# MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 8

This cover page must be co Joint reports require only of	mpleted by the report prepare	r. SPDES ID NYR 20A 158
Choose one:		
This report is being s	ubmitted on behalf of an ir	ndividual MS4
Fill in SPDES ID in uppe	r right hand corner	TO THE STATE OF TH
Name of MS4		
TOWNOF	M O R E A U	
OR		
This report is being su	bmitted on behalf of a Sing	zle Entity
(Per Part II.E of GP-0-10-0	02)	,
Name of Single Entity		
OR		
O =		
$\bigcirc$ This is a joint report be	ing submitted on behalf of	a coalition.
Provide SPDES ID of each p	permitted MS4 included in this re	nort Use nogo 2 :f1-1
Name of Coalition		port. Ose page 2 II needed.
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	Cover Page 1 of 2	

#### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 7

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

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MCC form for period ending March 9, 2 0 1 8

Name of MS4 TOWN OF MOREAU	SPDES ID
THE OTHER TOWN OF MOREAU	N Y R 2 0 A 1 5 8
Each MS4 must submit an MCC form.  Section 1 - MCC Identification Page	
Indicate whether this MCC form is being submitted to certify endorsement or ac	
⊕ An Annual Report for a single MS4	exceptance of:
○ A Single Entity (Per Part II.E of GP-0-10-002)	
O A Joint Report	
Joint reports may be submitted by permittees with legally binding	October and
If Joint Report, enter coalition name:	agreements.

MCC form for period	ending March 9, 2 0 1 8
Name of MS4 TOWN OF MOREAU	SPDES ID    N   Y   R   2   0   A   1   5   8
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of	the following positions as indicated to 1
GP-0-08-002 Part VI.J).	icial or other qualified individual (per
<ol> <li>Duly Authorized Representative (Information for Authorized Representative is signing this form)</li> </ol>	
3. The Local Stormwater Public Contact (required	per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
coordination/implementation of SWMP).	) Coordinator (Individual responsible for
5. Report Preparer (Consultants may provide comp	any name in the space provided)
A separate sheet must be submitted for each nos	ition listed above unless more than one position is
that apply to that inc	uividual.
If a new Duly Authorized Representative is signi provided and a signature authorization form, sign Elected Official must be attached	ing this report, their contact information must be
Elected Official must be attached.	to a by the Timelpar Executive Officer or Chief
For each contact, select all that apply:	
<ul> <li>Principal Executive Officer/Chief Elected Official</li> </ul>	9
O Duly Authorized Representative	
O Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinate	or
O Report Preparer	
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Todd	Last Name
Title	K u s n i e r z
TOWNSUPERVIOSOR	
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MCC form for period ending March 9, 2 0 1

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Section 2 - Contact Info									_

#### 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

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MCC form for period ending March 9, 2 0 1 8

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Name of MS4 TOWN OF MOREAU	N	R	2	0	A	1	5	8
Section 2 Contact Info								

#### Section 2 - Contact Information

Important Instructions - Please Read

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

- 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).
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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

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MCC form for period ending March 9, 2 0 1 8

SPDES ID

Name of MS4 TOWN OF MOREAU	N Y R 2 0 A 1 5 8
Section 3 - Partner Information	
Did your MS4 work with partners/coalition to complete some or all partners/	nit requirements during this reporting
	● Yes ○ No
If Yes, complete information below.  Submit a separate sheet for each partner Information	
Submit a separate sheet for each partner. Information provided in accepted. If your MS4 cooperated with a coalition, submit one slice coalition. It is not necessary to include a second to the coalition.	
To the first of the cost of the second of th	MS4 in the coalition
If No, proceed to Section 4 - Certification Statement.	m the coantion.
Partner/CoalitionName	
Saratoga County CCE IS	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	
City State  B a 1 1 s t o n S p a	Zip
eMail	1 2 0 2 0 -
h m m F 0	
Phone	
(518)885-8995 Legally Bind	ding Agreement in accordance
	8-002 Part IV.G.? • Yes O No
What tasks/responsibilities are shared with this partner (e.g. MM1 School	ool Programs or Multiple Tasks)?
MM1 County-wide Ballo	a c h
MM2 Material/Techinical	Support
MM3 Material/Teah/m	
	ng Support
DAME VILLE AND A LINE OF THE A I IN I	ng Support
	ng Support
MM6 Material/Tech/Trainin	ng Support
Additional tasks/responsibilities	
<ul> <li>Watershed Improvement Strategy Best Management Practices require watersheds included in GP-0-08-002 Part IX.</li> </ul>	red for MS4s in impaired
MCCP	

