

**City of Saratoga Springs, New York  
SPDES ID # NYR20A216**

**Stormwater Management Program**

**Annual Report – Year 9  
(March 2011 – March 2012)**

**SPDES General Permit No. GP-0-10-002 for  
Stormwater Discharges From  
Municipal Separate Storm Sewer Systems (MS4's)**

**May 2012**



### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2012

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

SPDES ID  
N Y R 2 0 A

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2012

Name of MS4

SPDES ID  
N Y R 2 0 C 0 0 6

Each MS4 must submit an MCC form.

#### Section 1 - MCC Identification Page

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

- 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 agreements.

If Joint Report, enter coalition name:

S	a	r	a	t	o	g	a		C	o	u	n	t	y		I	n	t	e	r	m	u	n	i	c	i	p	a	l
S	t	o	r	m	w	a	t	e	r		M	a	n	a	g	e	m	e	n	t		P	r	o	g	r	a	m	

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2012

Name of MS4 City of Saratoga Springs, NY

SPDES ID  
N Y R 2 0 A 2 1 6

**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: A n t h o n y MI: J Last Name: S c i r o c c o

Title: C o m m i s s i o n e r o f P u b l i c W o r k s

Address: 5 L a k e A v e n u e C i t y H a l l

City: S a r a t o g a S p r i n g s State: N Y Zip: 1 2 8 6 6

eMail: s k i p . s c i r o c c o @ s a r a t o g a - s p r i n g s . o r

Phone: ( 5 1 8 ) 5 8 7 - 3 5 5 0 County: S a r a t o g a

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2012

Name of MS4

SPDES ID  
N Y R 2 0 A 2 1 6

**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).
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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, 2012

Name of MS4 City of Saratoga Springs, NY

SPDES ID

NYR20A216

### 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).
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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	MI	Last Name
A l b e r t	C	F l i c k

Title
S r . E n g i n e e r i n g T e c h n i c i a n

Address
5 L a k e A v e n u e C i t y H a l l

City	State	Zip
S a r a t o g a S p r i n g s	N Y	1 2 8 6 6 -

eMail
a l . f l i c k @ s a r a t o g a - s p r i n g s . o r g

Phone	County
( 5 1 8 ) 5 8 7 - 3 5 5 0	S a r a t o g a

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2012

Name of MS4 Saratoga County ISWM Program

SPDES ID  
N Y R 2 0 C 0 0 6

### 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	MI	Last Name
T h o m a s	N	W o o d I I I

Title  
C h a i r o f t h e B o a r d o f S u p e r v i s o r s

Address  
4 0 M c M a s t e r S t r e e t

City	State	Zip
B a l l s t o n S p a	N Y	1 2 0 2 0 -

eMail  
t w o o d @ s a r a t o g a c o u n t y n y . g o v

Phone	County
( 5 1 8 ) 8 8 5 - 2 2 4 0	S A R A T O G A

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2012

Name of MS4 Saratoga County ISWM Program

SPDES ID  
N Y R 2 0 C 0 0 6

### 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)
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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 MI Last Name

B l u e R N e i l s

Title  
P r o g r a m C o o r d i n a t o r

Address  
5 0 W e s t H i g h S t r e e t

City State Zip

B a l l s t o n S p a N Y 1 2 0 2 0 -

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

Phone County

(( 5 1 8 ) 8 8 5 - 8 9 9 5 S a r a t o g a

### MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2012

Name of MS4: Saratoga County ISWM Program

SPDES ID: NYR20C006

#### 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 I n t e r m u n i c i p a l

Partner/Coalition Name (con't.)

