

# **TOWN OF CHARLTON**

**New York State Department of Environmental Conservation  
SPDES General Permit Coverage  
For  
Municipal Separate Storm Sewer Systems**

Permit # NYR20A032

## **STORM WATER MANAGEMENT PROGRAM**

**2021 ANNUAL REPORT  
March 10, 2021 – March 9, 2022**

Draft Report Date: March 7, 2022



Town of Charlton  
758 Charlton Road  
Charlton, New York 12019  
Telephone: 518 384-0152  
Fax 518 384-0385

Prepared By:

The Environmental Design Partnership  
900 Route 146  
Clifton Park, N.Y. 12065  
(518) 371-7621

This annual report is a statutory requirement of the Town of Charlton's State Pollutant Discharge Elimination System (SPDES) permit number **NYR20A032**. This report summarizes activities undertaken during the past permit year related to its Storm Water Management Program (SWMP).

Copies of the written SWMP are available for public review and comment at the Charlton Town Hall at 758 Charlton Road or with the report preparer by appointment at:

Charles Baker, P.E.  
Charlton Town Engineer  
Environmental Design Partnership  
900 Route 146  
Clifton Park, N.Y. 12065  
(518) 371-7621 x 115  
[cbaker@edpllp.com](mailto:cbaker@edpllp.com)

This annual report and prior annual reports are also available for public review on the Charlton website at <https://www.townofcharlton.org/ms4-program/pages/ms-4-reports>. Comments on the annual report may also be submitted on the website or directly to the preparer at the address above.

This annual report is submitted to the New York State Department of Environmental Conservation by June 1st every year as part of the Saratoga County Inter-Municipal Stormwater Management Program. Information on the County program can be found online at [www.saratogastormwater.org](http://www.saratogastormwater.org).

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## Important Instructions - Please Read

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).

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.

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

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**MS4 Municipal Compliance Certification(MCC) Form**MCC form for period ending March 9, 

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**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

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**MCC form for period ending March 9,**

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Name of MS4

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## **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 |
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Phone ( 5 1 8 ) 3 7 1 - 7 6 2 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 2

Name of MS4 Town of Charlton

SPDES ID

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**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

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City

B a l l s t o n S p a

State

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Zip

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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.

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| Name of MS4/Coalition | Town of Charlton |
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**MS4 Annual Report Form****This report is being submitted for the reporting period ending March 9,**

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

Name of MS4/Coalition 

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**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 

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☒ Direct Mailings# Mailings 

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☐ Kiosks or Other Displays# Locations 

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☐ List-Serves# In List 

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☐ Mailing List# In List 

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☐ Newspaper Ads or Articles# Days Run 

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☐ Public Events/Presentations# Attendees 

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☐ School Program# Attendees 

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☐ TV Spot/Program# Days Run 

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☒ Printed Materials:Total # Distributed 

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

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**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

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| 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 |
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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

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| Town of Charlton |
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SPDES ID

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**4. Evaluating Progress Toward Measurable Goals MCM 1**

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

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

Actively participate in the Saratoga County Intermunicipal program. Continue providing articles in Town Newsletter. Continue to educate Board members. Continue signage on catch basins and pet wastes, continue attendance at Saratoga County Planning & Zoning Conference and New York Planning Federation.

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

Covid restrictions prevented several annual events and limited MCM 1 program. Planning Board has a greater understanding of Stormwater management techniques and has increased focus in this area. Planning Board has designated 1 member to concentrate on storm and SWPPP related issues

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | 2 |
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Generally, continue participation in County program. Continue town newsletter, rerun MS4 informational article, continue annual MS4 agenda meeting with relevant town officials to review SWMP commitments

# MS4 Annual Report Form

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

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

|                       |                  |
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| Name of MS4/Coalition | Town of Charlton |
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SPDES ID

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## **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:**

- |  |                  |     |
|--|------------------|-----|
| <input checked="" type="radio"/> Cleanup Events            | # Events         | 1   |
| <input checked="" type="radio"/> Comments on SWMP Received | # Comments       | 0   |
| <input checked="" type="radio"/> Community Hotlines        | Phone # (    ) - |     |
| Phone # ( 5 1 8 ) - 8 8 5                                  | Phone # (    ) - |     |
| Phone # (    ) -   | Phone # (    ) - |     |
| Phone # (    ) -   | Phone # (    ) - |     |
| Phone # (    ) -   | Phone # (    ) - |     |
| Phone # (    ) -   | Phone # (    ) - |     |
| <input type="radio"/> Community Meetings                   | # Attendees      |     |
| <input type="radio"/> Plantings                            | Sq. Ft.          |     |
| <input checked="" type="radio"/> Storm Drain Markings      | # Drains         | 1 0 |
| <input type="radio"/> Stakeholder Meetings                 | # Attendees      |     |
| <input type="radio"/> Volunteer Monitoring                 | # Events         |     |
| <input type="radio"/> Other:                               |                  |     |