MCC form for period ending March 9, 2 0 1 8

		SP	DES	ID						
Name of MS4	TOWN OF MOREAU	N	Y	R	2	0	A	1	5	8

#### Section 4 - Certification Statement

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

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

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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

Name	of MS	84/C	oaliti	ion_	ΓΟV	VN	OF	M	OR	EA	٩U													T	Y	R	2	0	A	1	5	8
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1. Has	<ol> <li>Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.</li> <li>Yes</li> </ol>																															
1 012	One.  f Yes, choose one of the following																															
Off Yes, choose one of the following  ○ Report(s) attached to the annual report															N	lo																
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	Report(s) attached to the annual report  Web Page(s) where report(s) is/are provided below  Please provide specific address of page where report(s) can be accessed - not home page.																															
	Report(s) attached to the annual report  Web Page(s) where report(s) is/are provided below																															
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This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$  8

	SPDES ID
Name of MS4/Coalition TOWN OF MOREAU	N Y R 2 0 A 1 5 8
Minimum Control Measure 1. Public	Education and Outreach
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>	
1. Targeted Public Education and Outreach Best Manager	ment Practices
Check all topics that were included in Education and Outreach	during this reporting period:
Construction Sites	O Pesticide and Fertilizer Application
General Stormwater Management Information	Pet Waste Management
O Household Hazardous Waste Disposal	O Recycling
• Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	O Trash Management
O Smart Growth	O Vehicle Washing
O Storm Drain Marking	Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	○ None
2. Specific audiences targeted during this reporting period:	
Public Employees Contractors	
Residential Developers	
Businesses General Public	
Restaurants O Industries	
Other: O Agricultural	
ther	

N. A	SPDES ID
Name of MS4/Coalition TOWN OF MOREAU	N Y R 2 0 A 1 5 8
3. What strategies did your MS4/Coalition use to achieve education this reporting period? Check all that apply:	cation and outreach goals during
Construction Site Operators Trained	"T"
O Direct Mailings	#Trained 8
<ul> <li>Kiosks or Other Displays</li> </ul>	# Mailings
○ List-Serves	# Locations 2
O Mailing List	# In List
O Newspaper Ads or Articles	# In List
	# Days Run
O Public Events/Presentations	# Attendees
○ School Program	# Attendees
○ TV Spot/Program	# Days Run
Printed Materials:	Total # Distributed
Locations (e.g. libraries, town offices, kiosks)  Town Hall	
Highway Department	
Other:	
Web Page: Provide specific web addresses - not home page. Continue of needed.	on next page if additional space is
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This report is being submitted for the reporting period ending March 9, 2 0 1 8

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	N Y R 2 0 A 1 5 8
4. Evaluating Progress To-	
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your and	
Use this page to report on your progress and project plans toward achieving identified in your Stormwater Management Program Plan (SWA GD)	measurable goals
identified in your Stormwater Management Program Plan (SWMPP), including III.C.1. Submit additional pages as needed	ing requirements in Part
III.C.1. Submit additional pages as needed.	8 - daments in I alt
A Rriefly summaring 41 No	
A. Briefly summarize the Measurable Goal identified in the SWMPP in	this reporting period
Continue implementation of the Saratoga County I-WM Program Education/ -Maintain website	r sang period.
-Maintain website	Outreach Program
-Maintain "Town Hall" display/kiosk	
-Continue direct education/outreach programming	
-Continue SW Regional Training Center w/ John Dunkle	
g states we some Dunkle	
B. Briefly summarize the observations of	
B. Briefly summarize the observations that indicated the overall effective Goal.	ness of this Measurable
MCM1 implementation primarily relied upon the Saratoga County ISWM Pro- outreach and educational materials. The Town website provided a link of the country ISWM Pro-	
outreach and educational materials. The Town website and its its interest of the state of the st	gram's website for
past years goal of direct ed/outreach and training	annual report. The
past years goal of direct ed/outreach and training metrics will be dropped as no anticipated that as the program improves these goals will be revisited.	t yet effective. It is
program improves these goals will be revisited.	
C. How many times was this observation	
C. How many times was this observation measured or evaluated in this rep	orting period?
	1
D. TT	
D. Has your MS4 made progress toward this Measurable Goal during this i	(ex.: samples/participants/events)
this i	
E. Is your MS4 on schedule to most the deads	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	Yes O No
F. Briefly summarize the	
F. Briefly summarize the stormwater activities planned to meet the goals of the next reporting cycle (including an implementation schedule).	
the next reporting cycle (including an implementation cabally	this MCM during
an implementation schedule).	this MCM during
and implementation schedule).	this MCM during
Maintain all on-going program elements.	this MCM during
and implementation schedule).	this MCM during
and implementation schedule).	this MCM during
and implementation schedule).	this MCM during
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and implementation schedule).	this MCM during

