MS4 Annual Report Cover Page
MCC form for period ending March 9, 2019

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

SPDES ID
NYR20A035

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
Town of Clifton Park

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

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

Cover Page 1 of 2
Provide SPDES ID of each permitted MS4 included in this report.

<table>
<thead>
<tr>
<th>SPDES ID</th>
<th>SPDES ID</th>
<th>SPDES ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>N Y R 2 0 A</td>
<td>N Y R 2 0 A</td>
<td>N Y R 2 0 A</td>
</tr>
<tr>
<td>N Y R 2 0 A</td>
<td>N Y R 2 0 A</td>
<td>N Y R 2 0 A</td>
</tr>
<tr>
<td>N Y R 2 0 A</td>
<td>N Y R 2 0 A</td>
<td>N Y R 2 0 A</td>
</tr>
<tr>
<td>N Y R 2 0 A</td>
<td>N Y R 2 0 A</td>
<td>N Y R 2 0 A</td>
</tr>
<tr>
<td>N Y R 2 0 A</td>
<td>N Y R 2 0 A</td>
<td>N Y R 2 0 A</td>
</tr>
<tr>
<td>N Y R 2 0 A</td>
<td>N Y R 2 0 A</td>
<td>N Y R 2 0 A</td>
</tr>
<tr>
<td>N Y R 2 0 A</td>
<td>N Y R 2 0 A</td>
<td>N Y R 2 0 A</td>
</tr>
<tr>
<td>N Y R 2 0 A</td>
<td>N Y R 2 0 A</td>
<td>N Y R 2 0 A</td>
</tr>
<tr>
<td>N Y R 2 0 A</td>
<td>N Y R 2 0 A</td>
<td>N Y R 2 0 A</td>
</tr>
<tr>
<td>N Y R 2 0 A</td>
<td>N Y R 2 0 A</td>
<td>N Y R 2 0 A</td>
</tr>
</tbody>
</table>

Cover Page 2 of 2
MS4 Municipal Compliance Certification (MCC) Form
MCC form for period ending March 9, 2019

Name of MS4: TOWN OF CLIFTON PARK

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 IIE of GP-0-10-002)
- A Joint Report

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

If Joint Report, enter coalition name:

<table>
<thead>
<tr>
<th>Coalition Name</th>
<th>Coalition Name</th>
<th>Coalition Name</th>
<th>Coalition Name</th>
<th>Coalition Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MCC Page 1
MS4 Municipal Compliance Certification (MCC) Form
MCC form for period ending March 9, 2019

Name of MS4: Town of Clifton Park
SPDES ID: NYR20A035

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: Philip
MI: Barret
Last Name: t

Title: Supervisor - Town of Clifton Park

Address: 1 Town Hall Plaza

City: Clifton Park
State: NY
Zip: 12065

eMail: pbarrett@cliftonpark.org

Phone: (518) 371-6651

County: Saratoga

MCC Page 2
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: Steven
MI: M
Last Name: Myers

Title: Director - Building Zoning

Address: 1 Town Hall Plaza
City: Clifton Park
State: NY
Zip: 12065

eMail: stevemyers@cliftonpark.org

Phone: (518) 371-6702
County: Saratoga

MCC Page 2
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
Scott
MI
Last Name
Reese

Title
Stormwater Management Technician

Address
1 Town Hall Plaza

City
Clifton Park
State
NY
Zip
12065

eMail
sreese@cliftonpark.org

Phone
(518) 371-6054

County
Saratoga
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

Saratoga County CCE ISWM Program

Address

50 West High Street

City

Ballston Spa

State

NY

Zip

12020-

eMail

brns5@cornell.edu

Phone

(518) 885-8995

Legally Binding Agreement in accordance with GP-08-002 Part IV.G.?  

Yes ☐  No ☐

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

• MM1 County-wide Ed / Outreach

• MM2 Material / Technical Support

• MM3 Material / Tech / Training Support

• MM4 Material / Tech / Training Support

• MM5 Material / Tech / Training Support

• MM6 Material / Tech / Training Support

Additional tasks/responsibilities

☐ Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-08-002 Part IX.
MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2019

Name of MS4: TOWN OF CLIFTON PARK

SPDES ID: NYR20A035

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: Philip

MI: C

Last Name: Barrett

Title: Supervisor - Town of Clifton Park

Signature

Date

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

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

This report is being submitted for the reporting period ending March 9, 2019.

