### **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

# **2017 ANNUAL REPORT March 10, 2017 – March 9, 2018**

Report Date: March 30, 2018



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 x 115 mmcnamara@edpllp.com

This annual report and prior annual reports are also available for public review on the Charlton website at <a href="www.townofcharlton.org/pages/charltonny\_ms4/reports">www.townofcharlton.org/pages/charltonny\_ms4/reports</a>. 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 1rst 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, 2 0 1 8

		 SPL	)ES	ID						
Name of MS4 Town of	f Charlton	N	Y	R	2	0	А	0	3	2

Each MS4 must submit an MCC form.

### **Section 1 - MCC Identification Page**

Indicate whether this MCC form is being submitted to certify endorsement or acceptance of:

- An Annual Report for a single MS4
- A Single Entity (Per Part II.E of GP-0-10-002)
- O A Joint Report

Joint reports may be submitted by permittees with legally binding agreements.

If Jo	oınt	Rep	ort,	ent	er c	oalı	tıon	nar	ne:										
																			=
																			ĺ
																			ĺ
-	:																		_
																			i l
																			1 1
																			i I

MCC form for period ending March 9,  $2 \mid 0 \mid 1 \mid 8$ 

		SPI	DES	ID						
Name of MS4	Town of Charlton	N	Y	R	2	0	A	0	3	2

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

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

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

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

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

First Name	MI	Last Name
A l a n		Grattidge
Title		
Supervisor		
Address		
7 5 8 C h a r l t	o n Road	
City		State Zip
City C h a r l t o n		State Zip    N   Y   1   2   0   1   9   -
C h a r l t o n eMail	@ t o w n o f	
C h a r l t o n eMail	@ t o w n o f	N Y 1 2 0 1 9 -

MCC form for period ending March 9, 2 0 1 8

	SPL	DES	ID						
Name of MS4 Town of Charlton, Saratoga County, N.Y.	N	Y	R	2	0	А	0	3	2

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

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

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

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

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

Firs	st Na	ame													_	MI		Las	t Na	ame											
M	a	r	s	h	a	1	1											Н	е	r	i	t	a	g	е						
Titl	e																														
Н	i	g	h	w	a	У		S	u	р	е	r	i	n	t	е	n	d	е	n	t										
Ado	lres	s																													_
4	0	0	8		J	0	С	k	е	У		S	t	r	е	е	t														
Cit	У																			<u>S</u>	tate		Zip	)				_			_
City	h	a	r	1	t	0	n															Y	Zip	2	0	1	9	] -			
	h	a	r	1	t	0	n																		0	1	9	_			
С	h	a	r	1 w	t	О	n @	t	0	w	n	0	f	С	h	a	r	1	t						g 0	1	9	] <b>-</b>			
eM	h ail i							t	0	w	n	0	f	С	h	а		1 Cou			.1	Y	1	2		1	9	] <b>-</b>			

MCC form for period ending March 9, 2 0 1 8

		_	SPI	DES	ID						
Name of MS4	Town of Charlton, Saratoga County, N.Y.		N	Y	R	2	0	A	0	3	2

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

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

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

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

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

First Name	MI Last Name	
M a r v i n	S c h o r r	
Title		
ECChairman		
Address		
7 5 8 C h a r l t o n R o	a   d	
City	State Zip	
City           C h a r l t o n	State Zip    N   Y   1   2   0   1   9   -	
C h a r l t o n		
Charlton  eMail	N Y 1 2 0 1 9 -	

MCC form for period ending March 9, 2 0 1 8

	SPL	DES	ID						
Name of MS4 Town of Charlton, Saratoga County, N.Y.	N	Y	R	2	0	А	0	3	2

#### **Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

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

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

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

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

First Name	MI Last Name
M i c h a e l	M c N a m a r a
Title	
Town Engineer	
Address	
9 0 0 R o u t e 1 4 6	
City	State Zip
C l i f t o n P a r k	State Zip  N Y 1 2 0 6 5 -
Clifton Park	N Y 1 2 0 6 5 -
Clifton Park  eMail	N Y 1 2 0 6 5 -

MCC form for period ending March 9, 2 0 1 8

		_																				SPI	DES	ID						
Name of	f M	S4_	To	wn	of	Cha	arlt	on														N	Y	R	2	0	А	0	3	2
Section	n 3	- I	Par	rtn	er	In	for	m	ati	<u>on</u>																				
Did your period?	MS	4 w	ork	wi	th p	art	ners	s/co	alit	ion	to (	con	ıple	te s	om	e oı	all	pe	rmi	t re	quir	eme	ents	s du	rin		is ro			g No
If Yes, c	om	ple	te ii	nfo	rma	atio	n b	elo	w.																					
Subn																												9		
coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.																														
															-															
					а		С	0	u	n	t	v		С	С	E		I	S	W	М		Р	r	0	a	r	a	m	
Partner/Co						t.)														1		SPI							olica	ble
																								R	2	0	С	0		6
Address																														
City																		S	tate	_	Zip					1		_		
B a 1	1	s	t	0	n		S	р	a										I Y		1	2	0	2	0	-				Ш
eMail									I_			l _																_		
b r n	5	@	С	0	r	n	е	1	1	•	е	d	u																	Ш
Phone /		\			  -	7				  -	]																dan		_	
( 5 1	8	<i>)</i>	8	8	5	_	8	9	9	5							Wi	th C	3P-C	)-08	-002	2 Pa	rt I\	V.G	.?		Υe	es	0	No
What tas	sks/	resj	pon	sib	iliti	ies	are	sha	arec	d w	ith	thi	s pa	artn	er (	(e.g	g. N	ΙM	1 S	cho	ool I	Pro	gra	ms	or	Μυ	ıltip	ole	Tas	ks)
• MM1	С	0	u	n	t	У	_	W	i	d	е		Ε	d	/	0	u	t	r	е	a	С	h				L	L		
• MM2	М	a	t	е	r	i	a	1	/	Т	е	С	h	i	n	i	С	a	1		S	u	р	р	0	r	t			
<ul><li>MM3</li></ul>	M	a	t	е	r	i	a	1	/	Т	е	С	h	/	Т	r	a	i	n	i	n	g		S	u	р	р	0	r	t
• MM4	М	a	t	е	r	i	a	1	/	Т	е	С	h	/	Т	r	a	i	n	i	n	g		s	u	р	р	0	r	t
<ul><li>MM5</li></ul>	M	a	t	е	r	i	a	1	/	Т	e	C	h	/	T	r	a	i	n	i	n	g		s	u		p	0	r	t
<ul><li>MM6</li></ul>	M	a	t	е	r	i	a	1	/	Т	e	C	h	/	Т	r	a	i	n	i		g		S	u			0	r	t
									<u>'</u>			<u> </u>							1		1	ם				<u> </u>	<u> </u>	<u> </u>		
Addition				•																										
O Wat			-										•	_	ıen	t P	raci	tice	es re	equ	ire	d fo	r N	<b>1</b> S4	ls ii	ı in	npa	ire	d	
wate	-18N	cus	111	CIU	uea	III	Uľ	-0-	00-	-00.	2 P	art	1/.																	