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 Name of MS4/Coalition TOWN OF MOREAU N YR 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: O Cleanup Events # Events O Comments on SWMP Received #Comments Community Hotlines Phone # 9 2 6 Phone # 8 5 8 9 9 5 Phone# Phone # Phone # Phone # Phone # Phone # Phone# Phone# Phone # O Community Meetings # Attendees O Plantings Sq. Ft. O Storm Drain Markings # Drains Stakeholder Meetings # Attendees O Volunteer Monitoring # Events Other: 2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? Yes O No List-Serve # In List 6 1 2 O Newspaper Advertising # Days Run O TV/Radio Notices # Days Run Other:

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

This report is being submitted for the reporting period ending March 9, 2 0 1 8 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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Name of MS4/Coalition TOWN OF MOREAU		N	YR	2 (	A	1	5	8
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This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 \end{bmatrix}$  8

Name of MS4/Coalition TOWN OF MOREAU  SPDES ID  N Y R 2 0 A 1 5 9
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 the
of the submitted at that location. Submit additional pages of mandal
■ MS4/Coalition Office  Department  ■ Annual Report  SWMP Plan  ■ Comments
Town Hall
Address
3 5 1 R e y n o 1 d s R o a d
Moreau Zip
Phone N Y 1 2 8 2 8 -
( 5 1 8 ) 7 9 2 <b>-</b> 4 7 6 2
○ Library Address ○ Annual Report ○ SWMP Plan ○ Comments
Address O Annual Report O SWMP Plan O Comments
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Other Address  Solution We st High Street  City  Ballston Spa NY 12020 - Phone (518)885-8995  Web Page URL:  Annual Report O SWMP Plan O Comments
Other Address  SwmP Plan Comments  Address  Signature  Big a lils ton Span Ny 12020 - Phone (5 l8) 885 - 8995  Web Page URL: Annual Report SwmP Plan Comments
Other Address       ● Annual Report       ○ SWMP Plan       ● Comments         5 0 West High       West High       Street       Et         Ball Iston Spal       NY 12020-         Phone (518)       885-8995         Web Page URL:       ● Annual Report       ○ SWMP Plan       ○ Comments         http://www.saratogenerous       Annual Report       ○ SWMP Plan       ○ Comments         http://www.saratogenerous       Annual Report       ○ SWMP Plan       ○ Comments         attribute       Annual Report       ○ SWMP Plan
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This report is being submitted for the reporting period ending March 9, 2 0 1 8

	Name of MS4/Coalition TOWN OF MOREAU SPDES N Y	ID R 2 0 A	1 5 8
	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 1 5
	4.b. For how many days was/will this report be posted?	[	9 9 9
4	If submitting a report for single MS4, answer 5.a If submitting a joint report, 5.a. Was an Annual Report public meeting held in this reporting period?  If Yes, what was the date of the meeting?	answer 5.b  O Yes	
	If No, is one planned?	O Yes	• No
5.	.b. Was an Annual Report public meeting held for all MS4s contributing to th this reporting period?		uring
	If No, is one planned for each?	○ Yes	<ul><li>No</li><li>No</li></ul>
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.	O Yes	• No

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

Name of MS4/Coalition TOWN OF MOREAU N Y R 2 0 A 1 5 8
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 all specified measures detailed in the Town of Moreau SWMP Plan. Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
The Town continued to be a member of the Saratoga County ISWM Program and relied upon this as a source of meeting MCM 2 goals. The Town did not individually promote public involvement and participation otherwise.
C. How many times was this observation measured or evaluated in this reporting period?
D. Has your MS4 made progress toward this measurable goal during this reporting period?
Yes O No . Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
• Yes • No the next reporting cycle (including an implementation schedule).
the Draft annual report will be advertised for review and comment by the public available at the own Hall, Office of the Stormwater Management Officer at the Town Highway Department, and at public meeting where the report will be presented and public comment received. The Town's ebsite will also include a separate stormwater web page and include a link to the ISWM Program ebsite.

