MS4 Annual Report Cover Page

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

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This cover page must be completed by the report preparer.	N	v	ъ	n	Λ	7	5	Λ	7
Joint reports require only one cover page.	TA		1		L		را		′
some reports require only one cover page.									

Choose one:

Fill in SPDES ID in upper right hand corner.

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OR

○ This	report	is being	submitted	on	behalf	of a	Single	Entity
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(Per Part II.E of GP-0-10-002)

Name of Coalition

Nar	nec) I SI	ngk	e En	itity				 		 						
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OR

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

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

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MS4 Annual Report Cover Page

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

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

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

Name of MS4 Village of Stillwater	SPDES ID N Y R 2 0 A 5 4 7
Each MS4 must submit an MCC form.	
Section 1 - MCC Identification Page	
Indicate whether this MCC form is being submitted to certify endorsement or ● An Annual Report for a single MS4 ○ A Single Entity (Per Part II.E of GP-0-10-002) ○ A Joint Report	acceptance of:
Joint reports may be submitted by permittees with legally bindi If Joint Report, enter coalition name:	ng agreements.

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

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Name of MS4 Village of Stillwater		N	Y	R	2	0	A	5	4	7

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name L i n d s a y	MI	Last Name B u c k
Title		
Stormwater Manag	e m	ent Coordinator
Address		
8 8 1 Hudson Avenu	ı e	
City		State Zip
City Stillwater		State Zip N Y 1 2 1 7 0 -
Stillwater	ny	N Y 1 2 1 7 0 -
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MCC form for period ending March 9, 2 0 2 3

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For each contact, select all that apply:

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

First Name	MI Last Name
Judy	Wood-Shaw
Title	
Mayor	
Address	
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City	State Zip
City S t i 1 1 w a t e r	State Zip N Y 1 2 1 7 0 -
Stillwater	
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MCC form for period ending March 9, 2 0 2 3

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

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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 u d y	MI	Last Name W O O d - S h a w
Title (Clearly print title of individual signing report) M a y o r		
Signature Judith Wood Shaw Date: 2023.04.25 -04'00'		

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

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

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

SPDES ID

Name of MS4/Coalition Village of Stilwater	N Y R 2 0 A 5 4 7
Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 	
1. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach de	uring this reporting period:
Construction Sites	O Pesticide and Fertilizer Application
● General Stormwater Management Information	O Pet Waste Management
O Household Hazardous Waste Disposal	○ Recycling
O Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	O Trash Management
○ Smart Growth	O Vehicle Washing
O Storm Drain Marking	O Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period:	
O Public Employees • Contractors	
○ Residential • Developers	
○ Businesses	
○ Restaurants ○ Industries	
Other: Agricultural	
Other	

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

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Name of MS4/Coalition Village of Stilwater	N Y R 2 0 A 5 4 7
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP) III.C.1. Submit additional pages as needed.	nchieving measurable goals P), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the SV	WMPP in this reporting period.
The Village of Stillwater includes stormwater materials with site produced available to developers and residents at the Stillwater Town continues to participate with the Saratoga County ISWM Program	Hall. The Village of Stillwater
B. Briefly summarize the observations that indicated the overa Goal.	all effectiveness of this Measurable
Compliance with review of development procedures for Site Plan Participation with the Saratoga ISWM Program continues to build Outreach that can be achieved.	
C. How many times was this observation measured or evaluate	
D. Has your MS4 made progress toward this Measurable Goal	
E. Is your MS4 on schedule to meet the deadline set forth in the	● Yes ○ No ne SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to mee the next reporting cycle (including an implementation schee	
The Village maintains website links for stormwater references. The Village ensures that direct education materials are available a Continued participation in ongoing provided training opportunitie Continued participation in the Saratoga County ISWM Program.	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID YR 7 2 Ν 0 A Village of Stillwater Name of MS4/Coalition 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: # Events O Cleanup Events O Comments on SWMP Received # Comments Phone # Community Hotlines Phone # Phone # Phone # Phone # Phone# Phone # Phone# Phone # Phone# Phone# O Community Meetings # Attendees O Plantings Sq. Ft. #Drains Storm Drain Markings O Stakeholder Meetings # Attendees # Events O Volunteer Monitoring Other: 2. Was public notice of availability of this annual report and Stormwater Management Yes O No Program (SWMP) Plan provided? O List-Serve # In List # Days Run O Newspaper Advertising O TV/Radio Notices # Days Run Other:

MCM 2 Page 1 of 6

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ 3

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

SPDES ID

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

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID N Y R 2 0 A 5 4 7 Village of Stillwater Name of MS4/Coalition 2. URL(s) con't.: Please provide specific address(es) where notices can be accessed - not home page. URL URL URL URL URL URL

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

Name of MS4/Coalition Village of Stillwater

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SPDES ID

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	SPDES ID
Name of MS4/Coalition Village of Stillwater	N Y R 2 0 A 5 4 7
4.a. If this report was made available on the internet, what dat	e was it posted?
Leave blank if this report was not posted on the internet.	0 5 / 0 1 / 2 0 2 3
4.b. For how many days was/will this report be posted?	3 0
If submitting a report for single MS4, answer 5.a If submitting	ng a joint report, answer 5.b
5.a. Was an Annual Report public meeting held in this reporting If Yes, what was the date of the meeting?	ng period?
If No, is one planned?	○ Yes • No
5.b. Was an Annual Report public meeting held for all MS4s co	ontributing 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? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report	○ Yes ● No

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

Name of MS4/Coalition Village of Stillwater	N Y R 2 0 A 5 4 7
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed.	achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
The Village Stormwater Management Plan is available for Public Annual Report SWMP are available at the Town of Stillwater To	
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
The Village of Stillwater MS4 Annual Report was delivered com and the Saratoga County ISWM Program Coordinator.	plete and on-time to the NYS DEC
C. How many times was this observation measured or evaluate	
	(ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable goal	
E. Is your MS4 on schedule to meet the deadline set forth in t	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	
The Village of Stillwater continues to participate with the Saraton The Village will maintain links on the Village webpage. Maintain the Annual Report and SWMP for public review if requ	

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

		01101010	
Name of MS4/Coalition Village of Stillwater		NYR2	0 A 5 4 7
Minimum Control Measure 3.	Illicit Discharge Detec	ction and E <u>li</u>	<u>mination</u>
The information in this section is being reported	(check one):		
On behalf of an individual MS4On behalf of a coalition			
How many MS4s contributed to	this report?		
1. Enter the number and approx. percent	of outfalls mapped:	1 7 #	1 0 0 %
2. How many of these outfalls have been s reporting period (outfall reconnaissand		discharges dur	ring this
3.a. What types of generating sites/sewersh reporting period?	eds were targeted for insp	pection during	this
O Auto Recyclers	O Landscaping (Irrigation))	
O Building Maintenance	O Marinas		
○ Churches	O Metal Plateing Operatio	ns	
O Commercial Carwashes	Outdoor Fluid Storage		
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance	e	
O Construction Vehicle Washouts	O Printing		
○ Cross-Connections	O Residential Carwashing		
O Distribution Centers	O Restaurants		
O Food Processing Facilities	O Schools and Universitie	s	
○ Garbage Truck Washouts	O Septic Maintenance		
○ Hospitals	O Swimming Pools		
O Improper RV Waste Disposal	O Vehicle Fueling		
O Industrial Process Water	O Vehicle Maint./Repair S	Shops	
Other:	None		
O Sewersheds:			1 1 1 1 1 1

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 Village of Stillwater	SPDES ID N Y R 2 0 A 5 4 7
3.b. What types of illicit discharges have	been found during this reporting period?
O Broken Lines From Sanitary Sewer	O Industrial Connections
O Cross Connections	○ Inflow/Infiltration
O Failing Septic Systems	O Pump Station Failure
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows
O Illegal Dumping	O Straight Pipe Sewer Discharges
Other:	● None
4. How many illicit discharges/potentia reporting period?	l illegal connections have been detected during this
reporting period:	
5. How many illicit discharges have bee	en confirmed during this reporting period?
period? 7. Has the storm sewershed mapping be	
If No, approximately what percent was	completed in this reporting period?
8. Is the above information available in Is this information available on the v If Yes, provide URL(s): Please provide specific address of page URL	
OKL	
URL	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

