MM4 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t
- MM5 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t
- MM6 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

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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**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

J	o	h	n																
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MI

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Last Name

L	a	n	t																
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Title (Clearly print title of individual signing report)

S	u	p	e	r	v	i	s	o	r		-		T	o	w	n		o	f		W	i	l	t	o	n										
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Signature

John Lant	Digitally signed by John Lant Date: 2023.05.23 13:59:07 -04'00'
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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](mailto: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
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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 

T	o	w	n	o	f	W	i	l	t	o	n
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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 

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- Direct Mailings # Mailings 

--	--	--	--	--
- Kiosks or Other Displays # Locations 

				1
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- List-Serves # In List 

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- Mailing List # In List 

		2	8	4
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- Newspaper Ads or Articles # Days Run 

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- Public Events/Presentations # Attendees 

		6	0	
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- School Program # Attendees 

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- TV Spot/Program # Days Run 

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- Printed Materials: Total # Distributed 

		1	2	
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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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Name of MS4/Coalition 

Town of Wilton
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SPDES ID  

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

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URL

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

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Name of MS4/Coalition 

Town of Wilton
----------------

SPDES ID

N	Y	R	2	0	A	1	1	4
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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.**

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.**

Selected BMPs detailed in the ISWM Program Plan continue to be implemented when practical.

**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" display/kiosks; ongoing throughout the year, when needed
- Continue education/outreach programming; ongoing throughout the year, when feasible.
- Continue SW Regional Training Center; ongoing throughout the year, when feasible.



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Name of MS4/Coalition 

Town of Wilton
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SPDES ID  

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#### 2. URL(s) con't.:

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

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Name of MS4/Coalition 

T	o	w	n	o	f	W	i	l	t	o	n
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SPDES ID  

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#### 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  

E	n	g	i	n	e	e	r	i	n	g		D	e	p	t	.							
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Address  

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City 

W	i	l	t	o	n									
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 Zip 

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Phone  
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5	1	8
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5	8	7
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1	9	3	9
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Library  Annual Report  SWMP Plan  Comments

Address  

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City 

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 Zip 

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Phone  
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Other  Annual Report  SWMP Plan  Comments

Address  

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City 

B	a	l	l	s	t	o	n		S	p	a						
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 Zip 

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Phone  
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5	1	8
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8	8	5
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8	9	9	5
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Web Page URL:  Annual Report  SWMP Plan  Comments

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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, 

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 

Town of Wilton									
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SPDES ID  

N	Y	R	2	0	A	1	1	4
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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	5	/	1	7	/	2	0	2	2
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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.

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N	Y	R	2	0	A	1	1	4
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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 to support local stewardship activities.  
 Continue to participate with the ISWM Program.

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

The Town of Wilton MS4 Annual Report was delivered complete and made available to public.

**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).**

Continue implementing specified measures detailed in the Town of Wilton SWMP Plan, when feasible.  
 Continue to participate in the ISWM Program





### 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

Town of Wilton

SPDES ID

N Y R 2 0 A 1 1 4

#### 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

Grid for other discharge types

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

Grid for number of discharges

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

Grid for number of confirmed discharges

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

Grid for number of eliminated discharges

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?

92%

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.

URL

Grid for URL

URL

Grid for URL



**MS4 Annual Report Form**

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

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 

Town of Wilton
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SPDES ID  

N	Y	R	2	0	A	1	1	4
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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.**

Continue program of outfall inspections and data collection for IDDE;  
 Continue performing dry weather inspections on outfalls.

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

No illicit discharges found at outfall locations inspected.

**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).**

Continue with outfall inspections  
 Continue performing inspections with reports and photographs when necessary.

**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 Wilton									
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 SPDES ID 

N	Y	R	2	0	A	1	1	4
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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? 

--	--	--

**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?**

		4
--	--	---

**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 # 

--	--	--	--	--	--

 ○ No Authority
- Stop Work Orders # 

--	--	--	--	--	--

 ○ No Authority
- Criminal Actions # 

--	--	--	--	--	--

 ○ No Authority
- Termination of Contracts # 

--	--	--	--	--	--

 ○ No Authority
- Administrative Fines # 

--	--	--	--	--	--

 ○ No Authority
- Civil Penalties # 

--	--	--	--	--	--

 ○ No Authority
- Administrative Orders # 

--	--	--	--	--	--

 ○ No Authority
- Enforcement Actions or Sanctions # 

					1
--	--	--	--	--	---

 ○ No Authority
- Other # 

--	--	--	--	--	--

 ○ No Authority

**MS4 Annual Report Form**

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

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 

Town of Wilton
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SPDES ID

N	Y	R	2	0	A	1	1	4
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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? 

--	--	--

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

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

	2	6
--	---	---
  3. What percent of active construction sites were inspected during this reporting period?  NT 

1	0	0
---	---	---

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

	8	0
--	---	---

 %
  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,** 2023

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 Wilton

SPDES ID

N Y R 2 0 A 1 1 4

**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

E n g i n e e r i n g & P l a n n i n g D e p t .

Address

2 2 T r a v e r R o a d

City

W i l t o n

N Y

Zip

1 2 8 3 1 -

Phone

( 5 1 8 ) 5 8 7 - 1 9 3 9

○ Library

Address

City

N Y

Zip

-

Phone

( 5 1 8 ) -

○ Other

Address

City

N Y

Zip

-

Phone

( 5 1 8 ) -

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL



**MS4 Annual Report Form**

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

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 

Town of Wilton
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SPDES ID

N	Y	R	2	0	A	1	1	4
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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.**

SWPPP Review - Goal that 100% of SWPPP's meet NYS Standards. Hold pre-construction meetings at start of site construction.