MCC form for period ending March 9, 2 0 1 8

	SPI	7E2	עוי						
Name of MS4 Town of Charlton	N	Y	R	2	0	A	0	3	2

#### **Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name	MI	Last Name
A 1 a n		Grattidge
Title (Clearly print title of individual signing report)		
Supervisor		
Signature		Date / / / / / / / / / / / / / / / / / / /

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 8 & 0 \end{vmatrix}$ 

	S.	'DE	SID						
Name of MS4/Coalition Town of Charlton	1	1 Y	R	2	0	А	0	3	2

Name of M	Water Quality Trends  The information in this section is being reported (check one):  On behalf of an individual MS4 On behalf of a coalition How many MS4s are contributed to this report?  1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.  Yes O No  Yes, choose one of the following  Report(s) attached to the annual report																												
									<u>y</u>	<u>Va</u>	<u>ter</u>	· Q	ua	lity	<u>у Т</u>	re	nd	<u>.s</u>											
The infor	matic	on in	this	sec	ction	n is	bei	ing	rep	orte	ed (	che	ck (	one)	:														
On bel	nalf o	f a c	oalit	ion				but	ed	to t	his	rep	ort	? [															
relat One	ted to	o sto	rmv	wat	er?	İf	no			-		-						_			-	-			eas			0	No
Water Quality Trends  The information in this section is being reported (check one):  On behalf of an individual MS4 On behalf of a coalition How many MS4s are contributed to this report?  1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.  Yes Of the Page (s) where report(s) is/are provided below  Please provide specific address of page where report(s) can be accessed - not home page.  URL  URL  URL  URL																													
Water Quality Trends  The information in this section is being reported (check one):  On behalf of an individual MS4 On behalf of a coalition How many MS4s are contributed to this report?  1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.  One.  Yes  Yes  URL  URL  URL																													
O Web P				_	,	-		_							• • • • •	~ ent (	· (2)		<b>1</b> . a					a+ 1				•	
	Piea	ise pi	rovi	ae :	spe	CIII	c a	uar	ess	01	paş	ge v	wne	ere i	epo	oru(	s) (	zam	be	acc	ess	ea	- II	Ot I	1011	ie p	age	<i>3</i> .	
	URL		1							1																			
																													_
	URL		T																										$\overline{}$
																													=
	Water Quality Trends  The information in this section is being reported (check one):  On behalf of an individual MS4 On behalf of a coalition How many MS4s are contributed to this report?  I. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.  Yes  Yes, choose one of the following  Report(s) attached to the annual report  Web Page(s) where report(s) is/are provided below  Please provide specific address of page where report(s) can be accessed - not home page.  URL  URL  URL  URL																												
	Water Quality Trends  The information in this section is being reported (check one):  On behalf of an individual MS4 On behalf of a coalition How many MS4s are contributed to this report?  I. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.  Yes No Pyes No No Pyes No																												
	URL		1																										
																													=
Water Quality Trends  The information in this section is being reported (check one):  On behalf of an individual MS4 On behalf of a coalition How many MS4s are contributed to this report?  1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure Onc.  Yes ○ N  If Yes, choose one of the following  Report(s) attached to the annual report  Web Page(s) where report(s) is/are provided below Please provide specific address of page where report(s) can be accessed - not home page.  URL  URL  URL  URL																													
Water Quality Trends  The information in this section is being reported (check one):  On behalf of an individual MS4 On behalf of a coalition How many MS4s are contributed to this report?  1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.  Yes ON  If Yes, choose one of the following  Report(s) attached to the annual report  Web Page(s) where report(s) is/are provided below Please provide specific address of page where report(s) can be accessed - not home page.  URL  URL  URL  URL																													
	URL		T																										
Water Quality Trends  The information in this section is being reported (check one):  On behalf of an individual MS4 On behalf of a coalition How many MS4s are contributed to this report?  1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.  Orea Yes  Orea Yes  Orea Web Page(s) where report(s) is/are provided below  Please provide specific address of page where report(s) can be accessed - not home page.  URL  URL  URL  URL  URL		$\dashv$																											
																													=
				1																									.

Other

### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 8 & 0 \end{vmatrix}$ 

if submitting this form as part of a joint report on behalf of	a coantion leave of DLo ID orank.
Name of MS4/Coalition Town of Charlton	SPDES ID  N Y R 2 0 A 0 3 2
	la cotto and Onto and
Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>	
1. Targeted Public Education and Outreach Best Management	ent Practices
Check all topics that were included in Education and Outreach d	luring this reporting period:
• Construction Sites	• Pesticide and Fertilizer Application
● General Stormwater Management Information	Pet Waste Management
<ul> <li>Household Hazardous Waste Disposal</li> </ul>	<ul><li>Recycling</li></ul>
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
○ Infrastructure Maintenance	O Trash Management
○ Smart Growth	• Vehicle Washing
Storm Drain Marking	O Water Conservation
Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period:	
● Public Employees ● Contractors	
● Residential ● Developers	
○ Businesses	
○ Restaurants ○ Industries	
• Other: O Agricultural	
Planning Zoning & Tow	n Board

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$  1  $\begin{vmatrix} 8 & 0 \end{vmatrix}$ 

