## **MS4 Annual Report Cover Page**

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

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

SPDES ID

N Y R 2 0 A 1 5 8

N | Y | R | 2 | 0 | A

N Y R 2 0 A

SPDES ID

#### **Choose one:**

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

Fill in SPDES ID in upper right hand corner.

Na	me	01	f M	S4																
Т	О		W	Ν	0	F	М	0	R	Ε	А	U								

#### OR

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

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

Name of Coalition

N Y R

SPDES ID

N Y R 2 0 A

2 0 A

Nan	ne o	f Si	ngle	En	tity												

## 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.

SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	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
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	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
SPDES ID	SPDES ID	SPDES ID

Y R 2 0 A

Y R 2 0 A

SPDES ID

# **MS4 Annual Report Cover Page**

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

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

SPDES ID	SPDES ID	SPDES ID
NYR20A	N Y R 2 O A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	N Y R 2 O 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
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	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
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	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
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	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
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	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
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	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
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	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
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	N Y R 2 0 A

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

Name of MS4 TOWN OF MOREAU	2	0 A	1	_	
Name of Wist Town of Worland			1 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 acceptance of	:				
● An Annual Report for a single MS4					
○ A Single Entity (Per Part II.E of GP-0-10-002)					
○ A Joint Report					
Joint reports may be submitted by permittees with legally binding agreement	ts.				
If Joint Report, enter coalition name:					

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

	SPDES ID
Name of MS4 TOWN OF MOREAU	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 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

Firs	t Na	ame														MI		Las	t Na	ame										
Т	h	е	0	d	0	r	е									Т		K	u	s	n	i	е	r	Z		J	r		
Titl	e																													
T	0	W	Ν		S	U	Р	Е	R	٧	I	S	0	R																
Ado	lres	s																												
3	5	1		R	Ε	Y	N	0	L	D	S		R	0	А	D														
						200								-														-		
City	<b>y</b>																			S	tate		Zip							
City M	0	R	Е	А	U																	Y	Zip 1	2	8	2	8	<b>-</b>		
М	0	R	Е	А	U																				8	2	8	_		
	0	R R	E	A	U	S	U	P	E	R	@	Т	0	M	N	0	F	M	0						8	2 R	8 G	<b>-</b>		
M eMa	o ail					S	U	Р	E	R	@	Т	0	M	N	0		M Cou		R	1 .	Y	1	2	200			] <b>-</b>		

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

		SPI	DES	ID						
Name of MS <sup>2</sup>	Town of Moreau	N	Y	R	2	0	А	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 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).
- 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

Firs	st Na	ame														MI	_	Las	t Na	ame											
M	а	u	r	е	е	n										L		L	е	е	r	k	е	s							
Titl	e																														
S	t	0	r	m	W	a	t	е	r		М	а	n	а	g	е	m	е	n	t		0	f	f	i	С	е	r			
Ado	dres	s																													
3	5	1		R	е	У	n	0	1	d	S		R	0	a	d															
Cit	у																			S	tate		Zip	)			_	_		 	
City M	0	r	е	а	u																	Y	Zip	2	8	2	8	] -			
	0	r	е	a	u																				8	2	8	_			
M	0	r	е	a	u	h	i	g	h	W	a	У	<u>a</u>	t	0	W	n	0	f						8 u	2	8	] <b>-</b>	g		
M eM	o ail					h	i	g	h	W	a	У	<u>a</u>	t	0	W		O Cou		m	1 .	Y	1	2					g		

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

	SPI	DES	ID						
Name of MS4 TOWN OF MOREAU	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 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

Firs	st Na	ame														MI		Las	t Na	ame												
M	a	t	t	h	е	W												D	r	е	i	m	i	1	1	е	r					
Titl	e																															
В	u	i	1	d	i	n	g	/	С	0	d	е	S		Ε	n	f	0	r	С	е	m	е	n	t							
Ado	dres	s																														
3	5	1		R	е	У	n	0	1	d	S		R	0	a	d																
Cit	y																			S	tate		Zip	)								
City M	y O	r	е	а	u																	Y	Zip	2	8	2	8	_				
	0	r	е	a	u																				8	2	8	_				
М	0	r	e 1	a	u	n	g	i	n	S	р	е	С	t	0	r	@	t	0						8	2 r	8 e	<b>a</b>	u	•	0	r
M eM	o ail u		e 1			n	g	i	n	S	р	е	С	t	0	r		t Cou		w	1 .	Y	1	2				]	u		0	r

