

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

**2013 ANNUAL REPORT
March 10, 2013 – March 9, 2014**

Report Date: May 6, 2014



Town of Charlton
784 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:

Michael McNamara, P.E.
Charlton Town Engineer
Environmental Design Partnership
900 Route 146
Clifton Park, N.Y. 12065
(518) 371-7621
mmcnamara@edpllp.com

This annual report and prior annual reports are also available for public review on the Charlton website at www.townofcharlton.org/pages/chartonny_ms4/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.

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

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

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Important Instructions - Please Read

Contact information must be provided

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:

- 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

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Town of Charlton, Saratoga County, N.Y.

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Town of Charlton, Saratoga County, N.Y.

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- 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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Town of Charlton, Saratoga County, N.Y.

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

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Name of MS4

Town of Charlton, Saratoga County, N.Y.

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

Partner/Coalition Name (con't.)

S t o r m w a t e r P r o g r a m

SPDES Partner ID - If applicable

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City

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State

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Zip

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Phone

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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 M u l t i p l e t a s k s

☒ MM2 M u l t i p l e t a s k s

☐ MM3

☐ MM4

☐ MM5

☐ MM6

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 1 4

Name of MS4 Town of Charlton, Saratoga County, N.Y.

SPDES ID

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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

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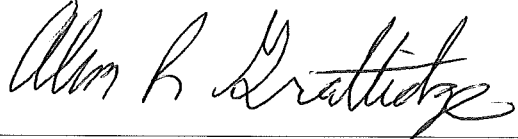
Last Name

G r a t t i d g e

Title (Clearly print title of individual signing report)

S u p e r v i s o r

Signature



Date

05 / 08 / 2014

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

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☒ Yes ☐ No

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Name of MS4/Coalition

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Town of Charlton, Saratoga County, N.Y.																			
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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

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☐ Mailing 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

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☐ TV Spot/Program

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☒ Printed Materials:

Total # Distributed

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

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☒ Other:

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Name of MS4/Coalition	Town of Charlton, Saratoga County, N.Y.
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MS4 Annual Report Form

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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.

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

Attendance at road cleanups increases yearly. Presentation by Saratoga Plan on land conservation to Burnt Hills Rotary. Town held an electronic recycling event in August with broad participation.

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

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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).

Road cleanup events in spring. Continue participation in County program. Continue town newsletter, rerun MS4 informational article, begin handout program with dog and fish licenses.

MS4 Annual Report Form

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Town of Charlton, Saratoga County, N.Y.

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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

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☐ Library

☐ Annual Report ☐ SWMP Plan ☐ Comments

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☒ Other

☒ Annual Report ☒ SWMP Plan ☒ Comments

Address

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☒ Annual Report ☐ SWMP Plan ☐ Comments

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☐ eMail

☐ Comments

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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, Saratoga County, N.Y.

SPDES ID

N	Y	R	2	0	A	0	3	2
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4.a. If this report was made available on the internet, what date was it posted?

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

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

9	9	9
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If submitting a report for single MS4, answer 5.a.. If submitting a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

☐ Yes ☒ No

If Yes, what was the date of the meeting?

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If No, is one planned?

☐ Yes ☒ No

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

☐ Yes ☒ No

If No, is one planned for each?

☐ Yes ☒ No

6. Were comments received during this reporting period?

☐ Yes ☒ No

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

MS4 Annual Report Form

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

2	0	1	4
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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, Saratoga County, N.Y.

SPDES ID

N	Y	R	2	0	A	0	3	2
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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.

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
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

Continue participation in County program.

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MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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, Saratoga County, N.Y.

SPDES ID

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8. URL(s) con't.:

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

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

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

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

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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, Saratoga County, N.Y.

SPDES ID

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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?

			3
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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

The Town will continue to perform the same tasks related to Illicit Discharge Detection and Elimination at the regularly scheduled times.

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, Saratoga County, N.Y.

SPDES ID

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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?

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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?

		2
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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?

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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
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<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
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<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, Saratoga County, N.Y.

SPDES ID

N	Y	R	2	0	A	0	3	2
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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?