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 CLIFTON PARK
SPDES ID: NYR20A035

Water Quality Trends

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

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

How many MS4s are contributed to this report? 1

1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.

   - Yes
   - No

If Yes, choose one of the following

- Report(s) attached to the annual report
- Web Page(s) where report(s) is/are provided below

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

URL

URL

URL

URL
Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report? [ ] 1

1. Targeted Public Education and Outreach Best Management Practices

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

- [ ] Construction Sites
- [ ] General Stormwater Management Information
- [ ] Household Hazardous Waste Disposal
- [ ] Illicit Discharge Detection and Elimination
- [ ] Infrastructure Maintenance
- [ ] Smart Growth
- [ ] Storm Drain Marking
- [ ] Green Infrastructure/Better Site Design/Low Impact Development
- [ ] Other:

2. Specific audiences targeted during this reporting period:

- [ ] Public Employees
- [ ] Contractors
- [ ] Residential
- [ ] Developers
- [ ] Businesses
- [ ] General Public
- [ ] Restaurants
- [ ] Industries
- [ ] Other:

MCM 1 Page 1 of 4
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019
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 CLIFTON PARK
SPDES ID: NYR20A035

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

- Construction Site Operators Trained
- Direct Mailings
- Kiosks or Other Displays
- List-Serves
- Mailing List
- Newspaper Ads or Articles
- Public Events/Presentations
- School Program
- TV Spot/Program

- Printed Materials:
  Locations (e.g. libraries, town offices, kiosks)
  Building / Zoning Department
  
  Other:
  
- Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.
  URL: http://www.saratogastormwater.org/g/saratoga-county-residents.htm
  
  URL: http://www.saratogastormwater.org/g/saratoga-county-contractors-de
MS4 Annual Report Form
This report is being submitted for the reporting period ending March 9, 2019.
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 CLIFTON PARK
SPDES ID: N Y R 2 0 A 0 3 5


<table>
<thead>
<tr>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.saratogastormwater.org/g/saratoga-county-municipalities.htm">http://www.saratogastormwater.org/g/saratoga-county-municipalities.htm</a></td>
</tr>
<tr>
<td><a href="http://www.saratogastormwater.org/g/residents-illicit-discharge.htm">http://www.saratogastormwater.org/g/residents-illicit-discharge.htm</a></td>
</tr>
<tr>
<td><a href="http://www.saratogastormwater.org/g/residents-construction-runoff.htm">http://www.saratogastormwater.org/g/residents-construction-runoff.htm</a></td>
</tr>
<tr>
<td><a href="http://www.saratogastormwater.org/g/residents-post-construction.htm">http://www.saratogastormwater.org/g/residents-post-construction.htm</a></td>
</tr>
<tr>
<td><a href="http://www.saratogastormwater.org/g/contractors-developers-construction-runoff.htm">http://www.saratogastormwater.org/g/contractors-developers-construction-runoff.htm</a></td>
</tr>
<tr>
<td><a href="http://www.saratogastormwater.org/g/contractors-developers-post-construction.htm">http://www.saratogastormwater.org/g/contractors-developers-post-construction.htm</a></td>
</tr>
<tr>
<td><a href="http://www.saratogastormwater.org/g/municipalities-public-education.htm">http://www.saratogastormwater.org/g/municipalities-public-education.htm</a></td>
</tr>
</tbody>
</table>
4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Continue participation in the Saratoga County CCE ISWM Program's Stormwater Management Public Education and Outreach.

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

All selected BMPs detailed in the ISWM Program Plan continue to be implemented.

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

1

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

Yes ☐ No ☐

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

Yes ☐ No ☐

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

Continue implementation of the Saratoga County 1-SWM Program Education/Outreach Program
- Maintain website; ongoing throughout the year
- Maintain "Town Hall" display/kiosks; ongoing throughout the year
- Continue direct education/outreach programming; ongoing throughout the year
- Continue SW Regional Training Center w/John Dunkle; ongoing throughout the year
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2019.