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

SPDES ID

Name	of M	[S4/	Coa	ılitic	on[]	ow	vn (	of C	Cha	rlto	n												N	Y	R	2	0	А	0	3	2
3. V	Vha his 1			_			•								e to	a a c	chie	eve	edı	ıca	tio	n a	nd	out	trea	ach	go	als	du	rin	g
• Co	nstrı	ıcti	on S	Site	Op	era	tors	s Tı	ain	ed													7	# Tr	aine	ed					2
Dir	ect	Ma	ilin	gs																			#	Ma	ilin	gs		1	2	0	0
• Kio	sks	or	Oth	er I	Disp	olay	'S																# ]	Loca	atio	ns					2
○ Lis	t-Se	rve	S																					# I	n Li	ist					
○ Ma	iling	g Li	ist																					# I	n Li	ist					
○ Ne	wspa	ape	r A	ds c	or A	rtic	eles																# J	Day	s Rı	ın					
O Pul	olic	Ev	ents	s/Pr	esei	ntat	ions	8															# 1	Atte	nde	es					
O Sch	nool	Pro	ogra	ım																			# A	Atte	nde	es					
O TV	Spo	ot/P	rog	ran	1																		# ]	Day	s Rı	ın					
• Pri																					To	otal	# D	istri	but	ed				5	0
	Loca	tion	s (e W	.g. li n	ibrar	ies, H	tow	n off	ices	, kio	sks)								Т									•			
	F	0	u	n	d	e	r	s		D	a	У		е	v	e	n	t													
												2							$\frac{1}{1}$												
																			$^{+}$	$\exists$											
• Otl	ner:																														
	Т	0	W	n		N	е	w	s	1	е	t	t	е	r																
• We	b P	age					pec	ific	we	b ac	ldre	esse	<b>S</b> - 1	not	hor	ne p	page	e. (	Con	tinu	e o	n ne	ext j	pag	e if	ado	ditio	onal	spa	ace	is
UR	L			nee	edeo	i.						1			1																
h	t	t	р	:	<del>                                     </del>	/	W	W	W	•	t	0	W	n	0	f	С	h	a	r	1	t	0	n	•	0	r	g		Р	a
a	+	s	<del>L'</del>		h			1	t		_		У	-	р	r	e	-	s	/	s	р	r	i	n	g	0/0	2	0	2	0
1	7	왕	2	0	n	е	W	s	1	е	t	t	е	r	•	р	d	f													
UR h		t	n	Ι.		/	w	w	w		s	_	r	а	t	0	~			ន	t	0	r	m	w	_	t	е	r		0
r		/	p   r	:  e	s s	/   i		e e	n	t	ន	a -	r	u	b	1	g i	а	-	e e	d	u	C	a	t	a	0	n	_	h	o t
m	19	<u>'</u>	<u> </u>			<u> </u>	<b>4</b>							<u> </u>	-~	<u>                                     </u>	<u> </u>				<b>ч</b>	<u>а</u>		<u> </u>					•		
[															<u> </u>																

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$  1  $\begin{vmatrix} 8 & 0 \end{vmatrix}$ 

																					_			SPI	DES	ID						
Naı	ne c	of M	[S4/	'Coa	alitio	on_	Γον	vn (	of (	Cha	rltc	n												N	Y	R	2	0	A	0	3	2
3.	W		Pa	ge (	con	't.:		Pro	ovi	de s	spe	cifi	c w	eb	ado	dres	sses	5 - 1	ot	hoı	ne	pag	ge.									
	h	t	t	р	:	/	/	w	W	w		s	a	r	a	t	0	g	a	s	t	0	r	m	w	a	t	е	r		0	r
	g	/	r	e	s	i	d	е	n	t	s	-	р	u	b	1	i	С	-	i	n	v	0	1	v	e	m	е	n	t		h
	t	m																														
	URI	,																-														
	h	t	t	р	:	/	/	w	w	w		s	a	r	a	t	0	g	a	s	t	0	r	m	w	а	t	е	r		0	r
	g	/	r	е	s	i	d	е	n	t	s	-	i	1	1	i	С	i	t	-	d	i	s	С	h	a	r	g	е		h	t
	m																															
	URI	<u>.                                    </u>		-	-	-	-	-		-	-		-	-		-		-	-	-	-	-		-		-		-	-		-	
	h	t	t	р	:	/	/	w	W	w		s	a	r	a	t	0	g	a	s	t	0	r	m	w	a	t	е	r		0	r
	g	/	r	е	s	i	d	е	n	t	s	-	С	0	n	s	t	r	u	С	t	i	0	n	-	r	u	n	0	f	f	
	h	t	m																													
	URI				'					•	'		'				•						•								-	-
	h	t	t	р	:	/	/	w	W	w		s	a	r	a	t	0	g	a	s	t	0	r	m	w	a	t	е	r		0	r
	g	/	r	е	s	i	d	е	n	t	s	-	р	0	s	t	_	С	0	n	s	t	r	u	С	t	i	0	n	•	h	t
	m																															
	URI	_																														
	h	t	t	р	:	/	/	w	w	w		s	a	r	a	t	0	g	a	s	t	0	r	m	w	a	t	е	r		0	r
	g	/	С	0	n	t	r	a	С	t	0	r	s	_	d	е	v	е	1	0	р	е	r	s	_	С	0	n	s	t	r	u
	С	t	i	0	n	-	r	u	n	0	f	f		h	t	m																
	URL	, I																														
	h	t	t	р	:	/	/	W	W	W		s	a	r	a	t	0	g	a	s	t	0	r	m	W	a	t	е	r		0	r
	g	/	С	0	n	t	r	a	С	t	0	r	s	_	d	е	v	е	1	0	р	е	r	s	_	р	0	s	t	_	С	0
	n	s	t	r	u	С	t	i	0	n		h	t	m																		
	URL																															
	h	t	t	р	:	/	/	W	W	W	•	s	a	r	a	t	0	g	a	s	t	0	r	m	W	a	t	е	r		0	r
	g	/	m	u	n	i	С	i	р	a	1	i	t	i	е	s	-	р	u	b	1	i	С	-	е	d	u	С	a	t	i	0
	n		h	t	m																											

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

_			SPD	ES	ID						
Name of MS4/Coalition	Town of Charlton		N	Y	R	2	0	А	0	3	2
4 5 4 4 5											

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

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

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

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	
samp	les/	parı	tici.	pant	s/events

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

• Yes O No

(ex.:

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 committments

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

SPDES ID

Name of MS4/Coalition Town of Charlton				N	Y	R	2	0	А	0	3	2
Minimum Control Measure 2. Public Inv	ol	vem	en	t/P	ar	tic	ipa	<u>atic</u>	<u>on</u>			
The information in this section is being reported (check one):												
● On behalf of an individual MS4 ○ On behalf of a coalition How many MS4s contributed to this report?												
1. What opportunities were provided for public participation development, evaluation and improvement of the Storm (SWMP) Plan during this reporting period? Check all t	wat	ter N	<b>A</b> ar	ıag				-	ran	n		
● Cleanup Events					# E	Ever	ıts					2
● Comments on SWMP Received				# C	om	mer	ıts					0
● Community Hotlines Phone #	(			)				_				
Phone # ( 5 1 8 ) 8 8 5 - 8 9 9 5 Phone # (	(			)				_				
Phone # ( Phone # (	(			)				_				
Phone # ( Phone # (	(			)				_				
Phone # ( Phone # (	(			)				_				
Phone # ( Phone # (	(			)				_				
O Community Meetings				# 1	Atte	nde	es					
<ul><li>Plantings</li></ul>					S	Sq. l	Ft.		1	0	0	0
Storm Drain Markings					# I	Orai	ns				1	5
O Stakeholder Meetings				# 1	Atte	nde	es					
O Volunteer Monitoring					# E	Ever	ıts					
Other: 1 resident complai	i n	ı t		2	0	1	7					
2. Was public notice of availability of this annual report an Program (SWMP) Plan provided?	nd S	Stor	mw	ate	er N	Mai	nag	_	ient Ye		0	No
● List-Serve					# I	n L	ist		1	2	0	0
O Newspaper Advertising				#]	Day	s R	un					
○ TV/Radio Notices				#]	Day	s R	un					
● Other: C o p y a t T o w n H a 1 1												

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

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 8 & 0 \end{vmatrix}$ 

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

SPDES ID

N Y R 2 0 A 0 3 2

me o	of M	S4/	Coa	litic	ո_1	ow	vn (	of C	ha	rlto	n												N	Y	R	2	0	A	0	3	2
Ul Pl						eci	ific	ad	dre	ess(	es)	wł	iero	e no	otic	ee(s	) ca	an l	be a	acc	ess	ed ·	- ne	ot ł	ıon	ıe p	oag	e.			
URI																		T_			I _										
h	t	t	р	:	/	/	W	W	W		t	0	W	n	0	f	С	h	a	r	1	t	0	n	•	0	r	g	/	Р	a
G	E	S	/	С	Н	A	R	L	Т	0	N	N	Y	_	M	S	4	/	R	E	Р	0	R	Т	S	/					
URI			•		•	•	•											•		,									•		
h	t	t	р	:	/	/	w	w	w		s	a	r	a	t	0	g	a	s	t	0	r	m	w	a	t	е	r		0	r
g	/	m	u	n	i	С	i	р	a	1	i	t	i	е	s	-	a	d	d	i	t	i	0	n	a	1	_	r	е	s	0
u	r	C	e	s		h	t	m																							
	-																														
URI																															
																													H		
																															_
URI																															
URI																															
URI																															
																													H		
URI																															
																								<u> </u>					_		

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 8 & 0 \end{vmatrix}$ 

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

SPDES ID

e of N	/IS4/0	Coa	litio	$\prod_{n}$	OW	n c	of C	ha	rlto	n												N	Y	R	2	0	Α	0	3
URL Pleas IRL	ı(s) ( se p:	con rov	't.: 'ide	e sp	eci	fic	ad	dre	ess(	es)	wh	ere	e no	otic	es	can	be	ac	ces	sec	<b>l</b> - 1	not	ho	me	pa	ge.			
																													T
IRL	_																												
																													Ħ
JRL																													
, KL																													
																													H
RL																													Γ
+	+																												H
	1																												L
RL																													Г
+																													L
+	<u> </u>																												L
																													L
RL	<u> </u>																												Т
+																													L
1	_																												<u>_</u>
RL																													_
	_																												

Name of MS4/Coalition Town of Charlton

### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

SPDES ID

N Y R 2 0 A 0 3 2

3. W	/hei																	-	_					M	ana	ige	me	nt			
E	nter	ad	dre	ess/	cor	ıtac	t in	fo	and	se	lec	t ra	dio	bu	ttor	ı to	inc	lica	ite '	wh	ich	doc	cun	nen	t is	av	aila	ble	an	d	
W	hetl	ner	co	mn	nen	ts n	nay	be	sul	omi	itte	d at	th	at l	oca	tio	n. S	Sub	mi	t ac	ldit	ion	al p	ag	es a	is n	eec	led.			
MS					ffic	e											A	nnu	al I	Rep	ort		S	WN	1P 1	Plaı	1	• (	Con	nme	nts
	Dep							7	7																						
	T Add	O	W	n		Н	a	1	1																						
	7	5	, 8		С	h	a	r	1	t	0	n		R	0	а	d														
	City																					Zip									
	C	h	a	r	1	t	0	n										]	N .	Y		1	2	0	1	9	_				
	Pho	ne			1 -				1					1			J	_								-					
	(	5	1	8	)	3	8	4	-	0	1	5	2																		
O Lib	rarv															(	) <b>A</b>	nnıı	al I	Rep	ort	(	S'	WN	<b>1</b> P 1	Plat	1	$\circ$	Con	nme	ents
	Add	lres	5														71		ui i	Г				., 1,							
	City	, 																Γ.	T 7	7		Zip									
	Dl																	l	1 7	Υ							-				
	Pho	ne 5	1	8	\																										
	(				)				-																						
• Oth	er Add	lress	S														A	nnu	al I	Rep	ort		) S'	WN	1P 1	Plaı	ı	• (	Con	nme	ents
	5	0		W	е	s	t		Н	i	g	h		S	t	r	е	е	t												
	City	,															1					Zip									
	В	a	1	1	s	t	0	n		S	р	a						ľ	1 7	Y		1	2	0	2	0	-				
	Pho				1 .				1					1																	
	(	5	1	8	)	8	8	5	-	8	9	9	5																		
<b>■ W</b> -	l. D.		T ID	т.												•	λ.	กกบ	al I	Rep	ort		S'	(X/N.	/D 1	Dla1	,	$\cap$ (	Con	nme	nto
• We	W	w	W	L: 	t	0	w	n	0	f	С	h	a	r	1	t	0	n	. ai	О	r	g	/	p p	a	g	е	s	/		h
	a	r	1	t	0	n	n	У	-	m	s	4	/	r	е	р	0	r	t	s	/										
	w	w	W		s	а	r	a	t	0	g	a	s	t	0	r	m	w	a	t	е	r		0	r	g	/	m	u	n	i
	Ple	ase	pr	ovi	de	spe	cif	ic a	ddı	ess	of	pag	ge v	whe	ere	rep	ort	car	ı be	ac	ces	sed	- n	ot	hor	ne	pag	ge.			
• eMa	ail —																											Ø (	Con	nme	ents
	h	r	n	5	@			r	n	<u>e</u>	1	1		و	д	11															$\equiv$