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

		_																				SPI	DES	ID						
Name of	M	S4_	ТО	WI	N C	F I	MC	RE	EAU	J												N	Y	R	2	0	A	1	5	8
Section	n 3	T	) Dai	ctn	٥r	In	for	·m	ati	οn																				
Did your											to (	con	nnle	te s	om	e 01	r a11	ne	rmi	t re	anii	·em	ente	e du	rin	o th	nis r	enc	rtin	σ
period?	1410	1 77	OTT	L VVI	ui p	ar t	1101	3/ 00	an	1011		0011	тріс		,0111	.0	an	РС	1111	. 10	quii	CIII	CIII	, au	1111	_	) Ye	•		No
If Yes, c	omj	plet	te i	nfo	rma	atio	n b	elo	w.																					
Subn																												e		
accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition. If No, proceed to Section 4 - Certification Statement.																														
Partner/Co	naliti	ion N	Van	ne.																										
S a r	a	t	0	g	a		С	0	u	n	t	У		С	С	E		I	S	W	M		Р	r	0	g	r	a	m	
Partner/Co	alit	ion l	Nan	ne (c	on'	t.)																SPI	DES	Pai	rtne	r ID	) - It	fapı	plica	ıble
																						N	Y	R	2	0	С	0	0	6
Address										Ī																				
City	1	_	_		<u>_</u>		C	200										1 🗀	tate		Zip			2		]				
B  a  1	1	S	t	0	n		S	p	а									N	I Y	0		2	0		0	_				
eMail b r n	5	a	С	0	r	n	е	1	1		е	d	u																	
Phone						11				•		<u></u>	<u> </u>																	
( 5 1	8	)	8	8	5	_	8	9	9	5											ing 2 -002						rdan Y		0	No
X71	1 /	,		.1	1114	•		1		1		41.1				<i>(</i>	7	<i>(</i> ), <i>(</i>	1 0	1	. 1	D				N	14.	1		
What tas	SKS/	resp	pon	ISID	1111.	ies	are	SII	are	a w	ш	um	s pa	aru:	ier	(e.g	3. IV	HVI	1 3	cnc	)01	Pro	gra	IIIS	Or	IVI	սույ	pie	Tas	sks)
• MM1	С	0	u	n	t	У	-	W	i	d	е		Ε	d	/	0	u	t	r	е	a	С	h							
• MM2	M	a	t	е	r	i	a	1	/	Т	е	С	h	i	n	i	С	a	1		S	u	р	р	0	r	t			
<ul><li>MM3</li></ul>	M	a	t	е	r	i	a	1	/	Т	е	С	h	/	Т	r	а	i	n	i	n	g		S	u	р	р	0	r	t
• MM4			t			i		1	/	Т			h	/	Т			i	n	i	l n					and the second				
	М	а		е	r		a	<u>+</u>	\		е	С		<i>/</i>		r	a		n		n	g		S	u	р	р	0	r	t
• MM5	M	a	t	е	r	i	a	1	/	Т	е	С	h	/	Т	r	a	i	n	i	n	g		S	u	р	р	0	r	t
• MM6	M	а	t	е	r	i	а	1	/	Т	е	С	h	/	Т	r	a	i	n	i	n	g		S	u	р	р	0	r	t
Addition	nal t	ask	s/r	esp	ons	sibi	liti	es																						
O Wat	ersl	hed	Im	pre	vei	ner	ıt S	tra	teg.	y B	est	Μc	ına	gen	nen	t P	rac	tice	es ro	equ	iire	d fo	r N	<b>1</b> S4	ls i	n ir	npa	iire	d	
wate	ersh	eds	s in	clu	ded	in	GF	<b>P-</b> 0-	-08	-00	2 P	art	IX.	į.																

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

	SPDES ID	
		٠
Name of MS4 TOWN OF MOREAU	N Y R 2 0 A 1 5 8	5
Name of MS4 10 Wit of Indiana	L	_

## 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 T h e o d o r e	MI T	Last Name  Kusnierz, Jr.
Title (Clearly print title of individual signing report)  T O W N S U P E R V I S O R		
Signature		
Theodor J. Kusmery Js.		Date 0510912022

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

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

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

	SPI	DES						
Name of MS4/Coalition TOWN OF MOREAU	N	Y	R	2	0 7	1	5	8
Water Quality Trends								
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 are contributed to this report?</li> </ul>								
1. Has this MS4/Coalition produced any reports documenting water related to stormwater? If not, answer No and proceed to Minimus	-		•			re		
One.					$\circ$	Yes		No
If Yes, choose one of the following								

- O Report(s) attached to the annual report
- O 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.

URL		
URL		
URL		
URL		

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

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 Y R 2 0 A 1 5 8
Minin	num Control Measure 1. Public Edu	ucation and Outreach
The information in this	s section is being reported (check one):	
<ul><li>On behalf of an indi</li><li>On behalf of a coalit</li><li>How ma</li></ul>		
1. Targeted Public	Education and Outreach Best Manageme	ent Practices
Check all topics that	were included in Education and Outreach du	uring this reporting period:
<ul><li>Construction Sites</li></ul>		O Pesticide and Fertilizer Application
<ul><li>General Stormwater</li></ul>	Management Information	O Pet Waste Management
O Household Hazardou	us Waste Disposal	○ Recycling
● Illicit Discharge Det	tection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maint	tenance	O Trash Management
O Smart Growth		• Vehicle Washing
O Storm Drain Markin	g	O Water Conservation
○ Green Infrastructure	/Better Site Design/Low Impact Development	O Wetland Protection
Other:		○ None
Other		
	es targeted during this reporting period:	
Public Employees	<ul><li>Contractors</li></ul>	
O Residential	<ul><li>Developers</li></ul>	
<ul><li>Businesses</li></ul>	• General Public	
○ Restaurants	○ Industries	
Other:	O Agricultural	
Other		