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

- |   |            |  |   |   |   |   |
|---|------------|--|---|---|---|---|
| <input checked="" type="radio"/> List-Serve   | # In List  |  | 1 | 3 | 5 | 0 |
| <input type="radio"/> Newspaper Advertising   | # Days Run |  |   |   |   |   |
| <input type="radio"/> TV/Radio Notices  | # Days Run |  |   |   |   |   |
| <input checked="" type="radio"/> Other: C o p y      a t      T o w n      H a l l      |            |  |   |   |   |   |
| <input checked="" type="radio"/> Web Page URL: Enter URL(s) on the following two pages. |            |  |   |   |   |   |

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

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

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]



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

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

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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

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| Town of Charlton |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**4.a. If this report was made available on the internet, what date was it posted?**

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

|   |   |
|---|---|
| 0 | 4 |
|---|---|

 / 

|   |   |
|---|---|
| 0 | 8 |
|---|---|

 / 

|   |   |   |   |
|---|---|---|---|
| 2 | 0 | 2 | 2 |
|---|---|---|---|

**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?

|  |  |
|--|--|
|  |  |
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If No, is one planned?

☐ Yes ☒ No

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

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

**6. Were comments received during this reporting period?**

☐ Yes ☒ No

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

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Town of Charlton

SPDES ID

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**7. Evaluating Progress Toward Measurable Goals MCM 2**

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

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

Participate in Saratoga County Intermunicipal Storm program. Continue free tree plantings giveaway. Continue waste collection and recycling events as possible, continue proportional funding of County MS4 program

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

Attendance at tree planting giveaway and roadside pickup events increases annually.

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | 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).**

Generally, continue participation in County program and town wide cleanup events. Events are typically done in late April on a weekend and were canceled 2021 due to Covid.

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

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| Name of MS4/Coalition | Town of Charlton |
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SPDES ID

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

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

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

How many MS4s contributed to this report?

|   |  |  |
|---|--|--|
| 1 |  |  |
|---|--|--|

**1. Enter the number and approx. percent of outfalls mapped:**

|  |  |  |   |   |   |
|--|--|--|---|---|---|
|  |  |  | 2 | 7 | # |
|--|--|--|---|---|---|

|   |   |   |   |
|---|---|---|---|
| 1 | 0 | 0 | % |
|---|---|---|---|

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

|  |   |   |
|--|---|---|
|  | 2 | 7 |
|--|---|---|

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

- |   |   |
|---|---|
| <input type="radio"/> Auto Recyclers                  | <input checked="" type="radio"/> Landscaping (Irrigation) |
| <input checked="" type="radio"/> Building Maintenance | <input type="radio"/> Marinas                             |
| <input type="radio"/> Churches                        | <input type="radio"/> Metal Plateing Operations           |
| <input type="radio"/> Commercial Carwashes            | <input type="radio"/> Outdoor Fluid Storage               |
| <input type="radio"/> Commercial Laundry/Dry Cleaners | <input type="radio"/> Parking Lot Maintenance             |
| <input type="radio"/> Construction Vehicle Washouts   | <input type="radio"/> Printing                            |
| <input type="radio"/> Cross-Connections               | <input checked="" type="radio"/> Residential Carwashing   |
| <input type="radio"/> Distribution Centers            | <input checked="" type="radio"/> Restaurants              |
| <input type="radio"/> Food Processing Facilities      | <input type="radio"/> Schools and Universities            |
| <input type="radio"/> Garbage Truck Washouts          | <input checked="" type="radio"/> Septic Maintenance       |
| <input type="radio"/> Hospitals                       | <input type="radio"/> Swimming Pools                      |
| <input type="radio"/> Improper RV Waste Disposal      | <input checked="" type="radio"/> Vehicle Fueling          |
| <input type="radio"/> Industrial Process Water        | <input type="radio"/> Vehicle Maint./Repair Shops         |
| <input type="radio"/> Other:                          | <input type="radio"/> None                                |

[illegible]

- Sewersheds:

[illegible]

# MS4 Annual Report Form

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

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

|                       |                  |
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| Name of MS4/Coalition | Town of Charlton |
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SPDES ID