S W M P r o g r a m

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

5 0 W e s t H i g h S t r e e t

City

B a l l s t o n S p a

State

N Y

Zip

-

eMail

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

Phone

( ) -

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 s u p p o r t / t r a i n i n g

MM4 m a t e r i a l / t e c h s u p p o r t / t r a i n i n g

MM5 m a t e r i a l / t e c h s u p p o r t / t r a i n i n g

MM6 m a t e r i a l / t e c h s u p p o r t / t r a i n i n g

Additional tasks/responsibilities

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

[Empty box for additional information]

3163331518

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2012

SPDES ID

Name of MS4 City of Saratoga Springs NY

NY 08 2012

**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
A n t h o n y	J	S c i r o c c o

Title (Clearly print title of individual signing report)		
C o m m i s s i o n e r	o f	P u b l i c W o r k s

Signature



Date
0 5 / 1 8 / 2 0 1 2

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

3165331518

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2012

Name of MS4: Saratoga County ISWM Program

SPDES ID

NYR 230006

**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: Thomas MI: N Last Name: Wood

Title: (Clearly print title of individual signing report)  
Chair, Board of Supervisors

Signature: *Thomas Wood* Date: 03/09/2012

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, 2012

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 C 0 0 6

3. Web Page cont.: Provide specific web addresses - not home page.

URL

www.saratogastormwater.org/residents-illlicit-discharge.htm

URL

www.saratogastormwater.org/residents-construction-runoff.htm

URL

www.saratogastormwater.org/residents-post-construction.htm

URL

www.saratogastormwater.org/residents-good-housekeeping.htm

URL

www.saratogastormwater.org/contractors-developers-construction-r

URL

www.saratogastormwater.org/contractors-developers-post-construct

URL

www.saratogastormwater.org/municipalities-public-education.htm

**MS4 Annual Report Form**

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

2	0	1	2
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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 

Saratoga County ISWM Program
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SPDES ID

N	Y	R	2	0	C	0	0	6
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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.**

At this point in the Program, the goal is to maintain the already well-developed Public Education/Outreach Program. The I-SWM Program metric has been the use of the "hit counter" for the I-SWM Program website. While attendance at events and trainings is a direct metric it is only indicative of the audience being captured at that moment. Management Control of the site was migrated in-house (CCE) as a cost cutting measure. A new metric has not yet been established.

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

All Public Education and Outreach programs and efforts have continued without interruption of services.

**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 implementation of the Saratoga County I-SWM Program Education/Outreach Program  
 -Maintain website; ongoing throughout the year  
 -Maintain "Town Hall" displays/kiosks; ongoing throughout the year  
 -Continue direct education/outreach programming; ongoing throughout the year  
 -Continue SW Regional Training Center w/ Don Lake; ongoing throughout the year



1693183102

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012

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

Name of MS4/Coalition: Saratoga County ISWM Program

SPDES ID  
N Y R 2 0 C 0 0 6

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

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

URL

http://www.saratogastormwater.org/municipalities-additional-resources.htm

URL

[Empty URL grid]



**MS4 Annual Report Form**

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

2	0	1	2
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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 

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

N	Y	R	2	0	C	0	0	6
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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.

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 / 

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 / 

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

3	6	5
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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?**

Yes  No

If Yes, what was the date of the meeting?

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 / 

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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?**

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, 

2	0	1	2
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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

Saratoga County ISWM Program

SPDES ID

N	Y	R	2	0	C	0	0	6
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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.**

On-time publication of the Annual Report (Y9) and 90% (or better) participation in clean up events by all groups.

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

Annual Report was 0 days overdue - this goal was met;  
100% Participation by all registered groups - this goal has been met.

**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 partnerships with interested parties; continue publication of combined Annual Report; continue coordination of activities with Saratoga County Water Quality Coordinating Committee; Continue ISWM Program as SW public contact for Saratoga County.



### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012.  
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	2	1	6
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#### 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

URL



**MS4 Annual Report Form**

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

2	0	1	2
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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: 

City of Saratoga Springs, NY
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SPDES ID

N	Y	R	2	0	A	2	1	6
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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

Periodically sample stormwater discharges from areas of the City having the greatest potential to generate polluted stormwater such as the downtown business district, neighborhoods with older infrastructure, and areas experiencing recurring problems or public complaints. Testing parameters to be based on known pollutant(s) of concern (i.e. pathogens) or on specific results of field investigations.