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

		SPDES ID
Name of MS4/Coalition	Village of Stillwater	N Y R 2 0 A 5 4 7
12. Evaluating Pro	gress Toward Measurable Goals MCM 3	
identified in your St	ort on your progress and project plans toward formwater Management Program Plan (SWMI tional pages as needed.	
A. Briefly summan	rize the Measurable Goal identified in the S	WMPP in this reporting period.
standardized resour were mapped and a	cing in coalition with the Saratoga County ISV ree/inventory of a county wide stormwater sev full outfall reconnaissance is was performed. pped with GIS and made available to all mem	vershed database. The watersheds Information was obtained from
B. Briefly summar Goal.	rize the observations that indicated the over	rall effectiveness of this Measurable
The Village of Still November of 2016.	water adopted its Stormwater Management Pl	an and Local IDDE Law in
C. How many time	es was this observation measured or evalua	
		(ex.: samples/participants/event
D. Has your MS4	made progress toward this measurable goa	
	K8 8	● Yes ○ No
E. Is your MS4 on	schedule to meet the deadline set forth in t	
		● Yes ○ No
F. Briefly summar	rize the stormwater activities planned to me	eet the goals of this MCM during

The Village of Stillwater has developed their Stormwater Management Plan (SWMP). The Village is

The Village of Stillwater has developed their Stormwater Management Plan (SWMP). The Village is working in coalition with the Town of Stillwater for stormwater management. The Village has also been working with the Saratoga County ISWM program to map and develop a standardized resource/inventory of a county wide stormwater sewershed database. The local law for IDDE was passed in November of 2016

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

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

		S.	'DE	$_{\rm S}$ IT)					
Name of MS4/Coalition	Village of Stillwater		ΓY	R	2	0	А	5	4	7
INAME OF MISH COARMON	Village of Stillwater	l	I Y	R	2	0	A	5	4	L

Minimum Control Measures 4 and 5.

	Construction Site and Post-Construction Control	
• (e 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 a.	. 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?	O No
1b	.Has each Town, City and/or Village contributing to this report documented that the lave equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion Sediment Control through either an attorney cerfification or using the NYSDEC Gap Analysis Workbook?	v is and O NT
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law. ○ 09/2004 ● 03/2006	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place? • Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?	1
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? • Yes • No	O NT
	If Yes, how many public comments were received during this reporting period?	0
5.	Does your MS4/Coalition provide education and training for contractors about the loca SWPPP process? • Yes	al O No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

O Notices of Violation	#	O No Authority
O Stop Work Orders	#	O No Authority
O Criminal Actions	#	O No Authority
O Termination of Contracts	#	O No Authority
O Administrative Fines	#	O No Authority
O Civil Penalties	#	O No Authority
O Administrative Orders	#	O No Authority
O Enforcement Actions or Sanctions	#	
O Other	#	O No Authority

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

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SPDES ID SPDES ID		
Name of MS4/Coalition Village of Stillwater N Y R 2 0	A 5	4 7
Minimum Control Measure 4. Construction Site Stormwater Runoff	Con	trol
Minimum Control Measure 4. Construction Site Stormwater Runoit	Con	<u> </u>
The information in this section is being reported (check one):		
• On behalf of an individual MS4		
On behalf of a coalition How many MS4s contributed to this report?		
1. How many construction projects have been authorized for disturbances of one ac	re or	more
during this reporting period?		0
2. How many construction projects disturbing at least one acre were active in your judicing this reporting period?	jurisd	iction
		!
3. What percent of active construction sites were inspected during this reporting pe	riod?	● NT
		0 %
4. What percent of active construction sites were inspected more than once?		• NT
		%
5. Do all inspectors working on behalf of the MS4s contributing to this report use the	ie NY	S
Construction Stormwater Inspection Manual? • Yes	O No	O NT
6. Does your MS4/Coalition provide public access to Stormwater Pollution Preventi (SWPPPs) of construction projects that are subject to MS4 review and approval?	•	
● Yes (If your MS4 is Non-Traditional, are SWPPPs of construction projects made avail	⊃ No Iable t	O NT for
·	Yes	O No

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

N Y R 2 0 A 5 4 7

Name of MS4/Coalition Village of Stillwater		N Y	R	2 0	A	5	4	7
6. con't.: Submit additional pages as needed.								
MS4/Coalition Office								
Department						,—		
Planning Department								
Address						l' i		
881 Hudson Avenue	7:-							
City Stillwater NY	Zip 1	2 1	7	0 -				
Phone								
(5 1 8) 6 6 4 - 6 1 4 8								
○ Library								
Address	1		1 1		-	i		
City	Zip					1		
Phone								
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• Other								
Address			<u> </u>		1			
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Phone (5 1 8) 6 6 4 - 6 2 5 8								
O Web Page URL(s): Please provide specific address where SWPPPs ca	ın be a	ccesse	:d - 1	not ho	me	pag	e.	
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MCM 4 Page 2 of 3

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.