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

100% of submitted plans were reviewed. After necessary changes and revisions, the plans were approved. Pre-construction meetings held with owner's representatives to advise of protocols.

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

			3
--	--	--	---

*(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 to review and comment on SWPPP's as they are submitted to the Town, with continued goal of 100% of SWPPP's meeting all NYS Standards.



**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 Wilton
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SPDES ID  

N	Y	R	2	0	A	1	1	4
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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?**

--	--	--

**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

Town of Wilton

SPDES ID

N	Y	R	2	0	A	1	1	4
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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.**

Continue with post construction stormwater practices, inspections and maintenance as required.

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

Continue inspections with reported condition and maintenance requirements as needed.

**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).**

Post construction practices dedeed to the Town will continue to be inspected and maintained when feasible as required.

**MS4 Annual Report Form**

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

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 

Town of Wilton
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SPDES ID  

N	Y	R	2	0	A	1	1	4
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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 type="radio"/>	<input checked="" 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 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 type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

**MS4 Annual Report Form**

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

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 

Town of Wilton
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SPDES ID  

N	Y	R	2	0	A	1	1	4
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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 

				4
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

		3	8	4
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

			4	6
--	--	--	---	---
- 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?**

				8
--	--	--	--	---

**4. What was the date of the last training?**

1	0
---	---

 / 

2	0
---	---

 / 

2	0	2	2
---	---	---	---

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

		2
--	--	---

**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, 

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

Town of Wilton

SPDES ID

N	Y	R	2	0	A	1	1	4
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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.**

Regularly inspect, clean, maintain and repair catch basins. Maintenance and repairs are tracked. Perform good housekeeping practices. Determine sources of pollutants.

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

Catch basins cleaned, maintained or repaired. Facilities maintained in good order.

**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).**

Town crews will continue to inspect catch basins on a regular ongoing basis and make repairs/clean in a timely manner. Continue with educational training when available.















### MS4 Annual Report Form

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

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 

Saratoga County ISWM Program
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SPDES ID  

N	Y	R	2	0	C	0	0	6
---	---	---	---	---	---	---	---	---

### **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? 

1	9
---	---

#### **1. Targeted Public Education and Outreach Best Management Practices**

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

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

L	a	w	n	/	O	r	g	a	n	i	c		D	e	b	r	i	s											
---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

Other

#### **2. Specific audiences targeted during this reporting period:**

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

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

Other

### 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
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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:**

- Construction Site Operators Trained # Trained 

				0
--	--	--	--	---
- Direct Mailings # Mailings 

--	--	--	--	--
- Kiosks or Other Displays # Locations 

			2	1
--	--	--	---	---
- List-Serves # In List 

		6	1	4
--	--	---	---	---
- Mailing List # In List 

--	--	--	--	--
- Newspaper Ads or Articles # Days Run 

--	--	--	--	--
- Public Events/Presentations # Attendees 

		4	4	6
--	--	---	---	---
- School Program # Attendees 

--	--	--	--	--
- TV Spot/Program # Days Run 

--	--	--	--	--
- Printed Materials: Total # Distributed 

	U	N	K	N
--	---	---	---	---

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

T	/	C	/	V		O	f	f	i	c	e	s	,						
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

w	w	w	.	s	a	r	a	t	o	g	a	s	t	o	r	m	w	a	t	e	r	.	o	r	g	/	r	e	s	i	d
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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,**

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 

Saratoga County ISWM Program
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SPDES ID  

N	Y	R	2	0	C	0	0	6
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**3. Web Page con't.: Provide specific web addresses - not home page.**

URL

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e	n	t	s	-	i	l	l	i	c	i	t	-	d	i	s	c	h	a	r	g	e	.	h	t	m							

URL

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e	n	t	s	-	c	o	n	s	t	r	u	c	t	i	o	n	-	r	u	n	o	f	f	.	h	t	m						

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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
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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.**

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 (267 attendees, 1,068hrs of training); the ISWM Program website 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 (187 attendees, 748hrs 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  
 -Update existing "Story Maps" to website via ESRI ArcGIS Online Story Map tool

### 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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### 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 #	( <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="8"/> )	<input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="5"/>	-	<input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="5"/>	Phone #	( <input type="text"/> )	<input type="text"/>	-	<input type="text"/>
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- 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, 

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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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SPDES ID  

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**2. URL(s) con't.:**

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

URL

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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
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SPDES ID  

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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: Saratoga County ISWM Program

SPDES ID  
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**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  
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 N Y Zip

Phone  
( ) -

Library  Annual Report  SWMP Plan  Comments

Address

City Zip

Phone  
( ) -

Other  Annual Report  SWMP Plan  Comments

Address

City Zip

Phone  
( ) -

Web Page URL:  Annual Report  SWMP Plan  Comments

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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.

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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									
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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?**

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, 

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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
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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.**

Facilitation of on-time, individual Saratoga County Local MS4s' 2023 Annual Reports, including this addendum thereto.

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

Annual Reporting:  
Awaiting changeover in permitting to resume combined annual reporting for Saratoga County MS4s;  
Volunteerism and Stewardship:  
0% Participation by all registered volunteer groups - this goal has not been met. Volunteerism remains a low-priority for stewardship groups in 2022, due to lingering effects of COVID protocols.

**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).**

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