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

A total of three (3) comprehensive sampling events were conducted in May, September, and December of this report year. Target outfalls are located at the low point of seventeen (17) sub-drainage areas which discharge to a single, primary storm water carrier. Lab tests looked for sanitary contamination (e.g. fecal coliform) which has been identified as a pollutant of concern in the inner city district which has older infrastructure. Lab results showed no excessive fecal coliform.

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

			3
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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 SWMP?**

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).**

Similar sampling events will continue through the next report year to monitor the quality of stormwater being discharged from areas of the City prone to problems due to factors noted above. If a problem is detected the source of the contamination will be tracked and isolated through upstream investigation followed by immediate repair or remediation.

**MS4 Annual Report Form**

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

2	0	1	2
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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: 

City of Saratoga Springs, NY
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SPDES ID  

N	Y	R	2	0	A	2	1	6
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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.**

Inventory new (or recently discovered) stormwater outfalls and show their location on the City's Stormwater Outfall Map. Also conduct a thorough field inspection of each outfall, and record and maintain data from these inspections. Re-inspect at least 20% of inventoried outfalls per year so that each outfall is re-visited at least once every five years.

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

A total of (2) new outfalls were constructed during the report year and added to the inventory. Additionally, (34) stormwater outfalls were re-inspected. To date, 100% of known stormwater outfalls, (81) in total, have been inventoried, mapped, and inspected at least once during the past five years.

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

		3	6
--	--	---	---

(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).**

As new stormwater outfalls are constructed (or discovered) they will be mapped, inspected, and the findings recorded in order to keep the inventory up-to-date. In addition, at least 20% of previously inventoried outfalls will be re-inspected during the next report period.

**MS4 Annual Report Form**

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

2	0	1	2
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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 

City of Saratoga Springs, NY
------------------------------

SPDES ID

N	Y	R	2	0	A	2	1	6
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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.**

Update and maintain mapping of the municipal sanitary and storm sewer systems as a baseline working tool to facilitate the City's IDDE program. In conjunction with mapping, conduct inspections of manholes, storm drains, carrier pipe, and related sewer infrastructure to help identify potential stormwater contamination issues.

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

Since the re-mapping effort began, the entire municipal storm and sanitary sewer systems located within the City's inner district have been re-mapped. In total, (1450) manhole inspections have been performed and numerous runs of sewer pipe have been video inspected to evaluate the pipe's condition and performance.

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

			0
--	--	--	---

(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).**

Due to a lack of time and manpower, expansion of the sewer systems re-mapping and inspection program into the outer districts of the City has not been achieved. The City will look to resume this work during the next report period.

**MS4 Annual Report Form**

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

2	0	1	2
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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 

City of Saratoga Springs, NY
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SPDES ID  

N	Y	R	2	0	A	2	1	6
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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.**

Illicit dumping and discharge of pollutants poses a significant threat to stormwater quality. These sources of pollution can be eliminated through implementation of an effective IDDE program. This program should include raising public awareness about the various types of illicit discharge and the harm these pollutants can have on local water resources.

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

Continued implementation of the City's IDDE Program has helped to identify, locate, and eliminate numerous sources of stormwater pollution during the report year. To raise public awareness, "Don't Pollute Stormwater..." markers have been installed on storm drains throughout the City especially in high-volume foot traffic areas. In addition, more than (9200) utility bills are mailed out 4x per year with each bill containing information and seasonal tips on preventing stormwater pollution.

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

9	2	0	0
---	---	---	---

*(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 City will continue to implement its' IDDE Program. Likewise, more storm drain decals will be installed and residents will continue to receive quarterly utility bills which contain educational information relating to stormwater pollution prevention.

**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 

City of Saratoga Springs, NY									
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SPDES ID  

N	Y	R	2	0	A	2	1	6
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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? 

--	--	--

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? 