SPDES ID

Name of MS4/Coalition Village of Stillwater	N Y R 2 0 A 5 4 7
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
The Village of Stillwater did not review any SWPPPs during this Village maintains a procedure for review of all SWPPPs and Ero submitted for review as part of a development proposal.	
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
SWPPPs are reviewed as part of a Site Plan on track for approval program is being undertaken by the Town of Stillwater through a	_
C. How many times was this observation measured or evalua-	1
D. Has your MS4 made progress toward this measurable goa	<pre>(ex.: samples/participants/eve l during this reporting period?</pre>
2. Idas your 1220 c manufus programs	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in t	he SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation scho	eet the goals of this MCM during
The Village of Stillwater will continue the review of SWPPPs in proposals. The Village will inspect all construction sites with approved SW. The Village will continue participation in the Saratoga County IS	PPPs.

digital GIS data.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

Name of MS4/Coalition	Village of Stillwater			N	Y	R 2	0 A	5 4 7
<u>Minimum</u>	Control Mea	sure 5. Post	-Constructio	on Stormw	<u>ater</u>	Maı	nagen	<u>nent</u>
The information in th	is section is bein	g reported (che	ck one):					
On behalf of an incOn behalf of a coaHow m		ributed to this	report?					
1. How many and w MS4/Coalition in	what type of pos	t-construction ected and mair	stormwater ma ntained in this r	nagement pr eporting per	ractico	es has	your	
		#	#	# Times				
○ Alternative Practic	.oc	Inventoried	Inspections	Maintaine	1]			
O Filter Systems	cs .]			
O Infiltration Basins]			
Open Channels								
O Ponds]		٠	
○ Wetlands]			
Other								
2. Do you use an entire BMPs, inspection3. What types of Development/E	ions and mainta non-structural	anance? practices hav	e been used to	implement			• Ye	
O Building Codes	O Municipal C	omprehensive F	Plans					
Overlay Districts	Open Space	Preservation Pr	ogram					
Zoning	• Local Law or	r Ordinance						
○ None	O Land Use Re	egulation/Zonin	g					
O Watershed Plans	Other Comp	rehensive Plan						
Other:								

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

	SPD	ES ID				,	
Nan	me of MS4/Coalition Village of Stillwater N	YR	2	0 2	1 5	4	7
4a.	. Are the MS4s contributing to this report involved in a regional/watershed w	ide pla	anni		e ffor t Yes		No
4b.	. Does the MS4 have a banking and credit system for stormwater managemen	t prac	tice	s?			
				0	Yes	•	No
4c.	. Do the SWMP Plans for each MS4 contributing to this report include a prot and approval of banking and credit of alternative siting of a stormwater ma			pra		?	No
4d.	. How many stormwater management practices have been implemented as pa	rt of t	his s	syste	em in	thi	S
4d.	. How many stormwater management practices have been implemented as pa reporting period?	rt of t	his s	syste	em in	thi	S
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in Submitting this form as part of a joint 12 port on 12 port	
Name of MS4/Coalition Village of Stillwater	SPDES ID N Y R 2 0 A 5 4 7
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.	achieving measurable goals PP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
The Village of Stillwater has developed their Stormwater Manag with implementation. SWPPPs are reviewed as part of the Site Plan review procedure. Maintenance agreements are required for all private post-construoperation.	
B. Briefly summarize the observations that indicated the ove	rall effectiveness of this Measurable
All proposed post-construction practices proposed for new devel Village requires a Stormwater Maintenance Agreement for priva	opment were reviewed and the tely owned practices.
C. How many times was this observation measured or evalua	ated in this reporting period?
	(ex.: samples/participants
D. Has your MS4 made progress toward this measurable goa	Il 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 m the next reporting cycle (including an implementation sch	eet the goals of this MCM during
The watersheds were mapped and a full outfall reconnaissance we that the Village is a member, the Saratoga County ISWM Programmes	vas undertaken through the coalition nm. The information obtained from

this will be mapped with GIS and made available to all members of the coalition.