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

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

SPDES ID

Name	of M	IS4/	'Coa	ılitio	on I	гот	WN	[O]	F M	10I	RE	<b>A</b> U											N	Y	R	2	0	А	1	5	8
3. V	Vha his 1														e to	o ac	chie	eve	edi	uca	tio	n a	nd	ou	tre	ach	go	als	du	ırir	ıg
• Co	nstr	ucti	on	Site	Op	era	tors	s Tr	ain	ed													ī	# Tr	ain	ed	0				
O Dii	rect	Ma	ilin	gs																			#	Ma	ilin	gs					
• Kio	osks	or	Oth	er l	Disp	olay	'S																#]	Loca	atio	ns	2				
O Lis	st-Se	rve	S																					# I	n L	ist					
○ Ma	ailing	g L	ist																					# I	n L	ist					
○ Ne	wsp	ape	r A	ds o	or A	rtic	eles																#]	Day	s Rı	ın					
○ Pu	blic	Ev	ents	s/Pr	esei	ntat	ions	S															# 1	Atte	nde	es					
	hool	Pro	ogra	am																			# 1	Atte	nde	es					
$\circ$ TV	Sp.	ot/F	rog	ran	1																		#]	Day	s Rı	ın					
• Pri																					Т	otal	# D	istri	ibut	ed					
	Loca	ition O	s (e	.g. li n	ibrai	ries, H	town	n off	ices,	, kio	sks)																				
	Н	i	g	h	W	a	У	_	D	е	р	a	r	t	m	е	n	t													
			-	-			7				T.			-																	
Otl	her:																														
• We	eb P	age					peci	ific	wel	b ac	ldre	esse	s - :	not	hor	ne p	page	e. (	Con	tinu	ie o	n n	ext	pag	ge if	ado	ditio	ona	l sp	ace	is
UR	EL_				edeo	d.																									
W	W	W	•	t	0	W	n	0		m	0	r	е	a	u	•	0	r	g	/											
m	ı s	4	1	r	е	р	0	r	t	•	a	S	р																		
UR h		t	р	:	/	/	W	W	W		S	a	r	a	t	0	g	a	S	t	0	r	m	W	a	t	е	r		0	
r		/	r	е	s	i	d	e	n	t	s	-	p	u		1	i	С	_			u		a				n		h	t
m	+	1			1000					100			-					100		091		3005	100						1000		
		_			-									_		-											ш				ш

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

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 1 5 8

Naı	ne o	of M	IS4/	'Coa	alitio	on_	Ю	WN	1 O	F N	<b>1</b> O	RE	AU	J										N	Y	R	2	0	А	1	5	8
3.	W URI		Pa	ge (	con	't.:		Pro	ovi	de :	spe	cifi	c w	eb	ado	dres	sses	S - 1	10t	hoı	me	pag	ge.									
	h	t	t	p	:	/	/	W	W	W	•	s	а	r	a	t	0	g	a	s	t	0	r	m	W	a	t	е	r	•	0	r
	g	/	r	е	s	i	d	е	n	t	s	_	р	u	b	1	i	С	-	i	n	V	0	1	v	е	m	е	n	t		h
	t	m																														
	URI																															
	h	t	t	р	:	/	/	W	W	W	•	s	а	r	a	t	0	g	a	s	t	0	r	m	W	a	t	е	r	•	0	r
	g	/	r	е	s	i	d	е	n	t	s	-	i	1	1	i	С	i	t	_	d	i	s	С	h	a	r	g	е	•	h	t
	m																															
	URI					Ι.																										
	h	t	t	р	:	/	/	W	W	W	•	S	а	r	a	t	0	g	a	s	t	0	r	m	W	a	t	е	r	•	0	r
	g	/	r	е	s	i	d	е	n	t	S	_	С	0	n	S	t	r	u	С	t	i	0	n	_	r	u	n	0	f	f	•
	h	t	m																													
	URI	Í																														
	h	t	t	р	:	/	/	W	W	W	•	S	а	r	a	t	0	g	a	S	t	0	r	m	W	a	t	е	r	•	0	r
	g	/	r	е	S	i	d	е	n	t	S	-	р	0	S	t	-	С	0	n	S	t	r	u	С	t	i	0	n	•	h	t
	m																															
	URI		_		1.	1	1					_		100		+		~					100			_	+		10			30
	h	t,	t	р	:	<i>/</i>	/	W	W	W	•	S	a	r	a	t	0	g	a	S	t	0		m	W	a	t	е	r	·	0	r
	g	_/	i	0	n	t	r	a 	C	t	o f	f	S	-    h	d	e	V	е	1	0	р	е	r	S	_	С	0	n	S	t	r	u
	С	t	1	0	n		r	u	n	0	L	T	•	h	t	m																
	URI h	t	t	р	:	/	/	w	W	W		s	a	r	a	t	0	g	a	s	t	0	r	m	W	a	t	е	r		0	r
	g	/	С	0		t	r			t	0	r	S		d			e			р	е	r	s		р	-	s	t	_		0
		s				С				n		h		m							1					I-						
				_						11	•			111																		
	URI h		t	р	:	/	/	W	W	W	•	S	a	r	a	t	0	g	a	s	t	0	r	m	W	a	t	е	r		0	r
	g	/		u		i	С	i	р	a	1	i	t	i	е	s	_	р	u	b	-	i	С	_	е	d	u	С	a	t	i	0
	n		h	t	m				_																							

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

If submitting this form as part of a joint report on behalf of a coalition leave	SPDES ID blank.
SPDE	
Name of MS4/Coalition TOWN OF MOREAU	Y R 2 0 A 1 5 8
. Evaluating Progress Toward Measurable Goals MCM 1	
·· — · · · · · · · · · · · · · · · · ·	
Use this page to report on your progress and project plans toward achieving medidentified in your Stormwater Management Program Plan (SWMPP), including III.C.1. Submit additional pages as needed.	_
A. Briefly summarize the Measurable Goal identified in the SWMPP in the	is reporting period.
Continue implementation of the Saratoga County I-WM Program Education/O	utreach Program
-Maintain website	
-Maintain "Town Hall" display/kiosk -Continue direct education/outreach programming	
-Continue Girect education/outreach programming -Continue SW Regional Training Center w/ John Dunkle	
B. Briefly summarize the observations that indicated the overall effectiven Goal.	ess of this Measurable
MCM1 implementation primarily relied upon the Saratoga County ISWM Progoutreach and educational materials. The Town website provided a link to their 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.	annual report. The
C. How many times was this observation measured or evaluated in this rep	porting period?
	1
	(ex.: samples/participants/e
D. Has your MS4 made progress toward this Measurable Goal during this	
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?	● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the goals of the next reporting cycle (including an implementation schedule).	of this MCM during
Maintain all on-going program elements.	
maniani an on going program ciomono.	