	1	7
--	---	---

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:

- Notices of Violation # 

--	--	--	--	--	--

 No Authority
- Stop Work Orders # 

--	--	--	--	--	--

 No Authority
- Criminal Actions # 

--	--	--	--	--	--

 No Authority
- Termination of Contracts # 

--	--	--	--	--	--

 No Authority
- Administrative Fines # 

--	--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--	--

 No Authority
- Administrative Orders # 

--	--	--	--	--	--

 No Authority
- Enforcement Actions or Sanctions # 

--	--	--	--	--	--

 No Authority
- Other # 

--	--	--	--	--	--

 No Authority

9445612573

**MS4 Annual Report Form**

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

2	0	1	2
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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 

City of Saratoga Springs, NY									
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SPDES ID  

N	Y	R	2	0	A	2	1	6
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**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? 

		5
--	--	---

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

		8
--	--	---

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

This report is being submitted for the reporting period ending March 9, 2012

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

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

Address

City  
  
Zip  
 -

Phone  
(  )  -

Library

Address

City

Phone  
(  )  -

Other

Address

City

Phone  
(  )  -

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, 

2	0	1	2
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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 

City of Saratoga Springs, NY
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SPDES ID

N	Y	R	2	0	A	2	1	6
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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.**

Establish procedures and assign qualified staff to review stormwater pollution prevention plans, erosion and sediment control plans, construction drawings, and other documents to insure projects comply with the City's Stormwater Management Local Law, the SPDES General Permit for Construction Activity, and other applicable stormwater regulations.

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

A total of seventeen (17) project proposals were reviewed by the City Engineers Office to determine compliance with the City's Stormwater Management Local Law, SPDES General Permit for Construction Activity, NYS Stormwater Management Design Manual, and the NYS Standards and Specifications for Erosion and Sediment Control.

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

		1	7
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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).**

Project proposals subject to stormwater management regulation will continue to be reviewed by the City Engineers Office to insure design and construction practices are in compliance with Local and State stormwater regulations.

**MS4 Annual Report Form**

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

2	0	1	2
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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 

City of Saratoga Springs, NY
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SPDES ID

N	Y	R	2	0	A	2	1	6
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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.**

Administer an oversight program which focuses attention on erosion and sediment controls at active construction sites. The program should require developers to have site inspections and reports filed by a qualified professional, provide for routine site inspections by trained City staff to monitor site conditions, and grant enforcement authority to City officials if a site does not comply with the project's Erosion and Sediment Control (E&SC) Plan.

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

A total of eleven (11) construction sites were active during this report period each of which was regularly inspected by the project's designated stormwater professional. Periodic inspections were also conducted by the City Engineers Office to monitor soil disturbing activities and insure compliance with the project's E&SC Plan and/or General SPDES permit.

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

		1	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).**

The City will continue to administer an inspection program to insure construction sites are managed and built according to the project's E&SC Plan and/or Stormwater Pollution Prevent Plan. Projects that fail to meet these requirements will be subject to enforcement action granted to the City by way of its' MS4 Permit and/or Stormwater Management Local Law.

**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 

City of Saratoga Springs, NY									
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SPDES ID

N	Y	R	2	0	A	2	1	6
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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.**

Provide guidance and assistance to developers, engineers, and contractors in meeting the general conditions of the project's Erosion and Sediment Control (E&SC) Plan and/or General SPDES Permit. This includes maintaining good communication with the project team during the project's planning and design stages, and requiring the project team to attend a meeting with the City Engineer prior to receiving approval to begin construction.

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

The City Engineer's Office requires that a pre-construction meeting be attended by the project owner, engineer, and general contractor at which time the E&SC Plan and other stormwater issues are discussed so all parties are engaged and informed. (6) pre-construction meetings took place during this report period. The City Engineers Office also distributed information via a g-mail directory which includes local engineers and construction contractors.

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

			6
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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).**

Pre-construction meetings will remain a prerequisite to obtaining approval from the City Engineer to commence work on any development project. The City Engineers Office will also continue to provide information (e.g. regulation changes, stormwater news, training announcements) to local engineers, designers, and contractors to assist them in meeting State and Local stormwater requirements.



