

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	0	3	5
---	---	---	---	---	---	---	---	---

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

T	o	w	n	o	f	C	l	i	f	t	o	n	P	a	r	k													
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

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,

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

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 TOWN OF CLIFTON PARK

SPDES ID
N Y R 2 0 A 0 3 5

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for *each* of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

First Name Philip MI Last Name Barrett

Title Supervisor - Town of Clifton Park

Address 1 Town Hall Plaza

City Clifton Park State NY Zip 12065

eMail pbarrett@cliftonpark.org

Phone (518) 371-6651 County Saratoga

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

Name of MS4

TOWN OF CLIFTON PARK

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

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

S	t	e	v	e	n														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI

--

 Last Name

M	y	e	r	s															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title

D	i	r	e	c	t	o	r		-		B	u	i	l	d	i	n	g		/		Z	o	n	i	n	g										
---	---	---	---	---	---	---	---	--	---	--	---	---	---	---	---	---	---	---	--	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Address

1		T	o	w	n		H	a	l	l		P	l	a	z	a																							
---	--	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

C	l	i	f	t	o	n		P	a	r	k																											
---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State

N	Y
---	---

 Zip

1	2	0	6	5	-				
---	---	---	---	---	---	--	--	--	--

eMail

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

Phone

(5	1	8)		3	7	1	-	6	6	5	1
---	---	---	---	---	--	---	---	---	---	---	---	---	---

 County

S	a	r	a	t	o	g	a												
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,

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

Name of MS4

T	O	W	N	O	F	C	L	I	F	T	O	N	P	A	R	K
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

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

S	c	o	t	t															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MI

--

 Last Name

R	e	e	s	e															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title

S	t	o	r	m	w	a	t	e	r		M	a	n	a	g	e	m	e	n	t		T	e	c	h	n	i	c	i	a	n
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---

Address

1		T	o	w	n		H	a	l	l		P	l	a	z	a																							
---	--	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

C	l	i	f	t	o	n		P	a	r	k																												
---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 State

N	Y
---	---

 Zip

1	2	0	6	5	-				
---	---	---	---	---	---	--	--	--	--

eMail

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

Phone

(5	1	8)		3	7	1	-	6	0	5	4
---	---	---	---	---	--	---	---	---	---	---	---	---	---

 County

S	a	r	a	t	o	g	a													
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

MS4 Municipal Compliance Certification (MCC) Form

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

Name of MS4 TOWN OF CLIFTON PARK

SPDES ID
N Y R 2 0 A 0 3 5

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 A 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 TOWN OF CLIFTON PARK

SPDES ID
N Y R 2 0 A 0 3 5

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
P h i l i p C B a r r e t t

Title (Clearly print title of individual signing report)
S u p e r v i s o r - T o w n o f C l i f t o n P a r k

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

TOWN OF CLIFTON PARK

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

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

- Construction Site Operators Trained # Trained

--	--	--	--	--
- Direct Mailings # Mailings

--	--	--	--	--
- Kiosks or Other Displays # Locations

				1
--	--	--	--	---
- List-Serves # In List

--	--	--	--	--
- Mailing List # In List

--	--	--	--	--
- Newspaper Ads or Articles # Days Run

--	--	--	--	--
- Public Events/Presentations # Attendees

--	--	--	--	--
- School Program # Attendees

--	--	--	--	--
- TV Spot/Program # Days Run

--	--	--	--	--
- Printed Materials: Total # Distributed

		5	4	1
--	--	---	---	---

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

B	u	i	l	d	i	n	g	/	D	e	v	e	l	o	p	m	e	n	t
D	e	p	a	r	t	m	e	n	t										

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

URL

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

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

TOWN OF CLIFTON PARK

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

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

URL

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

URL

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

URL

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

URL

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

URL

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

URL

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

URL

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

MS4 Annual Report Form

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

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

TOWN OF CLIFTON PARK

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

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

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

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

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

			1
--	--	--	---

(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" display/kiosks; ongoing throughout the year
- Continue direct education/outreach programming; - COVID19 Restricted
- Continue SW Regional Training Center w/John Dunkle; - COVID19 Restricted

