

MS4 Annual Report Cover Page

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

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

SPDES ID
N Y R 2 0 A 1 5 8

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

T O W N O F M O R E A U

OR

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

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

Name of Single Entity

[Empty grid for Name of Single Entity]

OR

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

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

Name of Coalition

[Three empty rows for Name of Coalition]

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

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N Y R 2 0 A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

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 each of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

First Name: T o d d MI: T Last Name: K u s n i e r z

Title: T O W N S U P E R V I O S O R

Address: 3 5 1 R E Y N O L D S R O A D

City: M O R E A U State: N Y Zip: 1 2 8 2 8 -

eMail: M O R E A U S U P E R @ T O W N O F M O R E A U . O R G

Phone: (5 1 8) 7 9 2 - 1 0 3 0 County: S A R A T O G A

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID
N Y R 2 0 A 1 5 8

Section 2 - Contact Information

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3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
5. Report Preparer (Consultants may provide company name in the space provided).

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

For each contact, select all that apply:

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

First Name MI Last Name

Title

Address

City State Zip

eMail

Phone County

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

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

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

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

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

For each contact, select all that apply:

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

First Name: Matthew MI: Last Name: Dreimiller

Title: Building / Codes Enforcement

Address: 351 Reynolds Road

City: Moreau State: NY Zip: 12828

eMail: buildinginspector@townofmoreau.or

Phone: (518) 792-4762 County: SARATOGA

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 TOWN OF MOREAU

SPDES ID
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 permit requirements during this reporting period?

Yes No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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

Partner/Coalition Name (con't.)

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

Address

City

B a l l s t o n S p a

State
N Y

Zip
1 2 0 2 0 -

eMail

b r n 5 @ c o r n e l l . e d u

Phone

(5 1 8) 8 8 5 - 8 9 9 5

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.? Yes No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

- MM1 C o u n t y - w i d e E d / O u t r e a c h
- MM2 M a t e r i a l / T e c h n i c a l S u p p o r t
- MM3 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t
- MM4 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t
- MM5 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t
- MM6 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4 TOWN OF MOREAU

SPDES ID

NYR20A158

Section 4 - Certification Statement

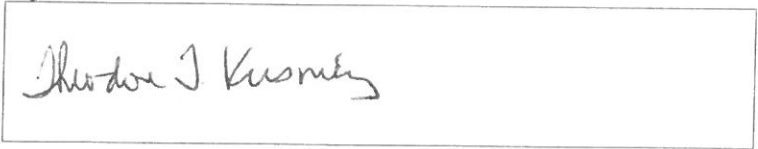
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage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

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

First Name	MI	Last Name
T h e o d o r e	T	K u s n i e r z

Title (Clearly print title of individual signing report)
T O W N S U P E R V I S O R

Signature



Date

05/08/2018

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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**

SPDES ID
N Y R 2 0 A 1 5 8

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

URL

h t t p : / / w w w . s a r a t o g a s t o r m w a t e r . o r
g / r e s i d e n t s - p u b l i c - i n v o l v e m e n t . h
t m

URL

h t t p : / / w w w . s a r a t o g a s t o r m w a t e r . o r
g / r e s i d e n t s - i l l i c i t - d i s c h a r g e . h t
m

URL

h t t p : / / w w w . s a r a t o g a s t o r m w a t e r . o r
g / r e s i d e n t s - c o n s t r u c t i o n - r u n o f f .
h t m

URL

h t t p : / / w w w . s a r a t o g a s t o r m w a t e r . o r
g / r e s i d e n t s - p o s t - c o n s t r u c t i o n . h t
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URL

h t t p : / / w w w . s a r a t o g a s t o r m w a t e r . o r
g / c o n t r a c t o r s - d e v e l o p e r s - c o n s t r u
c t i o n - r u n o f f . h t m

URL

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g / c o n t r a c t o r s - d e v e l o p e r s - p o s t - c o
n s t r u c t i o n . h t m

URL

h t t p : / / w w w . s a r a t o g a s t o r m w a t e r . o r
g / m u n i c i p a l i t i e s - p u b l i c - e d u c a t i o
n . h t m

MS4 Annual Report Form

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

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

Name of MS4/Coalition

T	O	W	N	O	F	M	O	R	E	A	U
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SPDES ID

N	Y	R	2	0	A	1	5	8
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4. Evaluating Progress Toward Measurable Goals MCM 1

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue implementation of the Saratoga County I-WM Program Education/Outreach Program
-Maintain website
-Maintain "Town Hall" display/kiosk
-Continue direct education/outreach programming
-Continue SW Regional Training Center w/ John Dunkle

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

MCM1 implementation primarily relied upon the Saratoga County ISWM Program's website for outreach and educational materials. The Town website provided a link to their annual report. The past years goal of direct ed/outreach and training metrics will be dropped as not yet effective. It is anticipated that as the program improves these goals will be revisited.