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### 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 

City of Saratoga Springs, NY									
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SPDES ID  

N	Y	R	2	0	A	2	1	6
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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
--	--	---

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 Infrastructure principles in this reporting period?

	7	5
--	---	---

 %

### 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 

City of Saratoga Springs, NY									
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SPDES ID  

N	Y	R	2	0	A	2	1	6
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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.

Inventory new (or recently discovered) stormwater management practices (SMP's) and document the type of practice, its location, maintenance requirements, and ownership.

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

Construction plans, As-built drawings, SWPPP's, and field inspections were used to identify stormwater management practices installed during the report period.

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

			9
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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 City Engineers Office will continue to inventory and maintain a current database of stormwater management practices identified during the review process, or as identified on as-built drawings which are required by the City Engineer to officially close out all construction projects.

### MS4 Annual Report Form

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

2	0	1	2
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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 

City of Saratoga Springs, NY									
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SPDES ID  

N	Y	R	2	0	A	2	1	6
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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.

Insure post-construction stormwater management practices (SMP's) meet the requirements of the New York State Stormwater Management Design Manual and also promote specific practices designed to enhance or complement the City's long-range development and planning goals.

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

(17) Stormwater Pollution Prevention Plans were reviewed by the City Engineers Office on the basis of their ability to manage stormwater runoff and water quality according to the State's current regulations and design standards. The City Planning Department and the Planning Board also took under consideration the stormwater practice(s) being proposed in terms of its compatibility with land use goals and policies.

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

		1	7
--	--	---	---

(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).

All project proposals requiring post-construction stormwater management will continue to be reviewed by the City Engineers and City Planning Offices to insure the SMP's meet the State design standards in addition to meeting the objectives established by the City Planning Office.

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2012

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

**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>	
Street Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Bridge Maintenance.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Winter Road Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Salt Storage.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Solid Waste Management.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
New Municipal Construction and Land Disturbance..	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Right of Way Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Marine Operations.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Hydrologic Habitat Modification.....	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Parks and Open Space.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Municipal Building.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Stormwater System Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Other.....	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> No

### 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: 

City of Saratoga Springs, NY									
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SPDES ID  

N	Y	R	2	0	A	2	1	6
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#### 2. Provide the following information about municipal operations good housekeeping programs:

- Parking Lots Swept (Number of acres X Number of times swept) # Acres 

			1	0
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

		2	8	1
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		2	3	6
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

				0
--	--	--	--	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

			2	4
--	--	--	---	---
- Nitrogen Applied In Chemical Fertilizer # Lbs. 

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

		1	9	1
--	--	---	---	---

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

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

4. What was the date of the last training? 

0	3
---	---

 / 

0	3
---	---

 / 

2	0	1	1
---	---	---	---

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

		0
--	--	---

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

	9	0
--	---	---

 %

**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 

City of Saratoga Springs, NY									
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SPDES ID

N	Y	R	2	0	A	2	1	6
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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.**

Provide annual in-house training to Public Works Department employees on the causes and effects of stormwater pollution and include instruction on performing work duties in ways that reduce the potential for stormwater pollution. Stormwater education should also be made available to staff members from the Engineering, Planning, Building, and Code Enforcement Departments.

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

Public Works employees from the streets & highways, sewer & water, and buildings & grounds departments typically attend an annual in-house training class which addresses best management practices at the workplace. This class did not take place during this report period. The last training class occurred on March 3, 2011. Otherwise, (3) employees from the City Engineers Department and the City Planners Office attended various sponsored workshops.

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

			3
--	--	--	---

(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).**

Education and training are key elements to the success of the City's Stormwater Management Program. In the coming report year Public Works employees will be given in-house training which focuses attention on municipal operations that could impact stormwater quality. Personnel from other departments whose work involves stormwater concerns will also be encouraged to attend classes and workshops.

