

City of Saratoga Springs
Municipal Separate Storm
Sewer System (MS4)

DRAFT

Annual Report

Report Year #18

March 9, 2020 – March 8, 2021

Comments or questions are welcome.

Contact Al Flick, City Engineer's Office

al.flick@saratoga-springs.org

587-3550 ext. 2573

MS4 Annual Report Cover Page

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

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

SPDES ID

N Y R 2 0 A 2 1 6

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

C i t y o f S a r a t o g a S p r i n g s

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

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

SPDES ID

N Y R 2 0 A

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2021

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

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

SPDES ID
N Y R 2 0 A

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4 City of Saratoga Springs

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 MI Last Name
A n t h o n y J 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
4 7 4 B r o a d w a y S u i t e 1 2

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
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 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, 2021

Name of MS4 City of Saratoga Springs

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 MI Last Name
D e b o r a h L e b r e c h e P . E .

Title
C i t y E n g i n e e r

Address
4 7 4 B r o a d w a y S u i t e 1 3

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
d e b . l e b r e c h e @ 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 - 7 0 9 8 S a r a t o g a

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2021

SPDES ID

Name of MS4

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

Title

Address

City State Zip -

eMail

Phone County

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2021

Name of MS4

SPDES ID
N Y R 2 0 A 2 1 6

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period? Yes No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

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

1 2 0 2 0 -

eMail

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

Phone

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

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

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

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

Additional tasks/responsibilities

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

MS4 Municipal Compliance Certification(MCC) Form

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

Name of MS4

SPDES ID
N Y R 2 0 A 2 1 6

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

Title (Clearly print title of individual signing report)

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,

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

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

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. 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

MS4 Annual Report Form

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

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

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

SPDES ID

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

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

- | | | | | | | | |
|---|---------------------|--|---|---|--|---|---|
| <input type="radio"/> Construction Site Operators Trained | # Trained | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> Direct Mailings | # Mailings | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> Kiosks or Other Displays | # Locations | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> List-Serves | # In List | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Mailing List | # In List | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td>4</td><td>6</td></tr></table> | | | | 4 | 6 |
| | | | 4 | 6 | | | |
| <input type="radio"/> Newspaper Ads or Articles | # Days Run | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> Public Events/Presentations | # Attendees | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> School Program | # Attendees | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input type="radio"/> TV Spot/Program | # Days Run | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |
| <input checked="" type="radio"/> Printed Materials: | Total # Distributed | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | |
| | | | | | | | |

Locations (e.g. libraries, town offices, kiosks)

C	i	t	y	E	n	g	i	n	e	e	r	s	O	f	f	i	c	e

Other:

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

Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

URL

h	t	t	p	:	/	/	w	w	w	.	s	a	r	a	t	o	g	a	-	s	p	r	i	n	g	s	.	o	r	g	/
1	5	6	/	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																															

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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

SPDES ID
N Y R 2 0 A 2 1 6

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

URL
[Grid for URL entry]

URL
[Grid for URL entry]

URL
[Grid for URL entry]

URL
[Grid for URL entry]

URL
[Grid for URL entry]

URL
[Grid for URL entry]

URL
[Grid for URL entry]

MS4 Annual Report Form

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

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

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

SPDES ID

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

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.

Provide the general public with access to information and educational materials related to stormwater management and pollution prevention.

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

- (365) days SW Management Program web page posted on City of Saratoga Springs web site.
- (10,480) utility bills mailed quarterly with information about stormwater pollution prevention.
- Brochures and other printed material publicly available in City Engineers Office.
- Pet waste and waterfowl feeding signs posted at Congress Park, Farmers Market, and other locales.
- (0) "Don't Pollute" storm drain decals installed or replaced this report year.

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

	3	6	5
--	---	---	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

- Maintain and update stormwater web page on the City's web site.
- Continue to include stormwater pollution prevention information on quarterly utility bills.
- Maintain public accessibility to information and educational materials.
- Install/maintain posted signs promoting pet waste disposal and not feeding waterfowl.
- Install/replace "Don't Pollute" storm drain decals.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2021

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

2. URL(s) con't.:

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

URL

h	t	t	p	:	/	/	w	w	w	.	s	a	r	a	t	o	g	a	-	s	p	r	i	n	g	s	.	o	r	g

URL

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

URL

URL

URL

URL

URL

MS4 Annual Report Form

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

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

SPDES ID
N Y R 2 0 A 2 1 6

2. URL(s) con't.:

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

URL
[Grid for URL entry]

URL
[Grid for URL entry]

URL
[Grid for URL entry]

URL
[Grid for URL entry]

URL
[Grid for URL entry]

URL
[Grid for URL entry]

URL
[Grid for URL entry]

