

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

**2016 ANNUAL REPORT
March 10, 2016 – March 9, 2017**

Report Date: March 30, 2017



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/charltonny_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.

MCC form for period ending March 9,

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Town of Charlton

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MCC form for period ending March 9,

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Town of Charlton

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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

First Name	MI	Last Name
A l a n		G r a t t i d g e

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Address																									
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City	State	Zip
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eMail supervisor@charlton.org

Phone (5 1 8) 3 8 4 - 0 1 5 2 County S A R A T O G A

MCC form for period ending March 9,

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

For each contact, select all that apply:

○ Principal Executive Officer/Chief Executive Officer

- ☐ 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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5. Report Preparer (Consultants may provide company name in the space provided).

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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
M a r v i n		S c h o r r

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Address																									
7	5	8		C	h	a	r	l	t	o	n		R	o	a	d									

City	State	Zip
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Phone (5 1 8) 3 9 9 - 4 1 6 1 County S A R A T O G A

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.
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SPDES ID

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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).
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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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MI

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Last Name

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Title

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Address

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City

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State

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Zip

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eMail

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Phone

$$\begin{pmatrix} 5 & 1 & 8 \end{pmatrix} \begin{matrix} 3 & 7 & 1 \end{matrix} - \begin{matrix} 7 & 6 & 2 & 1 \end{matrix}$$

County

S	A	R	A	T	O	G	A							
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MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 7

Name of MS4 Town of Charlton

SPDES ID

N Y R 2 0 A 0 3 2

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

☒ Yes ☐ No

If Yes, complete information below.

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

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

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

Partner/Coalition Name (con't.)

SPDES Partner ID - If applicable

N Y R 2 0 C 0 0 6

Address

City

B a l l s t o n S p a

State

N Y

Zip

1 2 0 2 0 -

eMail

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

Phone

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

Legally Binding Agreement in accordance
with GP-0-08-002 Part IV.G.?

☒ Yes ☐ No

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

● MM1 C o u n t y - w i d e E d / O u t r e a c h

● MM2 M a t e r i a l / T e c h n i c a l S u p p o r t

● MM3 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM4 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM5 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

● MM6 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

Additional tasks/responsibilities

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

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Name of MS4 | Town of Charlton

"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."

First Name

MI

Last Name

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G	r	a	t	t	i	d	g	e						
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Title (Clearly print title of individual signing report)

S	u	p	e	r	v	i	s	o	r
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Signature

Date _____

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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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How many MS4s are contributed to this report?		
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☒ Yes ☐ No

Please provide specific address of page where report(s) 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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Minimum Control Measure 1. Public Education and Outreach

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. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

☒ Construction Sites

☒ General Stormwater Management Information

☒ Household Hazardous Waste Disposal

☒ Illicit Discharge Detection and Elimination

☐ Infrastructure Maintenance

☐ Smart Growth

☒ Storm Drain Marking

☒ Green Infrastructure/Better Site Design/Low Impact Development

☒ Other:

☒ Pesticide and Fertilizer Application

☒ Pet Waste Management

☒ Recycling

☐ Riparian Corridor Protection/Restoration

☐ Trash Management

☒ Vehicle Washing

☐ Water Conservation

☐ Wetland Protection

☐ None

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Other

2. Specific audiences targeted during this reporting period:

☒ Public Employees ☒ Contractors

☒ Residential ☒ Developers

☐ Businesses ☒ General Public

☐ Restaurants ☐ Industries

☒ Other: ☐ Agricultural

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Other

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

			5	0
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Locations (e.g. libraries, town offices, kiosks)

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☒ Other:

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

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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																			
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SPDES ID

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MS4 Annual Report Form

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Name of MS4/Coalition

Town of Charlton

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.

Attendance at road cleanups increases yearly. 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?

			4
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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, continue annual MS4 agenda meeting with relevant town officials to review SWMP commitments

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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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?

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

☒ Cleanup Events

Events

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☒ Comments on SWMP Received

Comments

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☒ Community Hotlines

Phone # (

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Phone # (

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8	9	9	5
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Phone # (

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Phone # (

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☐ Community Meetings

Attendees

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☒ Plantings

Sq. Ft.