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 8 & 1 \end{vmatrix}$ 

	_	SPD	DES II	)					
Name of MS4/Coalition Town of Charlton		N	YF	2	0	A	0	3	2
4.a. If this report was made available on the internet, what da	ate was it	ро	sted	?	_				
Leave blank if this report was not posted on the internet.	0	4	/	4	/	2	0	1	8
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 submitt	ing a join	nt re	port	ans	swe	er 5.	b		
<b>5.a. Was an Annual Report public meeting held in this report</b> If Yes, what was the date of the meeting?	ting perio	od?	/		]/	Y	es		No
If No, is one planned?						⊃ <b>Y</b> €	es		No
5.b. Was an Annual Report public meeting held for all MS4s	contribu	ting	g to	this	rej	por	t du	ırin	g
this reporting period?						⊃ <b>Y</b> €	es		No
If No, is one planned for each?						⊃ <b>Y</b> €	es		No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.					(	⊃ Ye	es		No

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 8 & 0 \end{vmatrix}$ 

	SPDES ID
Name of MS4/Coalition Town of Charlton	N Y R 2 0 A 0 3 2
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	e e
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
Participate in Saratoga County Intermunicipal Storm program. C giveaway. Continue waste collection and recycling events as pos of County MS4 program	1 0
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
Attendance at tree planting giveaway and roadside pickup events	s increases annually.
C. How many times was this observation measured or evalua	Ited in this reporting period?
D. Has your MS4 made progress toward this measurable goa	l during this reporting period?
E. Is your MS4 on schedule to meet the deadline set forth in t	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation scho	8
Continue participation in County program and town wide cleanuin late April on a weekend	p events. Events are typically done

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 8 & 0 \end{vmatrix}$ 

Name of MS4/Coalition Town of Charlton	N Y R 2 0 A 0 3 2
Minimum Control Measure 3.	Illicit Discharge Detection and Elimination
The information in this section is being reported	(check one):
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to t</li> </ul>	this report?
1. Enter the number and approx. percent	of outfalls mapped: 2 7 # 1 0 0 %
2. How many of these outfalls have been sereporting period (outfall reconnaissance	creened for dry weather discharges during this e inventory)?
3.a. What types of generating sites/sewershoreporting period?	eds were targeted for inspection during this
O Auto Recyclers	• Landscaping (Irrigation)
O Building Maintenance	○ Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	○ Printing
○ Cross-Connections	<ul> <li>Residential Carwashing</li> </ul>
O Distribution Centers	<ul><li>Restaurants</li></ul>
O Food Processing Facilities	O Schools and Universities
○ Garbage Truck Washouts	Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	<ul><li>Vehicle Fueling</li></ul>
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:	○ None
O Sewersheds:	

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 8 & 0 \end{vmatrix}$ 

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

SPDES ID

Name of MS4/Coalition Town of Charlton								N	Y	R	2	0	А	0	3 2	?
3.b. What types of illicit discharges have	been f	ound	duri	ng tl	his	rep	ort	ing	pe	rio	d?					
O Broken Lines From Sanitary Sewer	○ Ind	ustrial	Con	nectio	ons											
O Cross Connections	O Infl	ow/Infi	ltrati	on												
O Failing Septic Systems	O Pur	np Stat	ion F	ailur	e											
O Floor Drains Connected To Storm Sewers	O San	itary S	ewer	Ove	rflo	ws										
O Illegal Dumping	O Stra	aight Pi	pe S	ewer	Dis	cha	rges	8								
Other:  4. How many illicit discharges/potentia	● Noi		ectio	ons l	nav	e be	een	det	tect	ted	du		ng t	his		
reporting period?										,,,,,					C	)
5. How many illicit discharges have been	en conf	ïrmed	dur	ing	this	rei	or	ting	g p	eri	odi	?		$\Box$		)
<ul><li>6. How many illicit discharges/illegal coperiod?</li><li>7. Has the storm sewershed mapping be If No, approximately what percent was</li></ul>	een coi	nplete	d in	this	rep	ort	ting	g pe	erio				Ye		0 N	
8. Is the above information available in Is this information available on the warm of Yes, provide URL(s):	veb?											0	Ye Ye		<ul><li>N</li><li>N</li></ul>	
Please provide specific address of page URL	where	map(s)	can	be a	icce	sse	d - 1	not	ho	me	pa	ge.				
URL										$\neg$			$\overline{}$			٦
							<u> </u>	1		$\dashv$		$\dashv$	<u> </u>	$\dashv$		
										$\dashv$		$\dashv$		$\dashv$		

This report is being submitted for the reporting period ending March 9, 2 0 1 8

TD T	se pro	vid	e sp	eci	fic a	addı	ress	of	paş	ge v	vhe	ere	ma	p(s	) c	an	be	acc	ess	ed	- n	ot l	hon	ne j	pag	gе	
JRL								Ι																			Т
<u> </u>		<u> </u>			_	+		<u> </u>																			Ļ
JRL				·	·		•			•																	
						Ť																					T
						+																					T
						_																					
JRL																											Τ
						<u> </u>																					H
						_																					L
																											L
JRL																										1	_
																											L
 JRL		-					-	-	1	-																1	
ILL																											
JKL						İ																					T
		1				_		<del>                                     </del>																			₩
																							1				

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

		SPL	)ES	ID						
Name of MS4/Coalition	Town of Charlton	N	Y	R	2	0	A	0	3	2

#### 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. 2017 stream testing had unrealistic results for TDS and PH at Stage Road site. Tests were immediately repeated and normal results confirmed.

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

					3	
(ex.:	samp	les/	parı	tici	pant	s/events;

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

Yes	$\bigcirc$ No
-----	---------------

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

_	<b>T</b> 7	$\sim$ 1 T
	Yes	
_	1 (3	$\bigcirc$ 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.

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 8$ 

	SPI	DES I	íD					
Name of MS4/Coalition Town of Charlton	N	Y	R 2	0	A	0	3	2
Minimum Control Measures Construction Site and Post-Constru		<u>itro</u>	<u>.1</u>					

	Construction Site and Post-Construction Control		
Th	e information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1a	. Has each MS4 contributing to this report adopted a law, ordinance or other reg mechanism that provides equivalent protection to the NYS SPDES General Per Stormwater Discharges from Construction Activities?	,	•
1b	o. Has each Town, City and/or Village contributing to this report documented that equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney cerfification or using the NYSDE Analysis Workbook?	Erosion C Gap	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La  ○ 09/2004 ● 0	aw. 03/2006	O 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 reviewed in this reporting period?	ve been	
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of purcomments related to construction SWPPPs?  • Yes	ıblic O No	O NT
	If Yes, how many public comments were received during this reporting period?		0
5.	Does your MS4/Coalition provide education and training for contractors about SWPPP process?	the loc • Yes	al 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:

<ul><li>Notices of Violation</li></ul>	#			0	O No Authority
• Stop Work Orders	#			0	O No Authority
O Criminal Actions	#				O No Authority
○ Termination of Contracts	#				O No Authority
O Administrative Fines	#				O No Authority
O Civil Penalties	#				O No Authority
<ul> <li>Administrative Orders</li> </ul>	#			0	O No Authority
• Enforcement Actions or Sanctions	#			0	
Other	#				O No Authority

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$  1  $\begin{vmatrix} 8 & 0 \end{vmatrix}$ 

Name of MS4/Coalition Town of Charlton	N Y R 2 0 A 0 3 2
Minimum Control Measure 4. Construction Site	Stormwater Runoff Control
The information in this section is being reported (check one):	
● On behalf of an individual MS4 ○ On behalf of a coalition How many MS4s contributed to this report?	
1. How many construction projects have been authorized for during this reporting period?	disturbances of one acre or more
2. How many construction projects disturbing at least one adduring this reporting period?	ere were active in your jurisdiction
3. What percent of active construction sites were inspected d	uring this reporting period? $\bigcirc$ NT
	1 0 0 %
4. What percent of active construction sites were inspected n	nore than once? ONT
	1 0 0 %
5. Do all inspectors working on behalf of the MS4s contribut Construction Stormwater Inspection Manual?	ing to this report use the NYS  ● Yes ○ No ○ NT
6. Does your MS4/Coalition provide public access to Stormw (SWPPPs) of construction projects that are subject to MS4	4 review and approval?
ACCAL NOTE INC. IN COMPANY	● Yes ○ No ○ NT
If your MS4 is Non-Traditional, are SWPPPs of construct public review?	on projects made available for ○ Yes ○ No

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$  1  $\begin{vmatrix} 8 & 0 \end{vmatrix}$ 

																				_			SPI	DES	ID						
Name	of M	S4/0	Coa	litio	on_	Γον	vn (	of (	Cha	rlto	n												N	Y	R	2	0	А	0	3	2
6. c	<b>on't</b> ubm		add	litio	ona	l pa	ıge:	s as	ne	ede	ed.																				
• MS	54/C	oali	itioı	n C	ffic	e																									
	Dep	artn	nen	t		I		I				I													1						
	Т		W	n		Ε	n	g	i	n	е	е	r																		
	Add				_			Ι.					_																		$\Box$
	9	0	0		R	0	u	t	е		1	4	6									7:									
	City	1	i	f	t	0	n		Р	a	r	k						N	1 X	7		Zip 1	2	0	6	5	_				
	Pho	1e																	-								I				
	(	5	1	8	)	3	7	1	-	7	6	2	1																		
O Lib	rary				-																										
	Add	ress	S							ı								ı													
	City																					Zip					l _				
	Pho	ne l																									_				
	(				)				_																						
$\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ 1	\ L				,																										
Otl	ner Add	ress	S																												
	City																				-	Zip					1				
																											_				
	Pho	ne			1.																										
	(				)				-																						
○ We	b Pa	ige	UR	L(s	s):	P	leas	se p	rov	ide	spe	cifi	c a	ddr	ess	whe	ere	SW	PPI	Ps c	an	be a	acce	esse	d -	not	hoı	ne j	page	e.	
	URL																														
																															_
	URL																														
																													$\exists$		司
																															一

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix}$  1  $\begin{vmatrix} 8 & 0 \end{vmatrix}$ 

Name of MS4/Coalition Town of Charlton	SPDES ID           N         Y         R         2         0         A         0         3         2
7. Evaluating Progress Toward Measurable Goals MCM 4	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
continue review of development projects by PB and Town Engine temporary mitigation efforts used during construction to combate pollution prevention plans & erosion and sediment control plan developer SWPPP and erosion plans, supervise field conditions, construction program, continue inform developers of their obligations.	erosion, review written storm water trawings, issue approval of continue implementation of small
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
Only 3 projects in Town during report period 1-acre disturbance. during construction. No erosion and sediment related complaints neighbor complaint related to dumping/wetland filling. DEC inv Superintendent & Building Inspector typically at construction site review E&S provisions. Town Engineer typically reviews construction site of the provision of the provisi	s with 3 permitted projects. One estigated & resolved. Highway es weekly & have been trained to
C. How many times was this observation measured or evaluate	ted in this reporting period?
	(ex.: samples/participants/event.
D. Has your MS4 made progress toward this measurable goal	during this reporting period?
E. Is your MS4 on schedule to meet the deadline set forth in t	
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	e e
continue with items listed above as applications are submitted for	r additional projects.

Other:

4 0 0 a c r

### **MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

II Saoiiitti	ng uns form as p	art of a joint rep	or on ochair or	CDDEC ID	S ID Oldlik.
Name of MS4/Coalition	Town of Char	·lton		SPDES ID  N Y R :	2 0 A 0 3 2
Minimum	Control Mea	asure 5. Post	-Construction	on Stormwater M	anagement
The information in the	nis section is bei	ng reported (che	ck one):		
<ul><li>On behalf of an in</li><li>On behalf of a coa</li></ul>				_	
How m	nany MS4s con	tributed to this	report?		
				anagement practices heporting period?	as your
		# Inventoried	# Inspections	# Times Maintained	
Alternative Practice	ces	1	0	0	
• Filter Systems		1		0	
• Infiltration Basins		2	0	0	
Open Channels		6 5	6 5	0	
Ponds		2	2	0	
○ Wetlands					
Other					
2. Do you use an BMPs, inspect			abase, spreads	heet) to track post-c	onstruction ○ Yes • No
3. What types of Development/I		-		implement Low Important Im	pact
O Building Codes	<ul><li>Municipal C</li></ul>	Comprehensive P	lans		
Overlay Districts	Open Space	Preservation Pre	ogram		
<ul><li>Zoning</li></ul>	O Local Law	or Ordinance			
○ None	● Land Use R	Regulation/Zoning	g		
O Watershed Plans	Other Comp	orehensive Plan			

e|r|v|

a t i o n

e a s e

c o n s

This report is being submitted for the reporting period ending March 9, 2 0 1 8

		SE	DE	SID					
Naı	me of MS4/Coalition Town of Charlton	N	Y	R	2	0 2	<i>A</i> 0	3	2
4a	. Are the MS4s contributing to this report involved in a regional/w	atershed	wid	e pl	ann	_			) No
4b	. Does the MS4 have a banking and credit system for stormwater i	managem	ent	pra	ctic	es?			
						0	Yes		No
4c.	. Do the SWMP Plans for each MS4 contributing to this report inc and approval of banking and credit of alternative siting of a stori	-				t pra	ctic	e?	No No
4d	. How many stormwater management practices have been implem	ented as 1	art	of t	this	syste	em i	n th	is
	reporting period?	•						0	
5.	What percent of municipal officials/MS4 staff responsible for pro-	ogram im	oler	nen	tatio	on at	tend	led	
	training on Low Impace Development (LID), Better Site Design (	BSD) and	oth	er (	Gre	en _			7
	Infrastructure principles in this reporting period?						1	0	%

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

	SPL	DES	ID						
Name of MS4/Coalition Town of Charlton	N	Y	R	2	0	А	0	3	2

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

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

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

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

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

Charlton has had only two major residential development projects in at least 20 years. Currently there are only seven modern stormwater management facilities town wide. The oldest of those facilities is less than nine 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 o	r evaluated i	n this r	eporting	period?