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 CLIFTON PARK

SPDES ID: NYR20A035

### Minimum Control Measure 2. Public Involvement/Participation

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

- [X] On behalf of an individual MS4
- [ ] On behalf of a coalition

How many MS4s contributed to this report? 1

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:

- [X] Cleanup Events # Events 1
- [ ] Comments on SWMP Received # Comments
- [ ] Community Hotlines Phone # (518) 885-8995 Phone # ( )  
- [ ] Community Meetings # Attendees
- [ ] Plantings Sq. Ft.
- [ ] Storm Drain Markings # Drains
- [ ] Stakeholder Meetings # Attendees
- [ ] Volunteer Monitoring # Events
- [ ] Other: 12 Stewardship Walks

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

- [X] Yes  
- [ ] No

- [ ] List-Serve # In List 612
- [ ] Newspaper Advertising # Days Run
- [ ] TV/Radio Notices # Days Run
- [ ] Other:

**Web Page URL:** Enter URL(s) on the following two pages.
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending **March 9, 2019**

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

<table>
<thead>
<tr>
<th>Name of MS4/Coalition</th>
<th>TOWN OF CLIFTON PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPDES ID</td>
<td>NYR20A035</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>URL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.saratogastormwater.org/municipalities-additional-resources.htm">http://www.saratogastormwater.org/municipalities-additional-resources.htm</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Name of MS4/Coalition: TOWN OF CLIFTON PARK

2. URL(s) cont.:
   Please provide specific address(es) where notices can be accessed - not home page.
   URL
   URL
   URL
   URL
   URL
   URL
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019.

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 CLIFTON PARK

SPDES ID: NYR20A035

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
  - Building and Zoning
  - Address: 1 Town Hall Plaza
  - City: Clifton Park
  - Zip: NY 12065
  - Phone: (518) 371-6702

- Library
  - Address
  - City
  - Zip
  - Phone

- Other
  - Address: 50 West High Street
  - City: Ballston Spa
  - Zip: NY 12020
  - Phone: (518) 885-8995

- Web Page URL:

  http://www.saratogasstormwater.org/municipalities-additional-resources.html

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

- eMail

  stevemyers@cliftonpark.org
  brn5@cornell.edu
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending **March 9, 2019**

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 CLIFTON PARK**

SPDES ID: **NYR20A035**

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. **04/01/2019**

4.b. **For how many days was/will this report be posted?** **365**

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

5.a. **Was an Annual Report public meeting held in this reporting period?**
   - Yes
   - No

If Yes, what was the date of the meeting? **______ / ______ / ______**

If No, is one planned? **Yes**

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**

6. **Were comments received during this reporting period?**
   - Yes
   - No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.
MS4 Annual Report Form
This report is being submitted for the reporting period ending March 9, 2019
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 CLIFTON PARK
SPDES ID: NYR20A035

7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Continue to sponsor and support local stewardship activities.
Continue to participate with 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.

12 stewardship activities were conducted during this reporting year.
The Town of Clifton Park MS4 Annual Report was delivered complete and on-time to the ISWM Program Coordinator.

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

[ ] 1
(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

Continue all specified measures detailed in the Town of Clifton Park SWMP Plan.
Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

MCM 2 Page 6 of 6
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2019.

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 CLIFTON PARK  

**SPDES ID:** NYR20A035

### Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

1. Enter the number and approx. percent of outfalls mapped: 641 # 100%

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 34

3.a. What types of generating sites/sewersheds were targeted for inspection during this reporting period?

- Auto Recyclers
- Building Maintenance
- Churches
- Commercial Carwashes
- Commercial Laundry/Dry Cleaners
- Construction Vehicle Washouts
- Cross-Connections
- Distribution Centers
- Food Processing Facilities
- Garbage Truck Washouts
- Hospitals
- Improper RV Waste Disposal
- Industrial Process Water
- Other: None

- Landscaping (Irrigation)
- Marinas
- Metal Plateing Operations
- Outdoor Fluid Storage
- Parking Lot Maintenance
- Printing
- Residential Carwashing
- Restaurants
- Schools and Universities
- Septic Maintenance
- Swimming Pools
- Vehicle Fueling
- Vehicle Maint./Repair Shops

- Sewersheds:
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019.