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

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

		2
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3. What percent of active construction sites were inspected during this reporting period? ☐ NT

1	0	0
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 %

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

1	0	0
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 %

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 1 4

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, Saratoga County, N.Y.
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SPDES ID

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Submit additional pages as needed.

● MS4/Coalition Office

Department

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City

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○ Library

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● Other

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URL

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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, Saratoga County, N.Y.

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 2 current projects in Town during reporting period with greater than one acre of disturbance. No erosion problems during construction. At close of reporting period, disturbance is less than one acre. No erosion and sediment related complaints Town wide related to any construction projects.

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

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(ex.: samples/participants/events)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

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

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Name of MS4/Coalition

Town of Charlton, Saratoga County, N.Y.

N	Y	R	2	0	A	0	3	2
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How many MS4s contributed to this report?		
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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, Saratoga County, N.Y.

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?

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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?

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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, Saratoga County, N.Y.

SPDES ID

N	Y	R	2	0	A	0	3	2
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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.

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

Charlton has had only two major development projects in at least 20 years. Currently there is only 1 privately owned, modern stormwater management facility. That facility is less than four years old.

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

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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).

2 major subdivision projects are now under construction. The Town has inspected the sites numerous times to ensure compliance with their SWPPPs.

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, Saratoga County, N.Y.

SPDES ID

N	Y	R	2	0	A	0	3	2
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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?

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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 Operation/Activity/Facility performed within the past 3 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

Town of Charlton, Saratoga County, N.Y.

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

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

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- ☒ Catch Basins Inspected and Cleaned Where Necessary #

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

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- ☐ Phosphorus Applied In Chemical Fertilizer # Lbs.

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- ☐ Nitrogen Applied In Chemical Fertilizer # Lbs.

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- ☐ Pesticide/Herbicide Applied # Acres

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(Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

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4. What was the date of the last training?

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 /

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 /

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

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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,

2	0	1	4
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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, Saratoga County, N.Y.

SPDES ID

N	Y	R	2	0	A	0	3	2
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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.

Continue to maintain new Town Hall storm water management system, continue housekeeping policies at Town Garage for salt and fuel oil storage, continue training classes for Highway Superintendent, continue street sweeping agreement with Village of Ballston Spa, rotating storm sewer cleanout, ditch maintenance.

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.

MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID

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Additional Watershed Improvement Strategy Best Management Practices

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

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

How many MS4s contributed to this report?

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

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

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

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

If N/A, go to question 3.

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

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 %

Estimate what percentage was mapped in this reporting period.

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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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SPDES ID

N	Y	R	2	0					
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- 3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?** ☐ Yes ☐ No ☐ N/A
- 4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period?**

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 %
- 5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?** ☐ Yes ☐ No ☐ N/A
- 6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?** ☐ Yes ☐ No ☐ N/A
- 7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?** ☐ Yes ☐ No ☐ N/A
- 7b. How many projects have been sited in this reporting period?**

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

--	--	--

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

--	--	--

 %
- ☐ 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,

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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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SPDES ID

N	Y	R	2	0					
---	---	---	---	---	--	--	--	--	--

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



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314 North Pearl Street ♦ Albany, New York 12207
(800) 848-4983 ♦ (518) 434-4546 ♦ Fax (518) 434-0891

November 04, 2013

Michael McNamara-Envir. Design
Charlton, Town of
Town Hall
758 Charlton Road
Charlton, NY 12019

Work Order No: 131021031

TEL: (518) 384-0152

FAX: (518) 384-0385

RE: Stage Road/Alplaus Kill

Dear Michael McNamara-Envir. Design:

Adirondack Environmental Services, Inc received 2 samples on 10/21/2013 for the analyses presented in the following report.

Please see case narrative for specifics on analysis.

If you have any questions regarding these tests results, please feel free to call.

Sincerely,

Tara Daniels
Laboratory Manager

ELAP#: 10709

CC:

Mike McNamara-Envir. Design

Adirondack Environmental Services, Inc

CASE NARRATIVE

CLIENT: Charlton, Town of
Project: Stage Road/Alplaus Kill
Lab Order: 131021031

Date: 04-Nov-13

Sample containers were supplied by Adirondack Environmental Services.