	1	0	0	0
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☒ Storm Drain Markings

Drains

		2	5
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☐ Stakeholder Meetings

Attendees

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☐ Volunteer Monitoring

Events

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☒ Other:

1		r	e	s	i	d	e	n	t		r	e	p	o	r	t		i	n	v	e	s	t	i	g	a	t	e	d
---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---

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

☒ Yes ☐ No

☒ List-Serve

In List

	1	2	0	0
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☐ Newspaper Advertising

Days Run

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☐ TV/Radio Notices

Days Run

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☒ Other:

C	o	p	y		a	t		T	o	w	n		H	a	l	l												
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☒ Web Page URL: Enter URL(s) on the following two pages.

MS4 Annual Report Form

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

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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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2. URL(s) con't.:

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

URL

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G	E	S	/	C	H	A	R	L	T	O	N	N	Y	-	M	S	4	/	R	E	P	O	R	T	S	/					

URL

h	t	t	p	:	/	/	w	w	w	.	s	a	r	a	t	o	g	a	s	t	o	r	m	w	a	t	e	r	.	o	r
g	/	m	u	n	i	c	i	p	a	l	i	t	i	e	s	-	a	d	d	i	t	i	o	n	a	l	-	r	e	s	o
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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URL

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

Town of Charlton

SPDES ID

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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	/	1	0	/	2	0	1	7
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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
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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 and town wide cleanup events. Events are typically done in late April on a weekend

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

SPDES ID

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How many MS4s contributed to this report?	
-------------------------------------------	--

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

			2	7	#	1	0	0	%
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2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?

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 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]

2	0	1	7
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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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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. Dry weather observations are performed in the Spring and Fall and water quality testing is done in the Fall.

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 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?

		1
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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?

		0
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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
				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

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,

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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 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 prolonged erosion problems during construction. No erosion and sediment related complaints Town wide related to any construction projects. Highway Superintendent & Building Inspector typically at construction sites weekly & have been trained to review E&S provisions. Town Engineer typically reviews construction projects 4 times per year. Private inspector conducts weekly reports.

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.

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

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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?

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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?

	1	0
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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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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 existing 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 development projects in at least 20 years. Currently there are only seven modern storm water management facilities within the MS4. The oldest of those facilities is less than eight 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
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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 continue to be under construction. The Town has inspected the sites numerous times to ensure compliance with their SWPPPs. An additional storm management facility was approved during 2016 and will be constructed next year. It is outside the MS4 and will be privately owned but a management agreement will be executed and its design and construction are compliant with the NYS Storm Water Management Design Manual.

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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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

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

			1	5
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- Catch Basins Inspected and Cleaned Where Necessary #

			2	5
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- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #

				4
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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?

				1
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4. What was the date of the last training?

0	6	/	0	3	/	2	0	1	6
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5. How many municipal employees have been trained in this reporting period?

		1
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6. What percent of municipal employees in relevant positions and departments receive stormwater management training?

	2	5	%
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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

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.

Maintain Town Hall storm system, housekeeping policies at Town Garage, training class on Erosion & Sediment Control at Cornell University for Highway Superintendent, street sweeping agreement with Ballston Spa, repaired approx. 1 mile of ditches and installed several new culverts. Purchased salt-brine applicator and have reduced salt usage by approx. 10%.

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
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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).

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.

Adirondack Environmental Services, Inc

CASE NARRATIVE

CLIENT: Charlton, Town of
Project: Stage Road/Alplaus Kill
Lab Order: 161007045

Date: 21-Oct-16

Sample containers were supplied by Adirondack Environmental Services.

Sample Stage Road was initially analyzed for Nitrate within recommended holding time. The sample result was above the calibration range, thus the dilution was analyzed past recommended holding time. Diluted results have been reported for Nitrate.

The sample Stage Road for Metals analysis had the pH adjusted and held at least 16 hours prior to digestion.

These samples were received under ambient conditions. Chilling process was started following receipt at laboratory.