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

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

Name of MS4/Coalition TOWN OF MOREAU					N	Y	R	2	0	А	1	5	8
Minimum Control Measure 2. Public I	nv(	olve	em	ent	t/P	ar	tici	ip <i>a</i>	ıtio	<u>on</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. What opportunities were provided for public particip development, evaluation and improvement of the Stor (SWMP) Plan during this reporting period? Check all	mw	ate	r N	Ian						ran	n		
O Cleanup Events						# E	ven	ts					
○ Comments on SWMP Received					# C	omi	nen	ts					
• Community Hotlines Phone #	(	5	1	8	)	7	9	2	_	4	7	6	2
Phone # ( 5 1 8 ) 8 8 5 - 8 9 9 5 Phone #	(				)				-				
Phone # ( Phone #	(				)				-				
Phone # ( ) Phone #	(				)				-				
Phone # ( Phone #	(				)				-				
Phone # ( ) Phone #	(				)				-				
O Community Meetings					# <i>A</i>	Atte	nde	es					
○ Plantings						S	q. F	łt.					
○ Storm Drain Markings						# D	rair	ns					
O Stakeholder Meetings					# A	Atte	nde	es					
O Volunteer Monitoring						# E	ven	ts					
Other:													
2. Was public notice of availability of this annual report Program (SWMP) Plan provided?	and	d St	torr	nw	ate	er N	Aar	nag		ient Ye		0	No
• List-Serve						# I	n Li	st	6	1	2		
O Newspaper Advertising					# I	Day	s Ru	ın					
○ TV/Radio Notices					# I	Day	s Ru	ın					
Other:													

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

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

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

SPDES ID

ne c	of M	1S4/	'Coa	ılitio	on ]	Ю	WN	1 O	F N	101	RE.	AU											N	Y	R	2	0	A	1	5	8
Ul	RL	(s)	100	ı't.	:																										
						eci	ific	ad	dre	ess(	es)	wł	ier	e n	otic	e(s	) c	an	be	acc	ess	ed	- n	ot ł	on	ne j	pag	e.			
JRI																				,									T	T	Т
W	W	W	•	t	0	W	n	0	f	m	0	r	е	a	u	•	0	r	g	/	m	S	4	_	r	е	р	0	r	t	
a	S	р																													<u></u>
JRI		1.			,	,						1			1.					1.									1	T	Т
n	t	t	р	:	/	/	W	W	W	•	S	a	r	a	t	0	g	a	S	t	0		m	W	a	t	е	r	•	0	r
3	/	m	u	n	i	С	i	р	a	1	i	t	i	е	s	-	a	d	d	i	t	i	0	n	a	1	_	r	е	s	0
1	r	С	е	S	•	h	t	m																							
JRI	_																														
																													_		
																										,					
JRI	_	1									1	1						1													
IRI	_																														
JRI																															
JRI																															
T																															T

Name of MS4/Coalition TOWN OF MOREAU

## **MS4 Annual Report Form**

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

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 1 5

IRL																		 _
																		H
IRL																		 _
IRL																		
	Ì	Ì																Π
																		<u></u>
					<i>*</i>													
IRL																		
																		Г
IRL																		 1
																		H
RL																		 _
																		H
IRL												ı						 _
			 -	 	_	-	_	_						_		_	=	=

Name of MS4/Coalition TOWN OF MOREAU

## **MS4 Annual Report Form**

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

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

3. W					_													_	-	Sto cun				M	ana	age	me	nt			
																				whi										d	
• MS					ffic	e											A	nnu	ıal l	Rep	ort		S	WN	<b>/IP</b> ]	Plar	ı	• (	Con	nme	ents
	Dep T	O	w	n		Н	а	1	1																						
	Add	lres	S																												
	3	5	1		R	е	У	n	0	1	d	s	2	R	0	a	d						2 2								
	City	7																Г				Zip									
	M	0	r	е	a	u												L	N	Y		1	2	8	2	8	-				
	Pho		-		\	_			]					]																	
	(	5	1	8	)	7	9	2	-	4	7	6	2																		
O Lib	rary Add	lres	S										ī		ı		) <b>A</b>	nnu	ıal l	Rep	ort		S'	WN	<b>/IP</b> ]	Plar	1	0 (	Con	nme	ents
	City	7															1					Zip									
																		1	1 3	Y							-				
	Pho	ne			1 .				i					1																	
	(	5	1	8	)				-																						
• Oth	er Add	lres	S													•	A	nnu	ıal l	Rep	ort		) S'	WN	ΛP I	Plar	ı	• (	Con	nme	ents
		0		W	е	s	t		Н	i	g	h		S	t	r	е	е	t												
	City																					Zip									
		a	1	1	s	t	0	n		S	р	a						1	1 3	Y		1	2	0	2	0	_				
	Pho	ne															ļ.	_			,										
	(	5	1	8	)	8	8	5	_	8	9	9	5																		
					,				1					J		9953															
• We	b Pa	age	UF	RL:													A	nnu	ıal l	Rep	ort		S	WN	IP I	Plar	1	0 (	Con	nme	ents
	h	t	t	р	:	/	/	W	W	W	•	s	а	r	а	t	0	g	а	s	t	0	r	m	W	а	t	е	r	•	0
	r	g	/	m	u	n	i	С	i	р	a	1	i	t	i	е	s	-	а	d	d	i	t	i	0	n	a	1	_	r	е
	s	0	u	r	С	е	s		h	t	m																				
	Ple	ase	pı	ovi	ide	spe	cif	ic a	dd	ress	of	pa	ge v	whe	ere	rep	ort	cai	ı be	e ac	ces	sed	l - r	ot	hoı	ne	pag	ge.			
• eMa	ail																											Ø (	Con	nme	ents
	m	0	r	е	a	u	h	i	g	h	W	У	<u>a</u>	t	0	W	n	0	f	m	0	r	е	a	u		0	r	g		
	b	r	n	5	<u>a</u>	С	0	r	n	е	1	1		е	d	u															

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

	SPDES ID		
Name of MS4/Coalition TOWN OF MOREAU	N Y 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 /	/	
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	g a joint report, ansv	ver 5.b	
5.a. Was an Annual Report public meeting held in this reporting	g period?	O Yes	<ul><li>No</li></ul>
If Yes, what was the date of the meeting?		/	
If No, is one planned?		○ Yes	• No
5.b. Was an Annual Report public meeting held for all MS4s co	ntributing to this r	eport di	uring
this reporting period?		O Yes	<ul><li>No</li></ul>
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		○ Yes	• No
SWMP in response to comments to this report.			