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 TOWN OF CLIFTON PARK

SPDES ID
N Y R 2 0 A 0 3 5

Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report? 1

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

- Cleanup Events # Events
- Comments on SWMP Received # Comments
- Community Hotlines

Phone # (5 1 8) 8 8 5 - 8 9 9 5	Phone # () -
Phone # () -	Phone # () -
Phone # () -	Phone # () -
Phone # () -	Phone # () -
Phone # () -	Phone # () -
- Community Meetings # Attendees
- Plantings Sq. Ft.
- Storm Drain Markings # Drains 5 0
- Stakeholder Meetings # Attendees
- Volunteer Monitoring # Events
- Other: 0 S t e w a r d s h i p W a l k s

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

Yes No

- List-Serve # In List 6 1 2
- Newspaper Advertising # Days Run
- TV/Radio Notices # Days Run
- Other:

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

MS4 Annual Report Form

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

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

TOWN OF CLIFTON PARK

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

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	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

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

T	O	W	N	O	F	C	L	I	F	T	O	N	P	A	R	K
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

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

B	u	i	l	d	i	n	g		a	n	d		D	e	v	e	l	o	p	m	e	n	t
---	---	---	---	---	---	---	---	--	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---

 Address

1		T	o	w	n		H	a	l	l		P	l	a	z	a								
---	--	---	---	---	---	--	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--	--

 City

C	l	i	f	t	o	n		P	a	r	k													
---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

N Y
Zip

1	2	0	6	5	-				
---	---	---	---	---	---	--	--	--	--

 Phone

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

3	7	1	-	6	7	0	2
---	---	---	---	---	---	---	---

- 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 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

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

- eMail Comments

s m y e r s @ c l i f t o n p a r k . 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

TOWN OF CLIFTON PARK

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

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

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

0	5
---	---

 /

0	1
---	---

 /

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

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

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

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

TOWN OF CLIFTON PARK

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Continue to sponsor and support local stewardship activities. No stewardship walks because of COVID19.
Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.

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

The Town of Clifton Park MS4 Annual Report was delivered complete and on-time.

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continue all specified measures detailed in the Town of Clifton Park SWMP Plan.
Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report. - When instructions become available after COVID19 restrictions.

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

TOWN OF CLIFTON PARK

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

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

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

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

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

			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 Dry Weather Inspections.

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

TOWN OF CLIFTON PARK

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

Minimum Control Measures 4 and 5.
Construction Site and Post-Construction Control

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

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

How many MS4s contributed to this report?

		1
--	--	---

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

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

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.

09/2004 03/2006 NT

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

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

	1	9
--	---	---

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 checked="" type="radio"/> Notices of Violation | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>2</td></tr></table> | | | | | 2 | <input type="radio"/> No Authority |
| | | | | 2 | | | | |
| <input checked="" type="radio"/> Stop Work Orders | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>1</td></tr></table> | | | | | 1 | <input type="radio"/> No Authority |
| | | | | 1 | | | | |
| <input type="radio"/> Criminal Actions | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table> | | | | | 0 | <input type="radio"/> No Authority |
| | | | | 0 | | | | |
| <input type="radio"/> Termination of Contracts | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table> | | | | | 0 | <input type="radio"/> No Authority |
| | | | | 0 | | | | |
| <input type="radio"/> Administrative Fines | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table> | | | | | 0 | <input type="radio"/> No Authority |
| | | | | 0 | | | | |
| <input type="radio"/> Civil Penalties | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table> | | | | | 0 | <input type="radio"/> No Authority |
| | | | | 0 | | | | |
| <input type="radio"/> Administrative Orders | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table> | | | | | 0 | <input type="radio"/> No Authority |
| | | | | 0 | | | | |
| <input checked="" type="radio"/> Enforcement Actions or Sanctions | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>1</td></tr></table> | | | | | 1 | <input type="radio"/> No Authority |
| | | | | 1 | | | | |
| <input checked="" type="radio"/> Other | # | <table border="1"><tr><td></td><td></td><td></td><td></td><td>7</td></tr></table> | | | | | 7 | <input type="radio"/> No Authority |
| | | | | 7 | | | | |

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

TOWN OF CLIFTON PARK

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

Minimum Control Measure 4. Construction Site Stormwater Runoff Control

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

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

How many MS4s contributed to this report?