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

- ☐ Broken Lines From Sanitary Sewer
- ☐ Cross Connections
- ☐ Failing Septic Systems
- ☐ Floor Drains Connected To Storm Sewers
- ☐ Illegal Dumping
- ☐ Other:
- ☐ Industrial Connections
- ☐ Inflow/Infiltration
- ☐ Pump Station Failure
- ☐ Sanitary Sewer Overflows
- ☐ Straight Pipe Sewer Discharges
- ☒ None

[illegible]

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

|  |  |   |
|--|--|---|
|  |  | 0 |
|--|--|---|

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

|  |  |   |
|--|--|---|
|  |  | 0 |
|--|--|---|

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

|  |  |   |
|--|--|---|
|  |  | 0 |
|--|--|---|

**7. Has the storm sewershed mapping been completed in this reporting period?**

☒ Yes      ☐ No

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | % |
|--|--|--|---|

## 8. Is the above information available in GIS?

☐ Yes      ☒ No

**Is this information available on the web?**

☐ Yes    ☒ No

If Yes, provide URL(s):

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

URL

[illegible][illegible][illegible]

URL

[illegible][illegible][illegible]



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

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| Town of Charlton |
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**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

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

Continue to maintain MS4 outfall map, monitor land use changes, conduct bi-annual dry weather observations of storm outfalls, continue laboratory testing of surface water at two watershed collection sites, track changes in 9 parameter pollutant profile, continue to inform public & town officials of the prohibition of discharges to storm system related to Local Law #3 of 2007, continue to monitor illicit discharges via public input and reporting.

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

Dry weather observations did not indicate the presence of any illicit discharges. Stream testing continues to document pure water results.

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | 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).**

As per 2/9/21 correspondence with EPA, the Town increased IDDE training to 100% of relevant staff (Highway Dept.) Training was held May 2021. Town will continue other EDDE tasks of dry weather observations and stream testing.



## MS4 Annual Report Form

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

Name of MS4/Coalition 

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| Town of Charlton |
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### Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

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

☒ On behalf of an individual MS4

☐ On behalf of a coalition

How many MS4s contributed to this report?

|   |  |  |
|---|--|--|
| 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?**

|  |  |   |
|--|--|---|
|  |  | 0 |
|--|--|---|

**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>0</td></tr></table> |  |   |  |  | 0 | <input type="radio"/> No Authority |
|   |   |   |  | 0 |  |  |   |                                    |
| <input checked="" type="radio"/> Stop Work 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 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 checked="" 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>0</td></tr></table> |  |   |  |  | 0 |                                    |
|   |   |   |  | 0 |  |  |   |                                    |
| <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, 

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

Name of MS4/Coalition

Town of Charlton

SPDES ID

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**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

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

How many MS4s contributed to this report?

|   |  |  |
|---|--|--|
| 1 |  |  |
|---|--|--|

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

|  |  |   |
|--|--|---|
|  |  | 1 |
|--|--|---|

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

|  |  |   |
|--|--|---|
|  |  | 1 |
|--|--|---|

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

|   |   |   |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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

|   |   |   |
|---|---|---|
| 1 | 0 | 0 |
|---|---|---|

 %

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

☒ Yes ☐ No ☐ NT

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

☒ Yes ☐ No ☐ NT

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

☐ Yes ☐ No

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



**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

|                  |
|------------------|
| Town of Charlton |
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SPDES ID

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**7. Evaluating Progress Toward Measurable Goals MCM 4**

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

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

Continue review of development projects by PB and Town Engineer, continue municipal review of temporary mitigation efforts used during construction to combat erosion, review written storm water pollution prevention plans & erosion and sediment control plan drawings, issue approval of developer SWPPP and erosion plans, supervise field conditions, continue implementation of small construction program, continue inform developers of their obligations under Local Law #2 of 2007

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

Only 1 project in Town during report period 1-acre disturbance. No prolonged erosion problems during construction. No erosion and sediment related complaints with permitted project. Highway Superintendent & Building Inspector typically at construction sites weekly & have been trained to review E&S provisions. Town Engineer typically reviews construction projects as required. As required private inspectors retained by developers conduct weekly reports and copy Town Engineer.

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | 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).**

Continue with items listed above as applications are submitted for additional projects.