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.

		SPL	DES	ID						
Name of MS4/Coalition	TOWN OF MOREAU	N	Y	R	2	0	А	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?

	2					
samp	les/	'par	tici	pant	s/event:	s,

D. Has your MS4 made progress toward this measurable goal during this reporting period?

0			
	Ves	$\bigcirc$ No	

(ex.:

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

A T7	O T
Yes	$\bigcirc$ No
- 103	$\sim$ 110

F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during 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 Town Hall, Office of the Stormwater Management Officer at the Town Highway Department, and at a public meeting where the report will be presented and public comment received. The Town's website will also include a separate stormwater web page and include a link to the ISWM Program website.

Name of MS4/Coalition TOWN OF MOREAU

## **MS4 Annual Report Form**

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

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

SPDES ID

Y R 2 0 A 1 5 8

Minimum Control Measure 3. I	Ilicit Discharge Detection and Elimination
The information in this section is being reported (o	check one):
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to the</li> </ul>	nis report?
1. Enter the number and approx. percent of	of outfalls mapped: 4 # 1 0 0 %
2. How many of these outfalls have been so reporting period (outfall reconnaissance	ereened for dry weather discharges during this inventory)?
3.a. What types of generating sites/sewershe reporting period?	ds were targeted for inspection during this
O Auto Recyclers	○ Landscaping (Irrigation)
O Building Maintenance	○ Marinas
○ 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
○ Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
○ Food Processing Facilities	○ Schools and Universities
○ 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:	

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

Name	of M	S4/0	Coal	itio	n T	VO.	VN	OI	FM	OF	REA	\U											N	Y	R	2	0	A	1	5	8
3.b.V	Wha	ıt ty	уре	s o	f ill	lici	t di	isch	ar	ges	ha	ve	bee	en f	ou	nd	du	rin	g tl	nis	rep	ort	ing	рe	erio	d?	W.				
	oken	Lir	nes :	Fro	m S	San	itar	y S	ewe	r			0	Ind	ustr	ial	Co	nne	ctio	ns											
O Cro	oss (	Con	nec	tior	ıs								0	Infl	ow/	/Inf	iltra	atio	n												
O Fai	ling	Sep	otic	Sy	ster	ns							0	Pur	np S	Stat	ion	Fai	ilur	e											
○ Flo	or D	rai	ns (	Con	nec	ted	То	Sto	orm	Sev	wer	S	0	San	itar	y S	ew	er C	)ve	rflo	WS										
O Ille	gal	Dur	npi	ng									0	Stra	aigh	t P	ipe	Sev	ver	Dis	cha	rge	S								
Ot!	ner:	ma	nx	illi	icit	di	sch	aro	[PS]	not	ent	tial		Noi		onr	) ect	tion	ne h	19W	e h	een	de	tec	ted	dı		16 1	thic		
	epo:		•				SCII	aı g	cs/	μυι	CII	ııaı	111	cga	ıı Cı	<b>0111</b>		1101	15 1	av	C D	ccii	uc	icc	ıcu	u	41 11	g	0		
5. H	Iow	ma	ıny	illi	icit	di	sch	arg	ges	hav	ve ł	ee	n c	onf	irn	ned	dı	ıriı	ıg t	this	re	por	tin	g p	eri	od	?		0		
6. H			ıny	illi	icit	di	sch	arg	ges/	ille	gal	co	nn	ecti	ion	s h	ave	be	en	eli	mir	ate	ed d	lur	ing	g th	is 1	·ер		ing	
р	erio	a.																											0		
7. H											_				-					-			_		od?	)	•	Ye	s	0	No
13	f No	, ap	pro	OX11	mai	ery	wi	nat	per	cen	it w	as	cor	npı	ete	a in	ı tn	ıs r	epc	ert11	ng p	oeri	oa?								용
8. I	s the	e al	ov	e iı	nfo	rm	atio	on :	ava	ila	ble	in	GI	S?													•	Ye	es	$\circ$	No
	s thi f Ye								ble	on	th	e w	'eb'	?													•	Ye	S	$\bigcirc$	No
	ease								ess	of	pag	ge v	whe	ere	ma	p(s	) ca	ın b	e a	cce	sse	d -	not	ho	me	pa	ge.				
UR					,	,										• ` `						,									
h	t	t	р	:	/	/	W	W	W	•	m	а	р	h	0	S	t	•	С	0	m	/	S	a	r	а	t	0	g	a	
N	0	Т	Ε	:		u	S	е	r	/	V	i	е	W	е	r		m	u	S	t		а	С	t	i	V	a	t	е	
G	е	0	1	0	g	У	;		S	u	b	W	a	t	е	r	S	h	е	d		1	а	У	е	r					
UR	L																														