Name of MS4/Coalition TOWN OF MOREA	SPDES ID  N Y R 2 0 A 1 5 8
Minimum Control Measure	3. Illicit Discharge Detection and Elimination
The information in this section is being repo	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed</li> </ul>	
1. Enter the number and approx. percent	" 2 0 0 70
oporting period (outlan reconnaissa	
3.a. What types of generating sites/sewer reporting period?	sheds were targeted for inspection during this
O Auto Recyclers	○ Landscaping (Irrigation)
O Building Maintenance	O Marinas
O Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	○ Printing
O Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
O Food Processing Facilities	O Schools and Universities
O 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 Shops
Other:	None
O Sewersheds:	

																								S	PDI	ES I	D					
]	Nam	e of	MS4	1/Co	oalii	tion	TO	OW	N	OF	M(	OR	EA	U										1	1	Y :	R :	2	0	A :	1 5	5 8
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C	Ille	gal	Du	mp	ing																		arge	25								
	Other:  None  None  How many illicit discharges/potential illegal connections have been detected during this reporting period?																															
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0.	6. How many illicit discharges/illegal connections have been eliminated during this reporting period?																															
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#### MS4 Annual Report Form

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This report is being submitted for the reporting period ending March 9, 2 0 1 8

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			SPDES ID	
Name of MS4/Coalition TC	WN OF MOREAU		N Y R 2 0	A 1 5 8
12. Evaluating Progres	ss Toward Measurable G	oals MCM 3		
Use this page to report of identified in your Storm III.C.1. Submit additional	on your progress and project water Management Progra al pages as needed.	et plans toward achiev m Plan (SWMPP), inc	ing measurable goal	ls s in Part
A. Briefly summarize t	he Measurable Goal iden	tified in the SWMPI	in this reporting	period.
Continue to record outfa	ll inspections using standa	rd ORI forms.		
B. Briefly summarize th	e observations that indic	ated the overall effec	tiveness of this Me	asurable
All stormwater outfalls hat to facilitate illicit discharge rotational basis to ensure are used to record findings	ave been mapped but their ge track down. The Town of that all outfalls are inspected and follow up actions.	drainage area have yet ontinues to conduct or ed at least once every	t to be delineated on utfall inspections on five years. Standard	a map a forms
C. How many times was a	this observation measure	d or evaluated in this	reporting period?	
			1 0	
D. Has your MS4 made p	rogress toward this meas	urable goal during th	(ex.: samples/pai	rticipants/events,
E. Is your MS4 on schedu			● Ves	
F. Briefly summarize the sthe next reporting cycle	stormwater activities plan (including an implement	ned to meet the goal ation schedule).	• Yes s of this MCM dur	○ No ing
The ISWM Program mapping completeness of outfalls. An Department use. If funds because mapped and completed if	ng for Town outfalls will be updated ORI Standard for come available outfall drain	e complete and will be		vay ill

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

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

The information in this section is being reported (check one):		
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>		
How many MS4s contributed to this report?		
1a. Has each MS4 contributing to this report adopted a law, ordinance or other remechanism that provides equivalent protection to the NYS SPDES General Pestormwater Discharges from Construction Activities?	egulator; rmit for • Yes	y · · No
1b. Has each Town, City and/or Village contributing to this report documented that equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney cerfification or using the NYSDE Analysis Workbook?	TC	w is and
If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La  0 09/2004 • 03	w. 3/2006	O 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 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		
If Yes, how many public comments were received during this reporting period?	0	ONT
5. Does your MS4/Coalition provide education and training for contractors about the SWPPP process?		O No

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

Notices of Violation	#	0					No Authority
Stop Work Orders	#	0				0	No Authority
Criminal Actions	#	0				0	No Authority
Termination of Contracts	#	0				0	No Authority
O Administrative Fines	#					•	No Authority
O Civil Penalties	#					• ]	No Authority
O Administrative Orders	#					• 1	No Authority
• Enforcement Actions or Sanctions	#	0					
Other	#		T	1		$\circ$ N	No Authority

Name of MS4/Coalition TOWN OF MOREAU  SPDES ID  N Y R	2 0 A 1 5 8
Minimum Control Measure 4. Construction Site Stormwater Rus	noff 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 during this reporting period?	acre or more
2. How many construction projects disturbing at least one acre were active in you during this reporting period?	1 9
3. What percent of active construction sites were inspected during this reporting [	period? ONT
4. What percent of active construction sites were inspected more than once?	O NT
	○ No ○ NT
6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevent (SWPPPs) of construction projects that are subject to MS4 review and approval:	?
public review?	○ No ○ NT lable for ○ Yes ○ No
If Yes, use the following page to identify location(s) where SWPPPs can be accessed.	