				2	
samp	les/	'parı	tici	pant	:s/events

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

_	<b>T</b> 7	$\circ$
	Vac	$()$ N <sub><math>\alpha</math></sub>

(ex.:

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

	Yes	$\cap$	No
_	1 03		110

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. The Town also receives reports from private inspector. An additional storm facility was constructed outside the MS4 boundary (Stewart's). Project was completed in 2017. NOT has not yet been filed. The Town hired a new Zoning Officer in 2017. He was briefed on MS4 issues on Sept. 21, 2017 by Town Engineer.

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 8 & 0 \end{vmatrix}$ 

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

	SPD	ES	ID						
Name of MS4/Coalition Town of Charlton	N	Y	R	2	0	A	0	3	2

#### Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):		
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> </ul>		
How many MS4s contributed to this report?		

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

Self-Assessment
Operation/Activity/Facility
performed within the past 3
vears?

		periorin	ca within	the past o
<b>Operation/Activity/Facility</b>	Addressed in	n SWMP?	<u>vears?</u>	•
Street Maintenance	• Yes	○ No	. • Yes	$\bigcirc$ No
Bridge Maintenance	○ Yes	• No	. O Yes	<ul><li>No</li></ul>
Winter Road Maintenance	• Yes	○ No	• Yes	$\bigcirc$ No
Salt Storage	• Yes	○ No	• Yes	$\bigcirc$ No
Solid Waste Management	O Yes	• No	. O Yes	No
New Municipal Construction and Land Disturba	nce • Yes	○ No	• Yes	$\bigcirc$ No
Right of Way Maintenance	• Yes	○ No	• Yes	$\bigcirc$ No
Marine Operations	○ Yes	• No	○ Yes	No
Hydrologic Habitat Modification		• No	. O Yes	No
Parks and Open Space	● Yes	○ No	• Yes	$\bigcirc$ No
Municipal Building		○ No	• Yes	$\bigcirc$ No
Stormwater System Maintenance		○ No	• Yes	$\bigcirc$ No
Vehicle and Fleet Maintenance	Yes	○ No	• Yes	$\bigcirc$ No
Other	○ Yes	○ No	○ Yes	$\bigcirc$ No

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 8$ 

		SPDE	ES ID					
Name of MS4/Coalition Town of Charlton		N Z	YR	2	0 A	0	3	2
2. Provide the following information about municipal operation	ns good	l hoi	usek	eep	ing p	rog	ram	1 <b>S</b> :
$\bigcirc \ Parking \ Lots \ Swept  (Number \ of \ acres \ X \ Number \ of \ times \ swept)$		#	# Acr	es				
• Streets Swept (Number of miles X Number of times swept)		#	# Mil	es			1	0
<ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>				#			2	5
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>				#				1
O Phosphorus Applied In Chemical Fertilizer			# Lb	s.				
O Nitrogen Applied In Chemical Fertilizer			# Lb	s.				
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Numbers applied to the nearest tenth.)	mber of		Acres				].[	
3. How many stormwater management trainings have been pro	ovided 1	to m	unic	ipa	l emp	oloy	ees	
during this reporting period?								0
4. What was the date of the last training?	0	6	0	3	/ 2	0	1	6
5. How many municipal employees have been trained in this re	eporting	g pei	riod?	•				0
6. What percent of municipal employees in relevant positions a stormwater management training?	and dep	artn	nent	s re	eceive	2	5	<b>%</b>

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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

	,, ,,	ப்ப	יוו						
Name of MS4/Coalition Town of Charlton	N	Y	R	2	0	A	0	3	2

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

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

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

Maintain Town Hall storm system, housekeeping policies at Town Garage, training class for Highway Superintendent, street sweeping agreement with Ballston Spa, rotate storm sewer cleanout, ditch maintenance. Implemented manure management plan & updated septic regs with new zoning. Began brine pretreatment of roads to reduce salt usage, \$5K inventory program of roads BMP initiated, \$10K tub grinder/screen investment for brush recycling/disposal reduction.

# 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	$\bigcirc$ No
$\cup$	i es	$\circ$ NO

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

Yes	$\cap$	No
1 03	$\sim$	110

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

Charlton's good housekeeping MCM is in full implementation in accordance with its Storm Water Management Program Plan. The Town will continue to pursue the same policies in the upcoming year. In early 2018, the Town hired a new Highway Superintendent. Some reporting parameters were not available from the departing Superintendent. The Town Engineer will meet soon to brief the new Super on MS4 responsibilities.



#### **Experience** is the solution

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

November 06, 2017

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

TEL: (518) 384-0152

RE: Stage Road/Alplaus Kill

Dear Michael McNamara-Envir. Design:

Adirondack Environmental Services, Inc received 2 samples on 10/20/2017 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,

ELAP#: 10709

Work Order No: 171020042

Krzysztof Trafalski Laboratory Manager

CC:

Mike McNamara-Envir. Design

#### **CASE NARRATIVE**

CLIENT: Charlton, Town of Date: 06-Nov-17

**Project:** Stage Road/Alplaus Kill

**Lab Order:** 171020042

Sample containers were supplied by Adirondack Environmental Services.

Qualifiers: ND - Not Detected at reporting limit

J - Analyte detected below quantitation limit

B - Analyte detected in Blank

X - Exceeds maximum contamination limit

H - Hold time exceeded

N - Matrix Spike below acceptable limits

N+ - Matrix Spike is above acceptable limits

C - Details are above in Case Narrative

S - LCS Spike recovery is below acceptable limits

S+ - LCS Spike recovery is above acceptable limits

Z - Duplication outside acceptable limits

T - Tentatively Identified Compound-Estimated

E -Above quantitation range-Estimated

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.