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

e of MS/													1			DES			pare			-
ic of ivis-	4/Coaliti	ion_T	OWN	I OF	MO	RE/	<b>\U</b>								N	Y	R	2	0	А	1	5
URL(s																						
	provi		ecific	e add	lress	of	pag	e wh	ere	map	(s) (	can	be a	cces	sed	- n	ot l	hon	ne j	pag	ge	
JRL																						_
		+		+											+							
JRL						1 1					Ī	ï									Ī	T
							İ					İ										
JRL																						
															+							
ЛRL																1					-	1
		$\pm$													+							<u> </u>
															+							
																1						
JRL																						
JRL																						
JRL																						
JRL																						

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

ng this form as part of a joint report on			blank.
TOWN OF MOREAU		N Y R 2 0	A 1 5 8
gress Toward Measurable Goals N	MCM 3		
		-	
rize the Measurable Goal identifie	d in the SWMPP i	in this reportin	ng period.
outfall inspections using standard C	RI forms.		
zamana o			
rize the observations that indicated	d the overall effect	tiveness of this	Measurable
ischarge track down. The Town con	tinues to conduct of	utfall inspection	ns on a
es was this observation measured	or evaluated in thi	is reporting pe	riod?
			1
		(ex.: sam	ples/participants/event
made progress toward this measu	rable goal during		-
			Yes O No
	forth in the SWM	PP?	
schedule to meet the deadline set			
			Yes O No
rize the stormwater activities planing cycle (including an implement	ned to meet the go		
t i r	ort on your progress and project platormwater Management Program Plational pages as needed.  Fize the Measurable Goal identified outfall inspections using standard Coalidate falls have been mapped but their draffischarge track down. The Town conninsure that all outfalls are inspected findings and follow up actions.	ort on your progress and project plans toward achieving ormwater Management Program Plan (SWMPP), inclusional pages as needed.  Fize the Measurable Goal identified in the SWMPP is outfall inspections using standard ORI forms.  Fize the observations that indicated the overall effect falls have been mapped but their drainage area have yell ischarge track down. The Town continues to conduct on sure that all outfalls are inspected at least once every indings and follow up actions.	ort on your progress and project plans toward achieving measurable go ormwater Management Program Plan (SWMPP), including requirement tional pages as needed.  Fize the Measurable Goal identified in the SWMPP in this reporting outfall inspections using standard ORI forms.  Fize the observations that indicated the overall effectiveness of this falls have been mapped but their drainage area have yet to be delineated ischarge track down. The Town continues to conduct outfall inspection insure that all outfalls are inspected at least once every five years. Standings and follow up actions.  The was this observation measured or evaluated in this reporting permande progress toward this measurable goal during this reporting permande progress toward this measurable goal during this reporting

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

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

	21	DE	SID						
Name of MS4/Coalition TOWN OF MOREAU	N	Y	R	2	0	A	1	5	8

## <u>Minimum Control Measures 4 and 5.</u> Construction Site and Post-Construction Control

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

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:

<ul><li>Notices of Violation</li></ul>	#	0			O No Authority
• Stop Work Orders	#	0			O No Authority
• Criminal Actions	#	0			O No Authority
• Termination of Contracts	#	0			O No Authority
O Administrative Fines	#				<ul><li>No Authority</li></ul>
O Civil Penalties	#				<ul><li>No Authority</li></ul>
O Administrative Orders	#				<ul><li>No Authority</li></ul>
• Enforcement Actions or Sanctions	#	0			
Other	#				O No Authority

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

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

 $\bigcirc$  NT

0 %

Name of MS4/Coalition TOWN OF MOREAU	N	YR	2	0 A	1	5 8
Minimum Control Measure 4. Construction Site Sto	ormwat	er R	<u>un</u>	off C	<u>ont</u>	<u>rol</u>
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         How many MS4s contributed to this report?     </li> </ul>						
1. How many construction projects have been authorized for dis during this reporting period?	turbanc	es of	one	acre (	<b>or n</b>	iore
2. How many construction projects disturbing at least one acreduring this reporting period?	were act	ive ir	yo	ur jur	isdi 6	ction
3. What percent of active construction sites were inspected duri	ng this r	epor	ing	perio	d?	$\circ$ N
				1	0	0 %

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

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

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

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? Yes  $\bigcirc$  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,  $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$ 

																							SP	DES	ID				, ,		
Name o	of M	S4/	Coa	litio	on_	Ю	WN	1 O	F N	10	RE.	AU	J										N	Y	R	2	0	А	1	5	8
6. cc	n't	. <b>:</b>						s as																							
• MS	4/C	oal	itio	n C	ffic	e																									
	Dep																						T								
	В	U	Ι	L	D	I	N	G		D	Е	Р	A	R	Т	M	Ε	N	Т												
	Add	lres: 5	s 1		R	Е	Y	NT		т	Ъ	S		R		А					Τ				1						
	ے City		т.		K	E	I	N	0	L	D	5		I	0	A	D					Zip									
	M	0	R	Ε	А	U												N	I Y	7		1		8	2	8	_				
	Pho	ne																									J				
	(	5	1	8	)	7	9	2	-	1	0	3	0																		
	250																														
	Add	lres	S																				Т								
	City	,																				Zip									
	City																	N	Y			Zıı	, 				_				
l	Pho	ne																													
	(				)				_																						
Oth	er	-			,																										
	Add	lres	S																												
	City	,															ļ			_	-	Zip	)				1				
																		N	Y								-				
	Pho	ne			<b>\</b>																										
	(				)				-			ş ş																			
○ Wel	b Pa	age	UR	L(s	s):	P	leas	se p	rov	ide	spe	cifi	ic a	ddr	ess	who	ere	SW	PPI	Ps	can	be	acc	esse	ed -	not	ho	me	page	e.	
Î	URL																						1								
l	URL																					-	1		-						
[																							1								
[																							75								