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 CLIFTON PARK

SPDES ID: NYR20A035

3.b. What types of illicit discharges have been found during this reporting period?

- Broken Lines From Sanitary Sewer
- Cross Connections
- Failing Septic Systems
- Floor Drains Connected To Storm Sewers
- Illegal Dumping
- Other:

- Industrial Connections
- Inflow/Infiltration
- Pump Station Failure
- Sanitary Sewer Overflows
- Straight Pipe Sewer Discharges
- None

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

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

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

7. Has the storm sewershed mapping been completed in this reporting period? 
   Yes  No

If No, approximately what percent was completed in this reporting period?

8. Is the above information available in GIS?  Yes  No
   Is this information available on the web?  Yes  No

If Yes, provide URL(s):

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

URL:
http://www.maphost.com/saratoga

URL:
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019.

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 CLIFTON PARK

SPDES ID: NYR20A035

8. URL(s) con't.: Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

9. Has an IDDE law been adopted for each traditional MS4 and/or have IDDE procedures been approved for all non-traditional MS4s contributing to this report?  ● Yes  ○ No

10. If Yes, has every traditional MS4 contributing to this report certified that this law is equivalent to the NYS Model IDDE Law?  ● Yes  ○ No  ○ NT

11. What percent of staff in relevant positions and departments has received IDDE training?  50 %

MCM 3 Page 3 of 4
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.

Review and update SWMPP documentation. Continue to have Investigation Requests Forms filled out by residents. Follow up with a Department Response.

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

Records are kept on the Investigation Requests Forms with the actions taken from the town if needed.

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

|   |   |

(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 Dry Weather Inspections.

MCM 3 Page 4 of 4
MS4 Annual Report Form
This report is being submitted for the reporting period ending March 9, 2019.
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 CLIFTON PARK

SPDES ID: NYR20A035

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? 1

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?

15

4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?

● Yes ○ No ○ NT

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

0

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?

● Yes ○ No
6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

<table>
<thead>
<tr>
<th>Action</th>
<th>#</th>
<th></th>
<th>Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notices of Violation</td>
<td>2</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Stop Work Orders</td>
<td>1</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Criminal Actions</td>
<td>0</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Termination of Contracts</td>
<td>0</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Administrative Fines</td>
<td>0</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Civil Penalties</td>
<td>0</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Administrative Orders</td>
<td>9</td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Enforcement Actions or Sanctions</td>
<td></td>
<td></td>
<td>No Authority</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td>No Authority</td>
</tr>
</tbody>
</table>
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2019.

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 CLIFTON PARK

SPDES ID: NYR20A035

**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

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? [ ] 9

2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period? [ ] 17

3. What percent of active construction sites were inspected during this reporting period? [ ] 100%

4. What percent of active construction sites were inspected more than once? [ ] 50%

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?

- [ ] Yes
- [ ] No
- [ ] NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?

- [ ] Yes
- [ ] No
- [ ] NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?

- [ ] Yes
- [ ] No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019

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 CLIFTON PARK

SPDES ID: NYR20A035

6. cont.:
Submit additional pages as needed.

○ MS4/Coalition Office
  Department: Building and Development
  Address: 1 Town Hall Plaza
  City: Clifton Park NY 12065
  Zip:
  Phone: (518) 371-6702

○ Library
  Address:
  City: Zip: Phone:
  ( )__-____

○ Other
  Address:
  City: Zip: Phone:
  ( )__-____

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

MCM 4 Page 2 of 3
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.

Review and comment on 100% of all SWPPP’s.

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

100% of all submitted plans were reviewed. 100% of all submitted plans were compliant NYSDEC and Town requirements prior to approval.

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

[ ] [ ] 1
(ex.: samples/participants/events)

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

○ Yes  ○ No

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

○ Yes  ○ No

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

Continued review of all SWPPP’s by the Planning Dept. Stormwater Management Technician, Building Dept. and an outside engineering firm to ensure compliance.
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2019.

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 CLIFTON PARK**

SPDES ID: **NYR20A035**

**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**

1. How many and what type of post-construction stormwater management practices has your MS4/Coalition inventoried, inspected and maintained in this reporting period?