MS4 Annual Report Form

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

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

SPDES ID
N Y R 2 0 A 2 1 6

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

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

MS4/Coalition Office Annual Report SWMP Plan Comments

Department

C i t y E n g i n e e r s O f f i c e

Address

4 7 4 B r o a d w a y S u i t e 1 3

City

S a r a t o g a S p r i n g s N Y

Zip

1 2 8 6 6 -

Phone

(5 1 8) 5 8 7 - 7 0 9 8

Library Annual Report SWMP Plan Comments

Address

City

Zip

 -

Phone

() -

Other Annual Report SWMP Plan Comments

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 N Y

Zip

1 2 0 2 0 -

Phone

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

Web Page URL: Annual Report SWMP Plan Comments

h t t p : / / w w w . s a r a t o g a - s p r i n g s . o r g / 1 5 6 / 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

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

eMail Comments

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

MS4 Annual Report Form

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

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

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

SPDES ID

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

4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0	4
---	---

 /

2	0
---	---

 /

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

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

9	9	9
---	---	---

If submitting a report for single MS4, answer 5.a.. If submitting 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 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	2	1
---	---	---	---

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

SPDES ID

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

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.

- | |
|--|
| <ul style="list-style-type: none"> - Coordinate a household hazardous waste collection day for City residents every other year. - Promote water conservation to customers connected to municipal distribution system. - Encourage public to review stormwater management program plan, annual reports, web page, etc... - Provide contact info for Stormwater Management Officer, Program Coordinator, and report hotline. - Work with citizen volunteer organizations to enable events and activities. |
|--|

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

- | |
|---|
| <ul style="list-style-type: none"> - A Household Hazardous Waste Collection Day was conducted on October 26, 2019. - (10,480) utility bills mailed quarterly hi-lighting costs incurred from leaky plumbing fixtures. - Stormwater management program documents made readily available for public review. - Contact information and access to City stormwater officials was provided. - (75) street trees purchased by City. Trees planted by City or Sustainable Saratoga volunteers. |
|---|

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).

- | |
|--|
| <ul style="list-style-type: none"> - Another household hazardous waste collection day for residents is planned for Fall 2021. - Quarterly utility bills will continue to promote water conservation by consumers. - Stormwater management program documents will continue to be publicly available. - Public access to City stormwater officials, documents, web page, etc... will be maintained. - Sponsor and support local volunteer and stewardship activities such as street tree planting . |
|--|

MS4 Annual Report Form

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

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

SPDES ID
N Y R 2 0 A 2 1 6

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. Enter the number and approx. percent of outfalls mapped: 8 9 # 9 1 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 0

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:
- 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
- None

D o w n t o w n B u s i n e s s D i s t r i c t

Sewersheds:

MS4 Annual Report Form

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

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

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

SPDES ID

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

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?

5	0
---	---

 %

MS4 Annual Report Form

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

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

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

SPDES ID

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

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.

- | |
|---|
| <ul style="list-style-type: none"> - Implement a comprehensive illicit discharge detection and elimination program. - Maintain mapping of outfall locations and inspect outfalls every (5) years, min. - Raise general awareness of illicit discharges and enforce local law to mitigate problems. - Maintain mapping of the City's stormwater sewer system to facilitate IDDE program. - Prioritize areas most susceptible to illicit discharges and closely monitor their condition. |
|---|

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

- | |
|---|
| <ul style="list-style-type: none"> - (5) potential illicit discharges identified, investigated, and/or remediated. - (0) new outfalls inventoried. (0) outfalls inspected. - Provided information to raise public awareness of sources of stormwater pollution. - Continued work to update municipal sewer system mapping. - (1) stormwater sampling event with samples tested for fecal coliform. |
|---|

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).

- | |
|---|
| <ul style="list-style-type: none"> - IDDE program will continue to be implemented and the local law enforced. - New outfalls will be inventoried and added to City map. Outfalls inspected every (5) years. - Public education campaign will be used to raise awareness of illicit discharges. - Municipal sewer system mapping will continue to be updated and maintained. - Storm sewer system sampling and testing to identify and eliminate pollution. |
|---|

MS4 Annual Report Form

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

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

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

SPDES ID

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

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	2
--	---	---

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:

- | | | | | | | | | |
|--|---|---|--|--|--|--|--|------------------------------------|
| <input type="radio"/> Notices of Violation | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Stop Work Orders | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Criminal Actions | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Termination of Contracts | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Administrative Fines | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Civil Penalties | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Administrative Orders | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |
| <input type="radio"/> Other | # | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | <input type="radio"/> No Authority |
| | | | | | | | | |

MS4 Annual Report Form

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

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

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

SPDES ID

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

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?

		3
--	--	---

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

	2	0
--	---	---

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

	4	0
--	---	---

 %

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

	5	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,

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

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

SPDES ID

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

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

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

Address

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

City

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

 Zip

--	--	--	--	--

 -

--	--	--	--	--

Phone
(

--	--	--

)

--	--	--

 -

--	--	--

Library

Address

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

City

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

 Zip

--	--	--	--	--

 -

--	--	--	--	--

Phone
(

--	--	--

)

--	--	--

 -

--	--	--

Other

Address

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

City

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

 Zip

--	--	--	--	--

 -

--	--	--	--	--

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	2	1
---	---	---	---

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

SPDES ID

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

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.