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

and the second market of a John Separation of a Community	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 4	
Use this page to report on your progress and project plans toward achievin identified in your Stormwater Management Program Plan (SWMPP), inclu III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPP	in this reporting period.
Continue coordinated review of construction plans and modify process as conformance with the local law and any/all applicable NYS Technical States	
B. Briefly summarize the observations that indicated the overall effection.	ctiveness of this Measurable
Construction Plan reviews were performed by a Third-Party Contractor; I SWPPP Review Form is being used to document these reviews. LaBerge SWPPPs for applicant projects; completed SWPPP Review Forms are incat the Building Department Offices. This Measurable Goal has been met to	Group reviewed two (2) cluded in each project's file
C. How many times was this observation measured or evaluated in th	is reporting period?
	2
D. Has your MS4 made progress toward this measurable goal during	$ \begin{array}{ccc} & \textit{(ex.: samples/participants/even} \\ & \textbf{this reporting period?} \\ & & \textbf{Yes} & \bigcirc \ No \\ \end{array} $
E. Is your MS4 on schedule to meet the deadline set forth in the SWM	<b>1PP?</b>
F. Briefly summarize the stormwater activities planned to meet the gothern the next reporting cycle (including an implementation schedule).	
The Town of Moreau SWPPP Review SOP will continue to be implemen	ted as described above.

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

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

SPDES ID

Minimum Control Measure 5. Post-Construction Stormwater Management  The information in this section is being reported (check one):  On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?  1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?  ###################################	Name of MS4/Coalition	TOWN OF MO	OREAU			N Y	R 2	2 0 A	1	5 8
The information in this section is being reported (check one):  On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?  1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?  ###################################										
On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?  1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?  # # # Times Maintained  Alternative Practices Filter Systems Infiltration Basins Open Channels Ponds Wetlands Other  2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance?  Yes ● No  3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?  Building Codes	<u>Minimum</u>	Control Mea	sure 5. Post	-Construction	n Storm	wate	r M	anage	<u>me</u>	<u>nt</u>
On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?  1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?  # # # Times Maintained  Alternative Practices Filter Systems Infiltration Basins Open Channels Ponds Wetlands Other  2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance?  Yes ● No  3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?  Building Codes										
On behalf of a coalition How many MS4s contributed to this report?  1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?  ###################################	The information in th	is section is bein	g reported (che	ck one):						
1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?  #####Times   Inventoried   Inspections   Maintained	On behalf of a coa	lition								
MS4/Coalition inventoried, inspected and maintained in this reporting period?  ####### #Times Maintained  Alternative Practices  Filter Systems  Infiltration Basins  Open Channels  Ponds  Wetlands  Other  Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance?  Yes ● No  What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?  Building Codes  Municipal Comprehensive Plans  Overlay Districts  Open Space Preservation Program  Load Use Regulation/Zoning  Watershed Plans  Other Comprehensive Plans	How m	nany MS4s contr	ibuted to this	report?						
Alternative Practices Filter Systems Infiltration Basins Open Channels Open Channels Other  Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance?  Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance?  Note Open Space Preservation Program  Coverlay Districts Open Space Preservation Program  Local Law or Ordinance None Land Use Regulation/Zoning Watershed Plans Other Comprehensive Plan	-				_	_	ces h	as you	•	
Alternative Practices  Filter Systems  Infiltration Basins  Open Channels  Ponds  Wetlands  Other  Change of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?  Building Codes  Municipal Comprehensive Plans  Overlay Districts  Open Space Preservation Program  Local Law or Ordinance  None  Land Use Regulation/Zoning  Watershed Plans  Other Comprehensive Plan			**							
<ul> <li>Filter Systems</li> <li>Infiltration Basins</li> <li>Open Channels</li> <li>Ponds</li> <li>Wetlands</li> <li>Other</li> <li>2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance?</li> <li>Yes ● No</li> <li>3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?</li> <li>Building Codes</li></ul>	O 11		Inventoried	Inspections	Maintair	iea				
<ul> <li>Infiltration Basins</li> <li>Open Channels</li> <li>Ponds</li> <li>Wetlands</li> <li>Other</li> <li>2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance?</li> <li>Yes ● No</li> <li>3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?</li> <li>Building Codes</li></ul>		ees								
<ul> <li>Open Channels</li> <li>Ponds</li> <li>Wetlands</li> <li>Other</li> <li>2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance?</li> <li>Yes ● No</li> <li>3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?</li> <li>Building Codes</li></ul>	•									
<ul> <li>Ponds</li> <li>Wetlands</li> <li>Other</li> <li>2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance?</li></ul>	<ul><li>Infiltration Basins</li></ul>		0	4	4					
<ul> <li>Wetlands</li> <li>Other</li> <li>2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance?</li></ul>	Open Channels									
<ul> <li>Other</li> <li>2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance?</li></ul>	○ Ponds									
2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance?	O Wetlands									
BMPs, inspections and maintanance?  3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?  Building Codes  Municipal Comprehensive Plans  Overlay Districts  Open Space Preservation Program  Zoning  Local Law or Ordinance  None  Land Use Regulation/Zoning  Watershed Plans  Other Comprehensive Plan	Other									
Development/Better Site Design/Green Infrastructure principles?  Building Codes				abase, spreads	heet) to tr	ack p	ost-c			
<ul> <li>○ Overlay Districts</li> <li>○ Open Space Preservation Program</li> <li>○ Zoning</li> <li>○ Local Law or Ordinance</li> <li>○ None</li> <li>○ Land Use Regulation/Zoning</li> <li>○ Watershed Plans</li> <li>○ Other Comprehensive Plan</li> </ul>	* *		•		-	it Low	/ Imp	pact		
<ul> <li>○ Zoning</li> <li>○ Local Law or Ordinance</li> <li>○ None</li> <li>○ Land Use Regulation/Zoning</li> <li>○ Watershed Plans</li> <li>○ Other Comprehensive Plan</li> </ul>	O Building Codes	O Municipal Co	omprehensive P	Plans						
<ul> <li>○ None</li> <li>○ Land Use Regulation/Zoning</li> <li>○ Watershed Plans</li> <li>○ Other Comprehensive Plan</li> </ul>	Overlay Districts	Open Space l	Preservation Pre	ogram						
○ Watershed Plans ○ Other Comprehensive Plan	○ Zoning	• Local Law or	Ordinance							
	○ None	O Land Use Re	gulation/Zoning	g						
Other:	O Watershed Plans	Other Compr	ehensive Plan							
	Other:						T	T		