<table>
<thead>
<tr>
<th>Practice Type</th>
<th># Inventoried</th>
<th># Inspections</th>
<th># Times Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Practices</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Filter Systems</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Infiltration Basins</td>
<td></td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Open Channels</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Ponds</td>
<td></td>
<td>54</td>
<td>12</td>
</tr>
<tr>
<td>Wetlands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?   
   - [ ] 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  
- [ ] 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:
**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2019.

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

<table>
<thead>
<tr>
<th>Name of MS4/Coalition</th>
<th>TOWN OF CLIFTON PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPDES ID</td>
<td>NYR 20A 035</td>
</tr>
</tbody>
</table>

4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?  
○ Yes  ● No

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

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

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

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

50 %
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019.

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 CLIFTON PARK

SPDES ID: NYR20A035

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

Continue Post Construction Inspection and Maintenance Program of all Stormwater Management Practices.

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

The observations generate a list of action items that will require follow up.

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

1

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

○ Yes  ○ No

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

○ Yes  ○ No

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

Continue to inspect stormwater management areas, record observations, prioritize, and create follow up actions.
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019

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 CLIFTON PARK

SPDES ID: NYR20A035

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

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.

<table>
<thead>
<tr>
<th>Operation/Activity/Facility</th>
<th>Addressed in SWMP?</th>
<th>years?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Maintenance .................................................................</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Bridge Maintenance ..................................................................</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Winter Road Maintenance .........................................................</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Salt Storage .........................................................................</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Solid Waste Management .........................................................</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>New Municipal Construction and Land Disturbance .....................</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Right of Way Maintenance ....................................................</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Marine Operations ..................................................................</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Hydrologic Habitat Modification ..........................................</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Parks and Open Space ................................................................</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Municipal Building ..................................................................</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Stormwater System Maintenance ............................................</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Vehicle and Fleet Maintenance ............................................</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other ...............................................................................</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

- Yes
- No
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019.

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 CLIFTON PARK

SPDES ID: NYR20A035

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

- Parking Lots Swept  (Number of acres X Number of times swept)  
  # Acres  2 4
  # Miles  4 5 4

- Streets Swept  (Number of miles X Number of times swept)
  #  2 0 8

- Catch Basins Inspected and Cleaned Where Necessary
  #  3

- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary

- Phosphorus Applied In Chemical Fertilizer
  # Lbs.  0

- Nitrogen Applied In Chemical Fertilizer
  # Lbs.  2 8 0 0

- Pesticide/Herbicide Applied
  (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)
  # Acres  9 3 8

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

   2

4. What was the date of the last training?

   0 2 / 2 0 / 2 0 1 9

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

   4

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

   6 6 %
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.

Maintain all selected BMPs detailed in the Town of Clifton Park MS4 SWMP Plan.

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

A significant amount of debris removed from the stormwater system as a result of maintenance.

C. How many times was this observation measured or evaluated in this reporting period? 1

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 selected BMPs detailed in the Town of Clifton Park MS4 SWMP Plan. Continued maintenance of the town's streets and stormwater system. Expansion of the program to include the cleaning of retention ponds as time and manpower permits.
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019.
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 CLIFTON PARK
SPDES ID: NYR20A035

Additional Watershed Improvement Strategy Best Management Practices

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

MS4s must answer the questions or check NA as indicated in the table below.