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

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

			SPD	ES	ID						
Name of MS4/Coalition Village of Stillwater		N	Y	R	2	0	Α	5	4	7	
•		=									

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 	

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

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

			periorinea within	the past 5
Operation/Activity/Facility	Addressed in	n SWMP?	<u>years?</u>	
Street Maintenance	• Yes	○ No	• Yes	○ No
Bridge Maintenance	• Yes	○ No	○ Yes	No
Winter Road Maintenance		○ No	O Yes	No
Salt Storage	○ Yes	○ No	○ Yes	No
Solid Waste Management		○ No	○ Yes	No
New Municipal Construction and Land Disturba	nce • Yes	○ No	○ Yes	No
Right of Way Maintenance	• Yes		○ Yes	No
Marine Operations	~ ~ ~ ~	• No	○ Yes	No
Hydrologic Habitat Modification	○ Yes	● No	○ Yes	No
Parks and Open Space	○ Yes	No	○ Yes	No
Municipal Building		○ No	∴ O Yes	No
Stormwater System Maintenance		○ No	• Yes	○ No
Vehicle and Fleet Maintenance		○ No	○ Yes	No
Other		• No	○ Yes	No

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

	SPDES ID				
Name of MS4/Coalition Village of Stillwater	N Y R 2	0 A	5	4	7
2. Provide the following information about municipal operations g	ood housekee	oing p	rogi	am	ıs:
O Parking Lots Swept (Number of acres X Number of times swept)	# Acres				
• Streets Swept (Number of miles X Number of times swept)	# Miles				8
 Catch Basins Inspected and Cleaned Where Necessary 	#				2
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#				
O Phosphorus Applied In Chemical Fertilizer	#Lbs.				
O Nitrogen Applied In Chemical Fertilizer	# Lbs.				
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)	# Acres [r of].[
3. How many stormwater management trainings have been provide	ed to municip	al emp	oloy	ees	
during this reporting period?					3
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 report	ting period?				1
6. What percent of municipal employees in relevant positions and stormwater management training?	departments r	eceive	5	0	%

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

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

ii sublimiting this form as part	of a joint report on benan o	control reave of DEG ID	O1411XX
Village & Stillerston		SPDES ID N Y R 2 0	A 5 4 7
Name of MS4/Coalition Village of Stillwater		N I R Z U	A 3 7
7. Evaluating Progress Toward Me	easurable Goals MCM 6		
Use this page to report on your progreidentified in your Stormwater Manage III.C.1. Submit additional pages as ne	ement Program Plan (SW)		
A. Briefly summarize the Measural	ble Goal identified in the	e SWMPP in this reportin	g period.
The Village of Stillwater has develop inspection and maintenance of the Vi			oals for
B. Briefly summarize the observational. A detailed reporting form was establion activities outlined in this report. The department and utilized for this results.	ished by the Village that t The activities reported hav	he Highway Department us we been managed and maint	es to report ained by
C. How many times was this observ	vation measured or eval		riod?
D. Has your MS4 made progress to	oward this measurable g		
			Yes O No
E. Is your MS4 on schedule to meet	t the deadline set forth in		Yes O No
F. Briefly summarize the stormwat the next reporting cycle (includi		meet the goals of this MC	
The Village of Stillwater has develop inspection and maintenance of the Vi	ped their Stormwater Man illage owned facilities are	agement Plan (SWMP). Goutlined in the plan. Throu	oals for gh an

Inter-municipal Agreement, a Stormwater Committee developed by the Town of Stillwater continues to educate the affected employees and set goals for the next step in the programs development.

	MS4 Annua	al Report Form	
This report is being	ng submitted for the re	eporting period ending	March 9,
•	orm as part of a joint repo		<u> </u>
			SPDES ID
ame of MS4/Coalition			
Additional Water	<u>ershed Improvemer</u>	<u>it Strategy Best Ma</u>	nagement Practices
he information in this section	on is being reported (chec	k one):	
On behalf of an individual		,	
On behalf of a coalition	1/10		
How many MS	S4s contributed to this re	eport?	
1S4s must answer the qu	uestions or cheek NA a	s indicated in the table	a holow
1548 must answer the qu	destions of eneck IVA a	s mulcated in the table	; DCIUW.
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9 1,2,77a-d,8a,8b,9	5,10,11,12 3,4,5,10,11,12	Phosphorus Phosphorus
Non-Traditional Onondaga Lake Watershed	1,2,77a-d,6a,60,9	3,4,3,10,11,12	Filosphorus
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-		-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	1 4 7- 4 0 10 11 12	2256808	Pothogona
Traditional Land Use	1,4,7a-d,9,10,11,12 1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b 2,3,5,6,8a,8b	Pathogens Pathogens
Traditional Non-Land Use Non-Traditional	1,4,7a-d,9,10,11,12	2,3,4,5,8a,8b,10,11,12	Pathogens Pathogens
Peconic Estuary	1,4,74-0,9	2,3,4,3,62,60,10,11,12	Tatrogens
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-		-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Fraditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1.2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens
Non- Haditional	1,2,3,4,74-0,5	<u> </u>	Tutnogons
Does your MS4/Coali	tion have an education	program addressing in	mpacts of
•	pathogens on waterboo	. 0	-
phosphorus/introgen/	pathogens on water boo	uies.	○ Yes ○ No ● N
Has 100% of the MS4	I/Coalition conveyance	system been mapped i	in GIS?
	·		○ Yes ○ No ● N
If N/A go to question	2		
If N/A, go to question ?	J.		
TONI			
II No, estimate what pe	ercentage of the conveya	nce system nas been ma	pped so far.
T	4 * 4 *		
Estimate what percenta	ige was mapped in this r	eporting period.	