Name of MS4/Coalition TOWN OF MOREAU	SPDES ID  N Y R 2 0 A 1 5 8
6. con't.:	N Y R 2 0 A 1 5 8
Submit additional pages as needed.	
MS4/Coalition Office	
Department  BUILDING DEPARTMENT	
Address B U I L D I N G D E P A R T M E N T	
3 5 1 R E Y N O L D S R O A D	
City	Zip
MOREAU NY	1 2 8 2 8 -
Phone	
( 5 1 8 ) 7 9 2 - 1 0 3 0	
○ Library Address	
Address	
City	7:
N Y	Zip
Phone	-   -
(   5   1   8 )       -	
○ Other	
Address	
City	Zip
Phone	
(518)	
O Web Page URL(s): Please provide specific address where SWPPPs can	
URL URL	be accessed - not home page.
URL	

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 \end{bmatrix}$  1  $\begin{bmatrix} 8 & 1 \end{bmatrix}$ 

	SPDES ID
Name of MS4/Coalition TOWN OF MOREAU	N Y R 2 0 A 1 5 8
7. Evaluating Progress Toward Measurable Go	
Use this page to report on your progress and project identified in your Stormwater Management Program III.C.1. Submit additional pages as needed.	et plans toward achieving measurable goals m Plan (SWMPP), including requirements in Part
A. Briefly summarize the Measurable Goal iden	tified in the SWMPP in this reporting period.
Inspect 100% of all active sites at least once, during Continue coordinated review of construction plans conformance with the local law and any/all applical	g this reporting period.
B. Briefly summarize the observations that indica Goal.	ated the overall effectiveness of this Measurable
100% of active sites were inspected at least once dur	ing this reporting period. This goal was met.
C. How many times and the	
C. How many times was this observation measured	d or evaluated in this reporting period?
D. Hog your MC4	(ex.: samples/participants/event
D. Has your MS4 made progress toward this measu	urable goal during this reporting period?
E. Is your MS4 on schedule to meet the deadline set	● Yes ○ No t forth in the SWMPP?
F. Briefly summarize the stormwater activities plan the next reporting cycle (including an implement	● Yes ○ No need to meet the goals of this MCM during ration schedule).
Continue the goal of inspecting 100% of active sites du inactive sites with open permit coverage, attempt to clo	reing the

	20000	1 - Ta Joint	report on benan	of a coalition leave	e SPDES ID blank.
Name of MS4/0	Coalition TOWN OF	MOREAU		1 1 1	ES ID Y R 2 0 A 1 5
Minin	num Control M	leasure 5. Po	st-Construct	tion Stormwat	er Management
The information  On behalf of  On behalf of  He  How many	n in this section is b	neing reported (characteristics)	s report?		
		#	#	# Times	
O Alternative Pra		Inventoried	Inspections	Maintained	
	actices				
O Filter Systems					
Infiltration Bas	sins	4	2		
Open Channels				2	
O Ponds					
○ Wetlands					
Other					
	n electronic tool (etions and mainta				A 17
3. What types of Development/	f non-structural p Better Site Design	ractices have b /Green Infras	een used to im	plement Low In	● Yes ○ No
O Building Codes	O Municipal Con				
Overlay Districts	Open Space Pre				
○ Zoning	Local Law or C		шп		
○ None	O Land Use Regu				
O Watershed Plans	Other Comprehe				
Other:	1.3	)			

SPDES ID				
Name of MS4/Coalition TOWN OF MOREAU	2 0	A :	1 5	8
4a. Are the MS4s contributing to this report involved in a regional/watershed wide plan	ning	effor	rt?	
4b. Does the MS4 have a banking and credit system for stormwater management practic		Yes		No
4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for and approval of banking and credit of alternative siting of a stormwater management	0	Yes ation		No
	0	Yes	• 1	
4d. How many stormwater management practices have been implemented as part of this reporting period?	syste	em in	this	
5 What a way of Court is a second of the court	(			
5. What percent of municipal officials/MS4 staff responsible for program implementation a training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this property.				
Infrastructure principles in this reporting period?	2	5	0	6