Qualifiers:	ND - Not Detected at reporting limit	C - Details are above in Case Narrative
	J - Analyte detected below quantitation limit	S - LCS Spike recovery outside acceptable limits(+ is over - is under)
	B - Analyte detected in Blank	R - Duplication outside acceptable limits
	X - Exceeds maximum contamination limit	T - Tentatively Identified Compound-Estimated
	H - Hold time exceeded	E -Above quantitation range-Estimated
		M - Matrix Spike outside acceptable limits(+ is over - is under)

Note : All Results are reported as wet weight unless noted

The results relate only to the items tested. Information supplied by the client is assumed to be correct.

Adirondack Environmental Services, Inc

Date: 04-Nov-13

CLIENT: Charlton, Town of
Work Order: 131021031
Reference: Stage Road/Alplaus Kill /
PO#:

Client Sample ID: Stage Road
Collection Date: 10/21/2013 12:30:00 PM
Lab Sample ID: 131021031-001
Matrix: WATER

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed
ICP METALS - EPA 200.7						
(Prep: SW3010A - 10/23/2013)						Analyst: KH
Sodium	33.8	0.500		mg/L	10	11/1/2013 12:43:34 PM
ANIONS BY ION CHROMATOGRAPHY - EPA 300.0						
						Analyst: SW
Chloride	81.4	1.00		mg/L	1	10/21/2013 6:40:06 PM
Nitrate, Nitrogen (As N)	0.56	0.02		mg/L	1	10/21/2013 6:40:06 PM
ALKALINITY TO PH 4.5 -SM 2320B						
						Analyst: RK
Alkalinity, Total (As CaCO3)	165	5		mg/L CaCO3	1	11/4/2013
TOTAL PHOSPHATE - SM 4500 P E						
						Analyst: SH
Phosphorus, Total (as P)	0.03	0.02		mg/L	1	10/28/2013
TOTAL DISSOLVED SOLIDS - SM 2540C						
						Analyst: CS
TDS (Residue, Filterable)	325	5		mg/L	1	10/22/2013
SILICA GEL TREATED HEM (SGT-HEM) - EPA 1664A						
						Analyst: KF
Total Petroleum Hydrocarbons	< 1.0	1.0		mg/L	1	10/22/2013
NITRITE - SM4500 NO2 B						
						Analyst: AM
Nitrite Nitrogen (as N)	< 0.01	0.01		mg/L	1	10/21/2013 4:09:00 PM
PH - SM4500 H B - NOT CERTIFIABLE PARAMETER						
						Analyst: AM
pH	7.5	1.0	H	pH Units@71F	1	10/21/2013 4:56:00 PM

Adirondack Environmental Services, Inc

Date: 04-Nov-13

CLIENT: Charlton, Town of
Work Order: 131021031
Reference: Stage Road/Alplaus Kill /
PO#:

Client Sample ID: Alplaus Kill
Collection Date: 10/21/2013 12:30:00 PM
Lab Sample ID: 131021031-002
Matrix: WATER

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed
ICP METALS - EPA 200.7						
(Prep: SW3010A - 10/23/2013)						Analyst: KH
Sodium	21.4	0.500		mg/L	10	11/1/2013 12:50:04 PM
ANIONS BY ION CHROMATOGRAPHY - EPA 300.0						
						Analyst: SW
Chloride	35.8	1.00		mg/L	1	10/21/2013 7:14:52 PM
Nitrate, Nitrogen (As N)	< 0.02	0.02		mg/L	1	10/21/2013 7:14:52 PM
ALKALINITY TO PH 4.5 -SM 2320B						
						Analyst: RK
Alkalinity, Total (As CaCO3)	155	5		mg/L CaCO3	1	11/4/2013
TOTAL PHOSPHATE - SM 4500 P E						
						Analyst: SH
Phosphorus, Total (as P)	< 0.02	0.02		mg/L	1	10/28/2013
TOTAL DISSOLVED SOLIDS - SM 2540C						
						Analyst: CS
TDS (Residue, Filterable)	210	5		mg/L	1	10/22/2013
SILICA GEL TREATED HEM (SGT-HEM) - EPA 1664A						
						Analyst: KF
Total Petroleum Hydrocarbons	< 1.0	1.0		mg/L	1	10/22/2013
NITRITE - SM4500 NO2 B						
						Analyst: AM
Nitrite Nitrogen (as N)	< 0.01	0.01		mg/L	1	10/21/2013 4:09:00 PM
PH - SM4500 H B - NOT CERTIFIABLE PARAMETER						
						Analyst: AM
pH	7.9	1.0	H	pH Units@70F	1	10/21/2013 4:56:00 PM