	This report is being submitted for the reporting period If submitting this form as part of a joint report on behalf of a		S ID blan	ık
	is submitting and form as part of a joint report on some of a	SPDES ID	J 115 GIGIT	•••
Na	ame of MS4/Coalition	5, DES 10		
3.	Does your MS4/Coalition have a Stormwater Conveyance S	•		•
	and Maintenance Plan Program?	○ Yes	○ No	• N/A
4.	Estimate the percentage of on-site wastewater treatment sys and maintained or rehabilitated as necessary in this reporti		n inspec	eted %
5.	Has your MS4/Coalition developed a program that provided NYSDEC SPDES General Permit for Stormwater Discharg (GP-0-08-001) to reduce pollutants in stormwater runoff from	es from Constructi	on Activ	ities
	disturb five thousand square feet or more?	○ Yes	○ No	• N/A
7a.	equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Active the New York State Stormwater Design Manual Enhanced Standards? Does your MS4/Coalition have a retrofitting program to red	vities (GP-0-08-001) Phosphorus Remov ○ Yes	, includi	
	phosphorus/nitrogen/pathogen loading?	○ Yes	○ No	• N/A
7b	. How many projects have been sited in this reporting period	?		
7c.	. What percent of the projects included in 7b have been comp	oleted in this report	ing peri	
7d	I. What percent of projects planned in previous years have be	en completed?		% %
		O No	Projects	Planned
8a	a. Has your MS4/Coalition developed and implemented a turf procedures policy that addresses proper fertilizer application lands?	on on municipally o		l ● N/A
8b	o.Has your MS4/Coalition developed and implemented a turf procedures policy that addresses proper disposal of grass cl municipally owned lands?	•		I ● N/A

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. SPDES ID Name of MS4/Coalition 9. Has your MS4/Coalition developed and implemented a program of native planting? 10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding? O Yes 11. Does your MS4/Coalition have a pet waste bag program? ○ Yes ○ No N/A 12. Does your MS4/Coalition have a program to manage goose O Yes \bigcirc No N/A populations?

MS4 Annual Report Cover Page

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

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

SPL	ES	\mathbf{ID}						
N	Y	R	2	0	U	0	0	6

Choose one:

\bigcirc	This	renort	is b	eing	submitted	on	behalf	of	an	indivi	idual	MS4.
\sim	1 1113	ιφροιτ	12 D	CILIZ	Submitted	UH	Dellan	V.	4411	HILLIAI	uuui	1110 10

Fill in SPDES ID in upper right hand corner.

Na	$\mathbf{n}\mathbf{e}$	ot M													 	

OR

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

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

Name of Single Enti	ty										

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.

Nan S	ne c	r	alii a	t		a	а		С	0	u	n	t	У		I	n	t	е	r	m	u	n	i	С	i	g	a	1
S	t	0	r	m	w	a	t	е	r		М	a	n	a	g	е	m	е	n	t		Р	r	0	g	r	a	m	

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MS4 Annual Report Cover Page

MCC form for period ending March 9, $\begin{vmatrix} 2 & 0 & 2 \end{vmatrix}$ 3

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

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SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	NYR20A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
NYR20A	NYR20A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
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MCC form for period ending March 9, 2 0 2 3

		SPI	DES	ш						
Name of MS4 Saratoga County ISWM Program		И	Y	R	2	0	С	0	0	6
	_		•			_				

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- O An Annual Report for a single MS4
- O A Single Entity (Per Part II.E of GP-0-10-002)
- A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

IfJo	oint	Re	ort,	ent	er c	oali	tion	nai	ne:																		,		
S	а	r	a	t	0	g	a		С	0	u	n	t	У		I	n	t	е	r	m	u	n	i	С	i	р	a	1
S	t	0	r	m	w	a	t	е	r		М	a	n	a	g	е	m	е	n	t		Р	r	0	ā	r	a	m	
			!																										