<table>
<thead>
<tr>
<th>MS4 Description</th>
<th>Answer</th>
<th>Check NA</th>
<th>(POC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYC EOH Watershed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional Land Use</td>
<td>1,2,3,4,5,6,7a-d,8a,8b,9</td>
<td>10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>Traditional Non-Land Use</td>
<td>1,2,3,4,7a-d,8a,8b,9</td>
<td>5,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>Non-Traditional</td>
<td>1,2,7a-d,8a,8b,9</td>
<td>3,4,5,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>Onondaga Lake Watershed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional Land Use</td>
<td>1,6,7a-d,8a,9</td>
<td>2,3,4,5,8b,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>Traditional Non-Land Use</td>
<td>1,6,7a-d,8a,9</td>
<td>2,3,4,5,8b,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>Non-Traditional</td>
<td>1,6,7a-d,8a,9</td>
<td>2,3,4,5,8b,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>Greenwood Lake Watershed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional Land Use</td>
<td>1,4,6,7a-d,8a,9</td>
<td>2,3,5,8b,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>Traditional Non-Land Use</td>
<td>1,4,6,7a-d,8a,9</td>
<td>2,3,5,8b,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>Non-Traditional</td>
<td>1,4,6,7a-d,8a,9</td>
<td>2,3,5,8b,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>Oyster Bay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional Land Use</td>
<td>1,4,7a-d,9,10,11,12</td>
<td>2,3,5,6,8a,8b</td>
<td>Pathogens</td>
</tr>
<tr>
<td>Traditional Non-Land Use</td>
<td>1,4,7a-d,9,10,11,12</td>
<td>2,3,5,6,8a,8b</td>
<td>Pathogens</td>
</tr>
<tr>
<td>Non-Traditional</td>
<td>1,4,7a-d,9</td>
<td>2,3,4,5,8a,8b,10,11,12</td>
<td>Pathogens</td>
</tr>
<tr>
<td>Pescocie Estuary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional Land Use</td>
<td>1,4,7a-d,8a,9,10,11,12</td>
<td>2,3,5,6,8b</td>
<td>Pathogens and Nitrogen</td>
</tr>
<tr>
<td>Traditional Non-Land Use</td>
<td>1,4,7a-d,8a,9,10,11,12</td>
<td>2,3,5,6,8b</td>
<td>Pathogens and Nitrogen</td>
</tr>
<tr>
<td>Non-Traditional</td>
<td>1,4,7a-d,8a,9</td>
<td>2,3,4,5,8b,10,11,12</td>
<td>Pathogens and Nitrogen</td>
</tr>
<tr>
<td>Oswawana Lake Watershed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional Land Use</td>
<td>1,4,6,7a-d,8a,9</td>
<td>2,3,5,8b,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>Traditional Non-Land Use</td>
<td>1,4,6,7a-d,8a,9</td>
<td>2,3,5,8b,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>Non-Traditional</td>
<td>1,4,6,7a-d,8a,9</td>
<td>2,3,5,8b,10,11,12</td>
<td>Phosphorus</td>
</tr>
<tr>
<td>1.17 Embayments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional Land Use</td>
<td>1,2,3,4,7a-d,9,10,11,12</td>
<td>5,6,8a,8b</td>
<td>Pathogens</td>
</tr>
<tr>
<td>Traditional Non-Land Use</td>
<td>1,2,3,4,7a-d,9,10,11,12</td>
<td>5,6,8a,8b</td>
<td>Pathogens</td>
</tr>
<tr>
<td>Non-Traditional</td>
<td>1,2,3,4,7a-d,9</td>
<td>5,6,8a,8b,10,11,12</td>
<td>Pathogens</td>
</tr>
</tbody>
</table>

1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?
   ○ Yes    ○ No    ● N/A

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?
   ○ Yes    ○ No    ● N/A

If N/A, go to question 3.

If No, estimate what percentage of the conveyance system has been mapped so far.

Estimate what percentage was mapped in this reporting period.

Additional BMPs Page 1 of 3
3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?
   ○ Yes  ○ No  ● N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?
   [ ] 0 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?
   ○ Yes  ○ No  ● N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?
   ○ Yes  ○ No  ● N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?
   ○ Yes  ○ No  ● N/A

7b. How many projects have been sited in this reporting period?
   [ ] 0

7c. What percent of the projects included in 7b have been completed in this reporting period?
   [ ] 0 %

7d. What percent of projects planned in previous years have been completed?
   [ ] 0 %
   ● No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?
   ○ Yes  ○ No  ● N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?
   ○ Yes  ○ No  ● N/A
MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2019

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 CLIFTON PARK

SPDES ID: NYR 20A 035

9. Has your MS4/Coalition developed and implemented a program of native planting?
   ○ Yes  ○ No  ● N/A

10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?
    ○ Yes  ○ No  ● N/A

11. Does your MS4/Coalition have a pet waste bag program?
    ○ Yes  ○ No  ● N/A

12. Does your MS4/Coalition have a program to manage goose populations?
    ○ Yes  ○ No  ● N/A