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

1			
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(ex.: samples/participants/events)

D. Has your MS4 made progress toward this Measurable Goal during this reporting period?

Yes No

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

Yes No

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

Maintain all on-going program elements.

MS4 Annual Report Form

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Name of MS4/Coalition TOWN OF MOREAU

SPDES ID
N Y R 2 0 A 1 5 8

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:

<input type="radio"/> Cleanup Events	# Events	<input type="text"/>
<input type="radio"/> Comments on SWMP Received	# Comments	<input type="text"/>
<input checked="" type="radio"/> 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 #	(<input type="text"/>)	(<input type="text"/>) - (<input type="text"/>)
Phone #	(<input type="text"/>)	(<input type="text"/>) - (<input type="text"/>)
Phone #	(<input type="text"/>)	(<input type="text"/>) - (<input type="text"/>)
Phone #	(<input type="text"/>)	(<input type="text"/>) - (<input type="text"/>)
<input type="radio"/> Community Meetings	# Attendees	<input type="text"/>
<input type="radio"/> Plantings	Sq. Ft.	<input type="text"/>
<input type="radio"/> Storm Drain Markings	# Drains	<input type="text"/>
<input checked="" type="radio"/> Stakeholder Meetings	# Attendees	? <input type="text"/>
<input type="radio"/> Volunteer Monitoring	# Events	<input type="text"/>
<input type="radio"/> Other:	<input type="text"/>	

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?

<input checked="" type="radio"/> List-Serve	# In List	6 1 2 <input type="text"/>
<input type="radio"/> Newspaper Advertising	# Days Run	<input type="text"/>
<input type="radio"/> TV/Radio Notices	# Days Run	<input type="text"/>
<input type="radio"/> Other:	<input type="text"/>	

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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**

SPDES ID
N Y R 2 0 A 1 5 8

2. URL(s) con't.:

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

URL

w w w . t o w n o f m o r e a u . o r g / m s 4 _ r e p o r t .
a s p

URL

h t t p : / / w w w . s a r a t o g a s t o r m w a t e r . o r
g / m u n i c i p a l i t i e s - a d d i t i o n a l - r e s o
u r c e s . h t m

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition

SPDES ID

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

MS4/Coalition Office

Annual Report SWMP Plan Comments

Department

Address

City

Zip
 -

Phone
 -

Library

Annual Report SWMP Plan Comments

Address

City

Zip
 -

Phone
 -

Other

Annual Report SWMP Plan Comments

Address

City

Zip
 -

Phone
 -

Web Page URL:

Annual Report SWMP Plan Comments

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

eMail

Comments

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition

SPDES ID

N	Y	R	2	0	A	1	5	8
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4.a. If this report was made available on the internet, what date was it posted?
Leave blank if this report was not posted on the internet.

0	5
---	---

 /

3	0
---	---

 /

2	0	1	7
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4.b. For how many days was/will this report be posted?

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?
If Yes, what was the date of the meeting?

Yes No

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 /

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If No, is one planned?

Yes No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

Yes No

If No, is one planned for each?

Yes No

6. Were comments received during this reporting period?

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

Yes No

MS4 Annual Report Form

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

2	0	1	8
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF MOREAU

SPDES ID

N	Y	R	2	0	A	1	5	8
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7. Evaluating Progress Toward Measurable Goals MCM 2

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue 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			
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

The 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.

MS4 Annual Report Form

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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
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12. Evaluating Progress Toward Measurable Goals MCM 3

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Continue to record outfall inspections using standard ORI forms.

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

All stormwater outfalls have been mapped but their drainage area have yet to be delineated on a map to facilitate illicit discharge track down. The Town continues to conduct outfall inspections on a rotational basis to ensure that all outfalls are inspected at least once every five years. Standard forms are used to record findings and follow up actions.

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

1	0		
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

The ISWM Program mapping for Town outfalls will be complete and will be reviewed for completeness of outfalls. An updated ORI Standard form will be made available for Town Highway Department use. If funds become available outfall drainage areas, sewer sheds for each outfall will be mapped and completed if funding allows.