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

	SPL	DES	\mathbf{D}						
Name of MS4 Saratoga County ISWM Program	N	Y	R	2	0	С	0	0	6

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

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

First Name Theorem	l o	r	е									МI Т		Las K	t Na u	me s	n	i	е	r	z	,		J	r			
Title																			<u>.</u>							1		
C h a i r		0	f		t	h	е		В	0	а	r	d		0	£		S	u	р	e	r	v	i	s	0	r	s
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City																S	tate		Zip)				_				
City B a 1 1 s	s t	0	n		s	р	a											Y	Zip 1	2	0	2	0] -				
	s t	0	n		S	p	a											\neg			0	2	0] -				
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MCC form for period ending March 9, 2 0 2 3

			DES	ш						
Name of MS4 Saratoga Cou	unty ISWM Program	N	Y	R	2	0	С	0	0	6

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

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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:

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

First Name	MI Last Name
B l u e	R Neils
Title	
S C / C E I S W M P r o g	r a m C o o r d i n a t o r
Address	
50 West High Str	e e t
City	State Zip
City B a l l s t o n S p a	State Zip N Y 1 2 0 2 0 -
Balllston Spa	
Ballston Spa	

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

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

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name	MI Last Name
Theodore	T Kusnierz, Jr.
Title (Clearly print title of individual signing report)	
Chair of the Boa	rd of Supervisors
Signature	Date /

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

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

SPDES ID

Name of MS	34 Sarat	oga (County I	SWN	1 Prog	gram												N	Y	R	2	0	С	0	0	6
Section 4	- Cer	<u>tifi</u>	catio	n S	Sta	<u>tem</u>	ent																			
"I certify und direction or properly gath persons who the informat aware that the fine and important form mauthorized results."	superv nered a mana ion su iere ar risonr ust be	visionand and ge bm e si nen	on in a evaluate synthems in the synthems in t	accelate ster s, the ant	ordand the he be win	nnce into the est of altier g vie	with form ose p of my es fo olation	atic erse y kr r su ons	yst on s ons now br	em subr dir led nitti	des mitte rect lge ng	sig ted ly and fal	ned . Ba resp d be se in	to asecon clie nfo	assond or sible of the sible of	ure 1 m e f rue, atic	that y is or a control on,	at quant gath cur inc	ual iry neri ate lud	ifie of ng , an ing	the the the id c	personners	onr rsor orr ple ssi	nel n oi nati te. bili	ion I ar ty (n
First Name										ΜI		Las	t Na	me												
T h e o	d o	r	е							Т		K	u	s	n	i	е	r	z	,		J	r	•		
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Signature														7			Daı	ie								
																			1]/				

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

	<u></u>	_	SPL	ÆS	ш						
Name of MS4/Coalition	Saratoga County ISWM Program		N	Y	R	2	0	С	0	0	6
Name of MS4/Coalition	Salutoga County 15 Will Flogram										

Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 1 9 	
1. Targeted Public Education and Outreach Best Manageme	ent Practices
Check all topics that were included in Education and Outreach d	uring this reporting period:
Construction Sites	O Pesticide and Fertilizer Application
● General Stormwater Management Information	● Pet Waste Management
Household Hazardous Waste Disposal	○ Recycling
● Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration
● Infrastructure Maintenance	○ Trash Management
• Smart Growth	 Vehicle Washing
Storm Drain Marking	 Water Conservation
• Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
• Other:	○ None
L a w n / 0 r g a n i c D e b r i s Other	
2. Specific audiences targeted during this reporting period:	
● Public Employees ● Contractors	
● Residential • Developers	
● Businesses ● General Public	
○ Restaurants ○ Industries	
• Other: O Agricultural	
Planning and Zoning B	o a r d s
Other	

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

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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