314 North Pearl Street
Albany, New York 12207
518-434-4546/434-0891 FAX

CHAIN OF CUSTODY RECORD

AES Work Order #

131021031

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A full service analytical research laboratory offering solutions to environmental concerns

Client Name: Town of Charlton		Address: c/o Environmental Design Partnership c/o 900 Route 146 Clifton Park NY 12065						
Send Report To: Environmental Design		Project Name (Location): Stage Road / Alplaus Kill		Samplers: (Names) Michael McNamara				
Client Phone No: 518 371-7621		Client Email: mmcnamara@edpllp.com		PO Number:		Samplers: (Signature) Michael McNamara		
AES Sample Number	Client	Date Sampled	Time A=a.m. P=p.m.	Sample Type Matrix	Comp	Grab	Number of Cont's	Analysis Required
001	Stage Road	10/21/13	12:30 P	WA				Free last year
002	Alplaus Kill	10/21/13	12:30 P					
				A				
				P				
				A				
				P				
				A				
				P				
				A				
				P				
				A				
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				P				

Shipment Arrived Via:

FedEx UPS Client AES Other:

Turnaround Time Request:

☐ 1 Day ☐ 3 Day ☐ Normal
☐ 2 Day ☐ 5 Day

CC Report To / Special Instructions/Remarks:

Relinquished by: (Signature)

Received by: (Signature)

Date/Time

Relinquished by: (Signature)

Received by: (Signature)

Date/Time

Relinquished by: (Signature)

Received for Laboratory by:

Date/Time

TEMPERATURE
Ambient or Chilled

AES
Bottles

PROPERLY PRESERVED

RECEIVED WITHIN HOLDING TIMES

Notes: 10°C

Y N
☒ ☐

Notes: Y N

Notes: Y N

WHITE - Lab Copy

YELLOW - Sampler Copy

PINK - Generator Copy

Adirondack Environmental Services, Inc.



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TERMS, CONDITIONS & LIMITATIONS

All service rendered by the **Adirondack Environmental Services, Inc.** are undertaken and all rates are based upon the following terms:

- (a) Neither **Adirondack Environmental Services, Inc.**, nor any of its employees, agents or sub-contractors shall be liable for any loss or damage arising out of **Adirondack Environmental Services, Inc.**'s performance or nonperformance, whether by way of negligence or breach of contract, or otherwise, in any amount greater than twice the amount billed to the customer for the work leading to the claim of the customer. Said remedy shall be the sole and exclusive remedy against **Adirondack Environmental Services, Inc.** arising out of its work.
- (b) All claims made must be in writing within forty-five (45) days after delivery of the **Adirondack Environmental Services, Inc.** report regarding said work or such claim shall be deemed or irrevocably waived.
- (c) **Adirondack Environmental Services, Inc.** reports are submitted in writing and are for our customers only. Our customers are considered to be only those entities being billed for our services. Acquisition of an **Adirondack Environmental Services, Inc.** report by other than our customer does not constitute a representation of **Adirondack Environmental Services, Inc.** as to the accuracy of the contents thereof.
- (d) In no event shall **Adirondack Environmental Services, Inc.**, its employees, agents or sub-contractors be responsible for consequential or special damages of any kind or in any amount.
- (e) No deviation from the terms set forth herein shall bind **Adirondack Environmental Services, Inc.** unless in writing and signed by a Director of **Adirondack Environmental Services, Inc.**
- (f) Results pertain only to items analyzed. Information supplied by client is assumed to be correct. This information may be used on reports and in calculations and **Adirondack Environmental Services, Inc.** is not responsible for the accuracy of this information.
- (g) Payments by Credit Card/Purchase Cards are subject to a 3% additional charge.