MS4 Annual Report Form

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

2	0	1	8
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

T	O	W	N	O	F	M	O	R	E	A	U
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SPDES ID

N	Y	R	2	0	A	1	5	8
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Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report?

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1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities? Yes No

1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook? Yes No NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
 09/2004 03/2006 NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? Yes No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?

4		
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4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs? Yes No NT

If Yes, how many public comments were received during this reporting period?

0		
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5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? Yes No

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

- Notices of Violation #

0				
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 No Authority
- Stop Work Orders #

0				
---	--	--	--	--

 No Authority
- Criminal Actions #

0				
---	--	--	--	--

 No Authority
- Termination of Contracts #

0				
---	--	--	--	--

 No Authority
- Administrative Fines #

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 No Authority
- Civil Penalties #

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 No Authority
- Administrative Orders #

--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions #

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

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 No Authority

MS4 Annual Report Form

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.

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 Runoff Control

The information in this section is being reported (check one):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report?

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 4

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? 1 9

3. What percent of active construction sites were inspected during this reporting period? NT 1 0 0 %

4. What percent of active construction sites were inspected more than once? NT 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 No NT

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

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? Yes No

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

MS4 Annual Report Form

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Name of MS4/Coalition

SPDES ID

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

Address

City

Zip

-

Phone

() -

Library

Address

City

Zip

-

Phone

() -

Other

Address

City

Zip

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Phone

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

URL

URL

MS4 Annual Report Form

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

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

Name of MS4/Coalition

TOWN OF MOREAU

SPDES ID

N	Y	R	2	0	A	1	5	8
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7. Evaluating Progress Toward Measurable Goals MCM 4

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Inspect 100% of all active sites at least once, during this reporting period.
Continue coordinated review of construction plans and modify process as necessary to ensure conformance with the local law and any/all applicable NYS Technical Standards.

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

100% of active sites were inspected at least once during this reporting period. This goal was met.

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

			1
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue the goal of inspecting 100% of active sites during the next reporting period. Follow up on inactive sites with open permit coverage, attempt to close out/get owners to file NOTs.

MS4 Annual Report Form

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

2	0	1	8
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition

TOWN OF MOREAU

SPDES ID

N	Y	R	2	0	A	1	5	8
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4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?
 Yes No

4b. Does the MS4 have a banking and credit system for stormwater management practices?
 Yes No

4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?
 Yes No

4d. How many stormwater management practices have been implemented as part of this system in this reporting period?

0		
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5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infastructure principles in this reporting period?

2	5	
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 %

MS4 Annual Report Form

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TOWN OF MOREAU

SPDES ID

N	Y	R	2	0	A	1	5	8
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6. Evaluating Progress Toward Measurable Goals MCM 5

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Update list of post-construction stormwater management facilities and maintenance lists as new 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 overall effectiveness of this Measurable Goal.

None of the goals listed were attained, either due to no activity or lack of training attendance.

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

1			
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

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.

MS4 Annual Report Form

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Name of MS4/Coalition TOWN OF MOREAU

SPDES ID
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):

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report?

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

<u>Operation/Activity/Facility</u>	<u>Addressed in SWMP?</u>		<u>Self-Assessment Operation/Activity/Facility performed within the past 3 years?</u>	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Street Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bridge Maintenance.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Winter Road Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Salt Storage.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Solid Waste Management.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Right of Way Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

MS4 Annual Report Form

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

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Name of MS4/Coalition TOWN OF MOREAU

SPDES ID

N Y R 2 0 A 1 5 8

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres
- Streets Swept (Number of miles X Number of times swept) # Miles 2 3
- Catch Basins Inspected and Cleaned Where Necessary # 1 2
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 8
- Phosphorus Applied In Chemical Fertilizer # Lbs.
- Nitrogen Applied In Chemical Fertilizer # Lbs.
- Pesticide/Herbicide Applied # Acres
- (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

1

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 reporting period?

1 7

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

8 5 %

MS4 Annual Report Form

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
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7. Evaluating Progress Toward Measurable Goals MCM 6

Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.

A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Keep all required records on forms found in SWMPP or in a manner acceptable to the Town's Stormwater Management Officer (SMO).
Provide Pollution Prevention and Good Housekeeping training to all departments.

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

The receipt/keeping of records has kept pace with related activities with exception of the Recreation department.
The need for continued dust management in yard areas and a need to cover fueling station/operations.

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

1			
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(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

A review of the self-assessment will be made to determine actions or modifications to operations that are needed. The Town Board is pursuing possible grant funding of a fuel 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.