**MS4 Annual Report Form**

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

2	0	1	2
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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: 

City of Saratoga Springs, NY									
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SPDES ID

N	Y	R	2	0	A	2	1	6
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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.**

Maintain equipment and vehicles in sound working condition to minimize engine fluid leaks. Always perform maintenance, repairs, and washing indoors to help prevent polluted stormwater runoff. Also focus attention on fueling practices to minimize spills and have clean-up materials readily available in the event of an accidental spill.

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

Operators routinely inspect equipment and vehicles to identify leaks or other problems while mechanics perform regular inspections and maintenance. All mechanical work is done indoors. Washing with soaps or detergents also takes place indoors with floor drains tied into an oil-water separator. The fuel island is monitored by the garage dispatcher and spill clean-up materials are available at the pumps. These pollution prevention measures were practiced on a daily basis.

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

	3	6	5
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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).**

Facilities involved in the repair, fueling, or washing of equipment and vehicles such as the Public Works Garage are pollutant "hot spots" and as such will continue to be closely monitored. In addition, employees will be trained to operate equipment and perform their their work duties in ways which minimize the chances of generating of polluted runoff.

**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

City of Saratoga Springs, NY

SPDES ID

N	Y	R	2	0	A	2	1	6
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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.**

Implement a street sweeping program to remove dirt and debris from streets and roads in order to prevent street-borne pollutants from entering the storm sewer system or washing into nearby waterways. Furthermore, perform routine storm drain cleaning to remove sediment and debris that does reach and accumulate in the sumps of these structures.

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

Every street or road within the City was swept at least one time at the end of the winter sand and salt season. Additionally, streets in and around the downtown business district, the Saratoga Horse Track, and other inner district neighborhoods were regularly swept during the Spring, Summer and Fall tourist seasons. A total of (236) storm drains were cleaned of sediment and debris using a truck mounted vacuum and sewer jet unit.

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

	2	3	6
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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 similar street sweeping schedule will be followed during the next report period using the City's fleet of two Pelican sweepers. This continues to remove large quantities of sand, street litter, and other debris from streets and roadways. Any debris that does manage to wash into street drains will be removed during periodic cleaning.

**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 

City of Saratoga Springs, NY									
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SPDES ID

N	Y	R	2	0	A	2	1	6
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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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

Improper handling, storage, and disposal of hazardous materials often results in a greater potential to cause polluted stormwater runoff. Training employees and implementing best management practices such as spill prevention, clean-up response, and proper disposal of hazardous materials will help to prevent polluted runoff.

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

Hazardous materials are stored indoors or undercover on impervious surfaces. Storage tanks and drums have proper spill containment and are regularly inspected. Used motor oil/filters, parts solvent, soiled rags, paints and spirits, and other hazardous materials are handled by waste disposal contractors. Educational bulletins promoting proper handling and disposal of hazardous materials were posted during the report period for employees to read.

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

	3	6	5
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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 SWMP?**

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).**

Hazardous materials will be handled, stored, and disposed of in ways that reduce the potential for generating polluted stormwater runoff. Employees will be provided with training and educational materials to increase awareness and promote best management practices in the workplace.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2012

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

Name of MS4/Coalition City of Saratoga Springs, NY

SPDES ID  
NYR20A216

### 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?    

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

MS4 Description	Answer	Check NA	(POC)
<b>NYC EOH Watershed</b>	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
<b>Onondaga Lake Watershed</b>	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
<b>Greenwood Lake Watershed</b>	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>Oyster Bay</b>	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
<b>Peconic Estuary</b>	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
<b>Oscawana Lake Watershed</b>	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
<b>LI 27 Embayments</b>	-	-	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

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.     %

### 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 

City of Saratoga Springs, NY									
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SPDES ID  

N	Y	R	2	0	A	2	1	6
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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? 

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 %

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? 

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

--	--	--	--

 %

7d. What percent of projects planned in previous years have been completed? 

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 %  
 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, 

2	0	1	2
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Name of MS4/Coalition

City of Saratoga Springs, NY

SPDES ID

N	Y	R	2	0	A	2	1	6
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- 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