## MS4 Annual Report Form

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

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

Name of MS4/Coalition 

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

|  | #<br>Inventoried |   |   | #<br>Inspections |   |   | # Times<br>Maintained |  |   |
|--|------------------|---|---|------------------|---|---|-----------------------|--|---|
| <input checked="" type="radio"/> Alternative Practices |                  |   | 1 |                  |   | 0 |                       |  | 0 |
| <input checked="" type="radio"/> Filter Systems        |                  |   | 1 |                  |   | 1 |                       |  | 0 |
| <input checked="" type="radio"/> Infiltration Basins   |                  |   | 2 |                  |   | 0 |                       |  | 0 |
| <input checked="" type="radio"/> Open Channels         |                  | 6 | 5 |                  | 6 | 5 |                       |  | 0 |
| <input checked="" type="radio"/> Ponds                 |                  |   | 2 |                  |   | 2 |                       |  | 0 |
| <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:

|   |  |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |  |   |   |   |  |   |   |   |  |   |   |   |   |
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## MS4 Annual Report Form

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

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

Name of MS4/Coalition

Town of Charlton

SPDES ID

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**4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?**

☐ Yes    ☒ No

**4b. Does the MS4 have a banking and credit system for stormwater management practices?**

☐ Yes    ☒ No

**4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?**

☐ Yes    ☒ No

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

|  |  |   |
|--|--|---|
|  |  | 0 |
|--|--|---|

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

|  |   |   |
|--|---|---|
|  | 1 | 0 |
|--|---|---|

 %

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Town of Charlton

SPDES ID

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**6. Evaluating Progress Toward Measurable Goals MCM 5**

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

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

Continue to ensure the use of permanent stormwater management treatment facilities for applicable development projects, institute perpetual care agreements or require public dedication to promote long term health of treatment facilities, continue to inspect exist. storm management facilities concurrent with dry weather outfall observations.

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

Charlton has had only two major residential development projects in at least 20 years. Currently there are only eight modern era stormwater management facilities town wide. The oldest of those facilities is less than ten years old. Their designs are modern and they are in working condition. Outflow from those storm facilities is observed at least 2 times per year and is typically clean and free of sediment or pollutants.

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

|  |  |  |   |
|--|--|--|---|
|  |  |  | 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).**

As per 2/9/21 correspondence with EPA, Charlton has begun inspections of privately owned post-construction practices (where permission is granted). This began in May 2021. One major subdivision project continues to be under construction and has been inspected numerous times to ensure SWPPP compliance. The Town also receives reports from private inspector.



## MS4 Annual Report Form

This report is being submitted for the reporting period ending March 

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

Name of MS4/Coalition 

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

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

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| Town of Charlton |
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SPDES ID

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

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

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|
- ☒ Streets Swept (Number of miles X Number of times swept) # Miles 

|  |  |  |   |   |
|--|--|--|---|---|
|  |  |  | 1 | 5 |
|--|--|--|---|---|
- ☒ Catch Basins Inspected and Cleaned Where Necessary # 

|  |  |  |   |   |
|--|--|--|---|---|
|  |  |  | 1 | 0 |
|--|--|--|---|---|
- ☒ Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 4 |
|--|--|--|--|---|
- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs. 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|
- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs. 

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

|  |  |  |  |  |   |  |
|--|--|--|--|--|---|--|
|  |  |  |  |  | . |  |
|--|--|--|--|--|---|--|

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

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | 1 |
|--|--|--|--|---|

**4. What was the date of the last training?**

|   |   |
|---|---|
| 0 | 5 |
|---|---|

 / 

|   |   |
|---|---|
| 1 | 3 |
|---|---|

 / 

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

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

|  |  |   |
|--|--|---|
|  |  | 1 |
|--|--|---|

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

|  |   |   |
|--|---|---|
|  | 2 | 5 |
|--|---|---|

 %

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

Town of Charlton

SPDES ID

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|---|---|---|---|---|---|---|---|---|

**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

Maintain Town Hall storm system, housekeeping policies at Town Garage, training class for Highway Superintendent, street sweeping agreement with Ballston Spa, rotate storm sewer cleanout, ditch maintenance. Began brine pretreatment of roads to reduce salt usage,

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

Charlton's water testing program continues to validate the lack of pollutants in the watershed. Town owned & managed facilities are in good condition and are well maintained. Municipal facilities are observed daily and maintenance issues are addressed as soon as possible.

**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).**

Charlton's good housekeeping MCM is in full implementation in accordance with its Storm Water Management Program Plan. The Town will continue to pursue the same policies in the upcoming year. In early 2018, the Town hired a new Highway Superintendent. Some reporting parameters were not available from the departing Superintendent. The Highway Super continues to work with the TE and outside training opportunities to become familiar with MS4 provisions.