- Require SWPPP for construction activity and review plan for compliance with state & local regs.
- Ensure construction sites are regularly inspected by owner as well as periodically by the MS4.
- Enforce local law for land disturbance requiring erosion/sediment control & pollution prevention.
- Verify excavation/site contractor has received legitimate training in erosion & sediment control.
- Require project owner, site contractor, & design engineer to attend pre-construction meeting.

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

- (12) SWPPP's for land disturbance were received by the City Engineer for review and approval.
- (20) site inspections by City staff in addition to review of project owner's inspection reports.
- City Code Chapter 242 codifies requirements for erosion/sediment control & pollution prevention.
- E&SC training certificate required part of SWPPP document. Training notices sent to contractors.
- (3) pre-construction meetings held for projects of 1 acre or more requiring a SWPPP.

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

		1	2
--	--	---	---

(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).

- City Engineer will continue to review SWPPP's for construction & other land disturbance activities.
- City Engineer will continue to monitor and inspect construction sites for SWPPP compliance.
- Local law requiring erosion/sediment control & pollution prevention will be administered.
- City Engineer will verify trained site contractors & provide notification of E&SC training classes.
- City Engineer will conduct pre-construction meetings for projects requiring a SWPPP.

MS4 Annual Report Form

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

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

SPDES ID
N Y R 2 0 A 2 1 6

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report?

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

	# Inventoried	# Inspections	# Times Maintained
<input type="radio"/> Alternative Practices	7		
<input type="radio"/> Filter Systems	6		
<input type="radio"/> Infiltration Basins	1 4		
<input type="radio"/> Open Channels	1		
<input type="radio"/> Ponds	5		
<input type="radio"/> Wetlands			
<input type="radio"/> Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintainance?

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,

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

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

SPDES ID

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

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 Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?

		0
--	--	---

 %

MS4 Annual Report Form

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

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

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

SPDES ID

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

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.

- | |
|--|
| <ul style="list-style-type: none"> - Maintain current inventory of City and privately owned stormwater management practices. - Ensure SWPPP meets water quantity and quality standards set by NYS-DEC Design Manual. - Enforce a local law for development which requires post-construction management of storm runoff. - Ensure long-term maintenance and operation of stormwater management practices. |
|--|

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

- | |
|---|
| <ul style="list-style-type: none"> - (33) new Stormwater Management Practices were inventoried and added to database. - (12) SWPPP's for land disturbance were received by the City Engineer for review and approval. - City Code Chapter 242 sets requirements for post-construction management of storm runoff. - Formalized owner maintenance agreement required for private stormwater management practices. - City-owned stormwater management practices inspected & maintained by Dept. of Public Works. |
|---|

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

		3	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).

- | |
|--|
| <ul style="list-style-type: none"> - Newly installed stormwater management practices will be inventoried and added to database. - City Engineer will continue to review SWPPP's for development and land disturbing activities. - Local law requiring post-construction stormwater management practices will to be administered. - Require private stormwater management practices to have owner maintenance agreements. - City will continue to inspect and maintain City owned stormwater management practices. |
|--|

MS4 Annual Report Form

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

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

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

SPDES ID

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

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

--	--	--

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

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

MS4 Annual Report Form

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

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

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

SPDES ID

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

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	9	2
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		1	1	6
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

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

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

			3	5
--	--	--	---	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

			0	.	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	2
---	---

 /

1	1
---	---

 /

2	0	1	6
---	---	---	---

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?

	7	5
--	---	---

 %

MS4 Annual Report Form

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

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

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

SPDES ID

N	Y	R	2	0	A	2	1	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.

- Implement Best Management Practices to address pollutants identified by way of self-assessment.
- Perform a self-assessment of municipal facilities and operations every (3) years.
- Provide City employees with pollution prevention and good housekeeping training every (3) years.
- Enforce local ordinances regarding pet waste disposal and waterfowl feeding.

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

- Year-round implementation of Best Management Practices including parking lots/streets swept, storm drains cleaned, fertilizer/pesticide application, vehicle/equipment washing, fueling & repair, road salt storage, hazardous material handling & storage, spill prevention & clean-up.
- A self-assessment of municipal facilities/operations was performed in March 2020.
- Pollution prevention training for DPW employees not provided due to covid gathering restrictions.

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

	3	6	5
--	---	---	---

(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).

- Best management practices will continue to be implemented and monitored for effectiveness.
- The next self-assessment of municipal facilities/operations is scheduled for February 2023.
- Pollution prevention training for DPW employees past due. Scheduled for Summer 2021 if possible.
- Ordinances prohibiting waterfowl feeding and improper pet waste disposal will remain in effect.

MS4 Annual Report Form

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

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

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

SPDES ID

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

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)
NYC EOH Watershed			
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
Onondaga Lake Watershed			
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
Greenwood Lake Watershed			
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
Oyster Bay			
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
Peconic Estuary			
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
Oscawana Lake Watershed			
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
LI 27 Embayments			
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,

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

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

SPDES ID

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

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?

--	--	--

 %

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?

--	--	--

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?

--	--	--

 %
 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	2	1
---	---	---	---

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

SPDES ID

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

- 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