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

	SPI	DE2 ID	à				
Name of MS4/Coalition TOWN OF MOREAU	N	Y R	2	0 A	1	5	8
4a. Are the MS4s contributing to this report involved in a regional/wa	ntershed v	vide pl	ann	ing ef			No
4b. Does the MS4 have a banking and credit system for stormwater m	nanageme	nt pra	ctic		·	_	Νια
4c. Do the SWMP Plans for each MS4 contributing to this report incleand approval of banking and credit of alternative siting of a storm	_				tion	?	No No
4d. How many stormwater management practices have been impleme reporting period?	ented as p	art of	this	system 0	m in	thi	S
5. What percent of municipal officials/MS4 staff responsible for programming on Low Impace Development (LID), Better Site Design (Enfrastructure principles in this reporting period?					ende	ed	%

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

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

	SPI	DES	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 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.

Updating the inventory of Post-Construction SMPs has been delayed pending finalization of the Draft MS4 Permit. The ISWM Program will provide an inventory to the Town of Moreau, based on the NYSDEC CGP Database.

Train new Town officials on LID, BSD, and Green Infrastructure.

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

100% of relevant staff have received 50% of necessary training to use the ISWM Program Stormwater GIS and mobile data collection (tablets)...

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?

-8 F			
	Yes	$\bigcirc$ No	

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

<ul><li>Yes</li></ul>	$\bigcirc$ No

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

A map that indicates the location of post-construction stormwater management practices (SMPs) in the Town will be developed along with a tracking worksheet for recording the type of SMP, owner information, inspection date, result and percent of SMPs inspected with satisfactory first time inspection findings.

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

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	TOWN OF MOREAU		N	Y	R	2	0	А	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?		

Other..... O Yes

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** 

No

● No ○ Yes

Operation/Activity/Facility performed within the past 3 **Addressed in SWMP? Operation/Activity/Facility** Street Maintenance..... • Yes ○ No ...... • Yes  $\bigcirc$  No Bridge Maintenance.... O Yes ● No ..... ○ Yes No Winter Road Maintenance.... • Yes ○ No ..... • Yes  $\bigcirc$  No Salt Storage..... • Yes ○ No ..... • Yes  $\bigcirc$  No Solid Waste Management..... • Yes ○ No ..... ○ Yes No New Municipal Construction and Land Disturbance.. • Yes ○ No ...... ○ Yes No Right of Way Maintenance..... • Yes ○ No • Yes  $\bigcirc$  No Marine Operations..... O Yes ● No ○ Yes No ● No ..... ○ Yes Hydrologic Habitat Modification..... O Yes No ○ No ..... • Yes Parks and Open Space..... • Yes  $\bigcirc$  No Municipal Building.... • Yes ○ No ..... • Yes  $\bigcirc$  No ○ No ..... • Yes  $\bigcirc$  No Stormwater System Maintenance..... • Yes Vehicle and Fleet Maintenance.... • Yes ○ No • Yes  $\bigcirc$  No

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

	SPDES ID							
Name of MS4/Coalition TOWN OF MOREAU	N Y R 2	0 A 1	5 8					
2. Provide the following information about municipal operations good housekeeping programs:								
O Parking Lots Swept (Number of acres X Number of times swept)	# Acres							
• Streets Swept (Number of miles X Number of times swept)	# Miles	1 1 3						
Catch Basins Inspected and Cleaned Where Necessary								
O 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 # Acres (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)								
3. How many stormwater management trainings have been provided to municipal employees during this reporting period?								
4. What was the date of the last training?	1 2 / 1 9	/ 2 0	1 7					
5. How many municipal employees have been trained in this r	eporting period?	0						
6. What percent of municipal employees in relevant positions and departments receive stormwater management training?								

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

If submitting	ng this form as part of a joint report on behalf of a	
		SPDES ID
Name of MS4/Coalition	TOWN OF MOREAU	N Y R 2 0 A 1 5 8
7. Evaluating Pro	gress Toward Measurable Goals MCM 6	
identified in your St	ort on your progress and project plans toward tormwater Management Program Plan (SWM tional pages as needed.	
A. Briefly summan	rize the Measurable Goal identified in the S	SWMPP in this reporting period.
	ecords on forms found in SWMPP or in a man ement Officer (SMO); implement all SOPs -	•
B. Briefly summar Goal.	rize the observations that indicated the over	rall effectiveness of this Measurable
The receipt/keeping department.	g of records has kept pace with related activiti	ies with exception of the Recreation
C. How many time	es was this observation measured or evalua	ted in this reporting period?
D. Has your MS4	made progress toward this measurable goa	(ex.: samples/participants/events all during this reporting period?
20 12ms your 1/25 17	progress to war the same more gon	• Yes O No
E. Is your MS4 on	schedule to meet the deadline set forth in	the SWMPP?
		● Yes ○ No
	rize the stormwater activities planned to me ing cycle (including an implementation sch	
Employees will rec	will be conducted next reporting period, per seive training on Good Housekeeping/Pollution will continue as planned.	