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Name of MS4/Coalition Saratoga County ISWM Program	N Y R 2 0 C 0 0 6
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMI III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Maintain/continue all selected BMPs detailed in the ISWM Programme	ram Plan.
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
All kiosks/information displays continue to be maintained at all loc SW RTC continues to offer professional-level accredited stormwat 267 attendees, 1,068hrs of training); the ISWM Program is maintain information - updated as needed; ISWM Program continues to congroups/individuals and Staff throughout Saratoga County 187 atter	ter management education/training ined as the online source for duct direct education/outreach to
C. How many times was this observation measured or evaluation	ted in this reporting period?
·	1
	(ex.: samples/participants/event
D. Has your MS4 made progress toward this Measurable Goa	al during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in t	che SWMPP? • Yes • No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	eet the goals of this MCM during
Continue implementation of the Saratoga County I-SWM Program Education	n/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 y	ear
-Continue SW Regional Training Center w/ John Dunkle; ongoing throughou	

Other:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

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

	SPDES ID
Name of MS4/Coalition Saratoga County ISWM Program	N Y R 2 0 C 0 0 6
Minimum Control Measure 2. Public Involve	ment/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 9 	
1. What opportunities were provided for public participation in development, evaluation and improvement of the Stormwater (SWMP) Plan during this reporting period? Check all that a	Management Program
● Cleanup Events	#Events 0
O Comments on SWMP Received	# Comments
● Community Hotlines Phone # ()
Phone # (5 1 8) 8 8 5 - 8 9 9 5 Phone # ()
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O Community Meetings	# Attendees
○ Plantings	Sq. Ft.
Storm Drain Markings	#Drains 0
O Stakeholder Meetings	# Attendees
O Volunteer Monitoring	# Events
Other:	
2. Was public notice of availability of this annual report and Sto Program (SWMP) Plan provided?	ormwater Management • Yes O No
● List-Serve	# In List 6 1 4
O Newspaper Advertising	# Days Run
O TV/Radio Notices	# Days Run

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

This report is being submitted for the reporting period ending March 9, 2 0 2 3 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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MS4 Annual Report Form

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

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID NYR2 Name of MS4/Coalition Saratoga County ISWM Program 0 C 0 0 б 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 С C S Ρ Sarat а Ε Ι W r r a m 0 g 0 Address i S 5 0 W е S t Η g h t r е е t City Zip NY a|1 1 S t В р S 0 n а Phone O Library Address O SWMP Plan O Annual Report O Comments City Zip

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

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4.a. If this report was made available on the internet, what date w	as it p	osted?						
Leave blank if this report was not posted on the internet.	0 4	/[1	9	1	2	0	2 3	;
4.b. For how many days was/will this report be posted?						9	9 9)
If submitting a report for single MS4, answer 5.a If submitting a	joint r	eport,	ans	wer	5.b	•••		
5.a. Was an Annual Report public meeting held in this reporting J	eriod'	?		0	Yes	,	● N	o
If Yes, what was the date of the meeting?								
If No, is one planned?				0	Yes		• N	O
5.b. Was an Annual Report public meeting held for all MS4s cont	ributin	ig to th	his	rep	ort	duı	ring	
this reporting period?				0	Yes		• N	0
If No, is one planned for each?				0	Yes		• N	o
6. Were comments received during this reporting period?				0	Yes	, '	• N	o
If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.								
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This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 3 \end{vmatrix}$

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

Name of MS4/Coalition Saratoga County ISWM Program	SPDES ID N Y R 2 0 C 0 0 6
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans towar identified in your Stormwater Management Program Plan (SWN 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 MS4 this addendum thereto.	s' 2023 Annual Reports, including
B. Briefly summarize the observations that indicated the ov Goal.	verall effectiveness of this Measurable
Annual Reporting: Awaiting changeover in permitting to resume combined annual Volunteerism and Stewardship: 0% Participation by all registered volunteer groups - this goal below-priority for stewardship groups in 2022, due to lingering efforts.	nas not been. Volunteerism remains a
C. How many times was this observation measured or evalu	nated in this reporting period?
	2 2 (ex.: samples/participants/eve
D. Has your MS4 made progress toward this measurable go	oal during this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in	n the SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to a the next reporting cycle (including an implementation sc	meet the goals of this MCM during
Continue implementation of Saratoga County Biological Monit Kayaderosseras Ck (BioMAK) and the Dwass Kill (BioMAD) WAVE Program;	toring & Assessment - in coordination with the NYS DEC

Resume administration of all Adopt-A-Highway Programs, SOP of ISWM Program publication of a

Combined Saratoga County MS4 Annual Report, post-pandemic.