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

Name of MS4/Coalition TOWN OF MOREAU	N Y R 2 0 A 1 5 8
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 (SWMP 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 SV	WMPP in this reporting period.
Update list of post-construction stormwater management facilities facilities are constructed and dedicated to the Town.  Train new Town officials on LID, BSD, and Green Infrastructure.	
B. Briefly summarize the observations that indicated the overal Goal.	ll effectiveness of this Measurable
None of the goals listed were attained, either due to no activity of la	ack of training attendance.
C. How many times was this observation measured.	
C. How many times was this observation measured or evaluated	in this reporting period?
D. Has your MS4 made progress toward this measurable goal du	(ex.: samples/participants/events
E. Is your MS4 on schedule to meet the deadline set forth in the S	● Yes ○ No SWMPP?
F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule	• Yes ONo
A map that indicates the location of post-construction stormwater man the Town will be developed along with a tracking worksheet for recor- information, inspection date, result and percent of SMPs inspected with inspection findings.	ding the true - CCM (D

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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	SPDES ID
Name of MS4/Coalition TOWN OF MOREAU	N Y R 2 0 A 1 5 8

#### Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):	
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>	
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

Omanation / A at 14 /F 1914			performed with	in the past 3
		in SWMP?	years	?
Street Maintenance	• Yes	○ No	• Yes	- ○ No
Bridge Maintenance	O Yes		O Yes	• No
Winter Road Maintenance	• Yes		• Yes	O No
Salt Storage	• Yes		• Yes	
Solid Waste Management	• Vec			O No
New Municipal Construction and Land Disturband	ce. • Yes		O Yes	• No
Right of Way Maintenance	e • res		O Yes	No
Marina Operations	Yes		• Yes	○ No
Marine Operations	O Yes	No	O Yes	No
Hydrologic Habitat Modification	O Yes	No	O Yes	No
Parks and Open Space	• Yes	O No	• Yes	O No
Municipal Building	• Yes	○ No		O No
Stormwater System Maintenance	• Yes	○ No		O No
Vehicle and Fleet Maintenance	• Yes	O No		O No
Other		• No		
	103	• 110	o res	No

	SPDES II	D			
Name of MS4/Coalition TOWN OF MOREAU	NYF	2 2 0	A	1 5	8
2. Provide the following information about municipal operations good	d housel	keepin	g pr	ogran	ns:
O Parking Lots Swept (Number of acres X Number of times swept)	# Ac	res			
Streets Swept (Number of miles X Number of times swept)	# Mi	les 2	3		
Catch Basins Inspected and Cleaned Where Necessary		# 1	2		_
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>		# 8			
O Phosphorus Applied In Chemical Fertilizer	# Lb	s.			
O Nitrogen Applied In Chemical Fertilizer	# Lb	s.	$\dagger$	11	ī
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres				
3. How many stormwater management trainings have been provided to during this reporting period?	munici	pal em	ploy	/ees	
4. What was the date of the last training?	1 1	9 / [:	2 0	1 7	
5. How many municipal employees have been trained in this reporting p	period?		1	7	
6. What percent of municipal employees in relevant positions and depar stormwater management training?	tments	receive 8		<u>%</u>	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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Name of MS4/Coalition TOWN OF MOREAU	SPDES ID           N         Y         R         2         0         A         1         5         8
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward achi identified in your Stormwater Management Program Plan (SWMPP), III.C.1. Submit additional pages as needed.	ieving measurable goals including requirements in Part
A. Briefly summarize the Measurable Goal identified in the SWM	IPP in this reporting period.
Keep all required records on forms found in SWMPP or in a manner a Stormwater Management Officer (SMO).  Provide Pollution Prevention and Good Housekeeping training to all decords.	
B. Briefly summarize the observations that indicated the overall ef Goal.	fectiveness of this Measurable
The receipt/keeping of records has kept pace with related activities wit department.  The need for continued dust management in yard areas and a need to contain station of the station of	
C. How many times was this observation measured or evaluated in	this reporting period?
	(ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal durin	g this reporting period?
E. Is your MS4 on schedule to meet the deadline set forth in the SW	○ Yes • No
25 35 John Mas 4 on senedule to meet the deadline set forth in the Sw	WIPP?  ○ Yes • No
F. Briefly summarize the stormwater activities planned to meet the gament the next reporting cycle (including an implementation schedule).	goals of this MCM during
A review of the self-assessment will be made to determine actions or mo are needed. The Town Board is pursuing possible grant funding of a fuel	difications to operations that station canopy. Staff

training will continue by watching stormwater training videos or webcasts by EPA or similar agencies, attending Saratoga County ISWM trainings and keeping logs of staff sign in training.