		1
--	--	---

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

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

	3	9
--	---	---
 3. What percent of active construction sites were inspected during this reporting period? NT

1	0	0
---	---	---

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

	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

TOWN OF CLIFTON PARK

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

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

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

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

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

Continued review of all SWPPP's by the Planning Dept. Stormwater Management Technician, Building Dept. and an outside engineering firm to ensure compliance.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 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 TOWN OF CLIFTON PARK

SPDES ID
N Y R 2 0 A 0 3 5

Minimum Control Measure 5. Post-Construction Stormwater Management

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

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

How many MS4s contributed to this report? 1

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

	# Inventoried	# Inspections	# Times Maintained
<input checked="" type="radio"/> Alternative Practices			
<input checked="" type="radio"/> Filter Systems			
<input checked="" type="radio"/> Infiltration Basins	4	2	9
<input checked="" type="radio"/> Open Channels			
<input checked="" type="radio"/> Ponds	8	2	3
<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 maintenance? Yes No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

- Building Codes
- Municipal Comprehensive Plans
- Overlay Districts
- Open Space Preservation Program
- Zoning
- Local Law or Ordinance
- None
- Land Use Regulation/Zoning
- Watershed Plans
- Other Comprehensive Plan

Other:

MS4 Annual Report Form

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

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

TOWN OF CLIFTON PARK

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

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?

1	0	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

TOWN OF CLIFTON PARK

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

Continue Post Construction Inspection and Maintenance Program of all Stormwater Management Practices. In 2019 the Saratoga County Intermunicipal Stormwater Management Program input the SMPs in ARCGIS. Inspection and Observation Forms have been added to Survey 123 to link to ARCGIS.

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

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

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

			1
--	--	--	---

(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 to inspect stormwater management areas, record observations, prioritize, and create follow up actions.

MS4 Annual Report Form

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

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

TOWN OF CLIFTON PARK

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

Minimum Control Measure 6. Stormwater Management for Municipal Operations

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

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

How many MS4s contributed to this report?

		1
--	--	---

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

<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 checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marine Operations.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hydrologic Habitat Modification.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Parks and Open Space.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Municipal Building.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stormwater System Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vehicle and Fleet Maintenance.....	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other.....	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

MS4 Annual Report Form

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

2	0	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

TOWN OF CLIFTON PARK

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

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

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

			2	4
--	--	--	---	---
- Streets Swept (Number of miles X Number of times swept) # Miles

		4	0	0
--	--	---	---	---
- Catch Basins Inspected and Cleaned Where Necessary #

		2	0	0
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

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

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

	3	2	0	0
--	---	---	---	---
- Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) # Acres

		9	3	.	8
--	--	---	---	---	---

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

				5
--	--	--	--	---

4. What was the date of the last training?

0	9
---	---

 /

1	6
---	---

 /

2	0	2	0
---	---	---	---

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

		5
--	--	---

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

TOWN OF CLIFTON PARK

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

7. Evaluating Progress Toward Measurable Goals MCM 6

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

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

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

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

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

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

			1
--	--	--	---

(ex.: samples/participants/events)

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

Yes No

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

Yes No

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 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 TOWN OF CLIFTON PARK

SPDES ID
N Y R 2 0 A 0 3 5

Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report? 1

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

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

TOWN OF CLIFTON PARK

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program? Yes No N/A

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

		0
--	--	---

 %

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

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

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

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

		0
--	--	---

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

		0
--	--	---

 %

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

		0
--	--	---

 %

No Projects Planned

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

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

MS4 Annual Report Form

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

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

TOWN OF CLIFTON PARK

SPDES ID

N	Y	R	2	0	A	0	3	5
---	---	---	---	---	---	---	---	---

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