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: 21-Oct-16

CLIENT: Charlton, Town of
Work Order: 161007045
Reference: Stage Road/Alplaus Kill /
PO#:

Client Sample ID: Alplaus Kill
Collection Date: 10/7/2016 2:00:00 PM
Lab Sample ID: 161007045-002
Matrix: WATER

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed
ICP METALS - EPA 200.7 REV 4.4						
(Prep: SW3010A - 10/11/2016)						Analyst: SM
Sodium	43.0	0.050		mg/L	1	10/19/2016 8:20:53 PM
ANIONS BY ION CHROMATOGRAPHY - EPA 300.0 REV 2.1						
						Analyst: CS
Chloride	75.9	2.00		mg/L	2	10/7/2016 6:21:55 PM
Nitrate, Nitrogen (As N)	0.12	0.04		mg/L	2	10/7/2016 6:21:55 PM
ALKALINITY TO PH 4.5 -SM 2320B-97,-11						
						Analyst: AS
Alkalinity, Total (As CaCO3)	170	1		mg/L CaCO3	1	10/13/2016
TOTAL PHOSPHATE - SM 4500 P E-99,-11						
						Analyst: SH
Phosphorus, Total (as P)	< 0.02	0.02		mg/L	1	10/21/2016
TOTAL DISSOLVED SOLIDS - SM 2540C-97,-11						
						Analyst: CS
TDS (Residue, Filterable)	310	5		mg/L	1	10/12/2016
NITRITE - SM4500 NO2 B-01,-11						
						Analyst: PL
Nitrite Nitrogen (as N)	< 0.01	0.01		mg/L	1	10/7/2016 5:45:00 PM
PH - SM4500 H B - NOT CERTIFIABLE PARAMETER						
						Analyst: CP
pH	8.0	1.0	H	pH Units@74F	1	10/7/2016 3:40:00 PM
SILICA GEL TREATED HEM (SGT-HEM) - EPA 1664A						
(Prep: E1664 - 10/18/2016)						Analyst: AB
Total Petroleum Hydrocarbons	< 6.0	6.0		mg/L	1	10/18/2016

Adirondack Environmental Services, Inc

Date: 21-Oct-16

CLIENT: Charlton, Town of
Work Order: 161007045
Reference: Stage Road/Alplaus Kill /
PO#:

Client Sample ID: Stage Road
Collection Date: 10/7/2016 1:30:00 PM
Lab Sample ID: 161007045-001
Matrix: WATER

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed
ICP METALS - EPA 200.7 REV 4.4						
(Prep: SW3010A - 10/12/2016)						Analyst: SM
Sodium	96.2	0.500		mg/L	10	10/19/2016 8:05:09 PM
ANIONS BY ION CHROMATOGRAPHY - EPA 300.0 REV 2.1						
						Analyst: CS
Chloride	144	2.00		mg/L	2	10/7/2016 6:09:51 PM
Nitrate, Nitrogen (As N)	32.1	0.40	H	mg/L	20	10/11/2016 4:53:01 PM
ALKALINITY TO PH 4.5 -SM 2320B-97,-11						
						Analyst: AS
Alkalinity, Total (As CaCO3)	203	1		mg/L CaCO3	1	10/13/2016
TOTAL PHOSPHATE - SM 4500 P E-99,-11						
						Analyst: SH
Phosphorus, Total (as P)	0.02	0.02		mg/L	1	10/21/2016
TOTAL DISSOLVED SOLIDS - SM 2540C-97,-11						
						Analyst: CS
TDS (Residue, Filterable)	550	5		mg/L	1	10/12/2016
NITRITE - SM4500 NO2 B-01,-11						
						Analyst: PL
Nitrite Nitrogen (as N)	< 0.01	0.01		mg/L	1	10/7/2016 5:45:00 PM
PH - SM4500 H B - NOT CERTIFIABLE PARAMETER						
						Analyst: CP
pH	6.5	1.0	H	pH Units@71F	1	10/7/2016 3:40:00 PM
SILICA GEL TREATED HEM (SGT-HEM) - EPA 1664A						
(Prep: E1664 - 10/18/2016)						Analyst: AB
Total Petroleum Hydrocarbons	< 5.6	5.6		mg/L	1	10/18/2016