CLIENT: Charlton, Town of LabWork Order: 171020042

**Date:** 06-Nov-17

Project: Stage Road/Alplaus Kill
PO#:

Lab SampleID:	171020042-001				Collection Date: Matrix:		
Client Sample ID:	Alplaus Kill	D a soul4	DOI	Oa1			
Analyses		Result	PQL	Quai	Units	DF	Date Analyzed
ICP METALS - EPA (Pre	200.7 REV 4.4 p: E200.7 - 10/23/2	2017 )					Analyst: <b>WB</b>
Sodium		30.2	0.500		mg/L	10	10/26/2017 6:10:40 PM
ANIONS BY ION CH	HROMATOGRAPHY	- EPA 300.0 RE\	/ 2.1				Analyst: CS
Chloride Nitrate, Nitrogen (As	NI)	44.6 0.06	2.00		mg/L mg/L	2	10/20/2017 5:58:00 PM 10/20/2017 5:58:00 PM
, ,	1 4.5 -SM 2320B-97,-		0.04		mg/L	۷	Analyst: CC
Alkalinity, Total (As C	CaCO3)	140	10		mg/L CaCO3	1	11/3/2017
	E - SM 4500 P E-99, I 4500 P E - 10/31/2						Analyst: <b>SH</b>
Phosphorus, Total (a	s P)	0.02	0.02		mg/L	1	10/31/2017
TOTAL DISSOLVE	O SOLIDS - SM 2540	C-97,-11					Analyst: CS
TDS (Residue, Filter	able)	295	5		mg/L	1	10/24/2017
NITRITE - SM4500 I	NO2 B-01,-11						Analyst: CC
Nitrite Nitrogen (as N	I)	ND	0.01		mg/L	1	10/20/2017 3:55:00 PM
PH - SM4500 H B -	NOT CERTIFIABLE	PARAMETER					Analyst: CC
рН		7.9	1.0	Н	pH Units@73F	1	10/20/2017 4:30:00 PM
	ГЕD НЕМ (SGT-НЕМ ер: E1664 - 10/26/2						Analyst: <b>AB</b>
Total Petroleum Hyd	rocarbons	ND	5.4		mg/L	1	10/26/2017

CLIENT: Charlton, Town of LabWork Order: 171020042

**Date:** 06-Nov-17

Project: Stage Road/Alplaus Kill PO#:

Lab SampleID:	171020042-002				Collection Date:		
Client Sample ID:	Stage Road				Matrix:	WATE	ER
Analyses		Result	PQL	Qual	Units	DF	Date Analyzed
CP METALS - EPA ( Pre	. 200.7 REV 4.4 p: E200.7 - 10/24/2	2017 )					Analyst: WB
Sodium		64.5	0.500		mg/L	10	10/26/2017 6:18:10 PM
ANIONS BY ION CH	HROMATOGRAPHY	EPA 300.0 RE	V 2.1				Analyst: CS
Chloride Nitrate, Nitrogen (As	N)	105 0.98	2.00 0.04		mg/L mg/L	2	10/20/2017 6:10:06 PM 10/20/2017 6:10:06 PM
	1 4.5 -SM 2320B-97,-		0.04		mg/L	_	Analyst: CC
Alkalinity, Total (As C	CaCO3)	160	10		mg/L CaCO3	1	11/3/2017
	TE - SM 4500 P E-99, I 4500 P E - 10/31/2						Analyst: <b>SH</b>
Phosphorus, Total (a	as P)	0.03	0.02		mg/L	1	10/31/2017
TOTAL DISSOLVE	O SOLIDS - SM 2540	C-97,-11					Analyst: CS
TDS (Residue, Filter	able)	650	5		mg/L	1	10/24/2017
NITRITE - SM4500 I	NO2 B-01,-11						Analyst: CC
Nitrite Nitrogen (as N	J)	ND	0.01		mg/L	1	10/20/2017 3:55:00 PM
PH - SM4500 H B -	NOT CERTIFIABLE I	PARAMETER					Analyst: CC
рН		2.6	1.0	Н	pH Units@71F	1	10/20/2017 4:30:00 PM
	ГЕD НЕМ (SGT-НЕМ) ер: E1664 - 10/26/2						Analyst: <b>AB</b>
Total Petroleum Hyd	rocarbons	ND	5.7		mg/L	1	10/26/2017



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

### **CHAIN OF CUSTODY RECORD**

AES Work Order #2 0042

**Experience** is the solution

A full service analytical research laboratory offering solutions to environmental concerns

Client Name:	Cllass	1	Addres	S: END P	RONMENTA oute 146	L 0	ES 1	en	V 1	11.11 1	20/5
TOWN OF	CHARLTO		C\O Project	Mama (Loca	stion)	C//\	10,	Samo	love: (A)	Jamoe)	40 60
M. V. M.	NAMADA -		STAI	LE POA	aleiaos	KII	j	Sauth	Mik	ianica) 10 DD	NAMARA
Client Phone No	:	Client Ema	ail:	S In CONT	PO Number:	17	Contraction.	Samp	lers: (S	ignature	)
518 371-7	621 ×115	MMCA	JAMARA	0				1	Mek	ind	Medde
AES Sample Number	S	<i>ED F</i> CI ample Identifi	ient cation & Location		Date Sampled	Tim A=a. P=p.	e m. m.	Sample Matrix	Type Guap Guap	Number of Cont's	M. W.  Analysis Required
001	Alpla	US /	Kill.		10/20/17		A P				See bottle
007	Alpla	0 !	Pose		/		A P				see bottle
	J				51		A P				
			·		10/20/	7)	A				
							A P				
							A			<b>†</b>	
							A				
							P A				
							P A				
							P				
			·····			-	P				
							P				
							P				
						-	P				
							Р				
Shipment Arriv	red Via:			CC R	eport To / Special Ins	structio	ns/Re	marks:	~~~~		
FedEx UPS	Client AES	Other:			Sample	der	$t_e$	0-5	F	De/	containers 5. m. 10/20/17
Turnaround Tim	ie Request:				•					on San	J. M. 10/20/12
□ 1 Day	□ 3 Day	☐ Norma	al								′′/
☐ 2 Day  Note: Samples n	☐ 5 Day eceived after 3:30 pm	n are considere	d next business o	fav							
Relipquished b		1/11			ived by: (Signature)						Date/Time
Much	(mel )	WNO			Materia						
Relinquished b	y: (Signature)			Rece	eived by: (Signature)	,					Date/Time
Relinguished b	y: (Signature)			Reçe	eived for Laboratory t			`			Date/Time
				1	andet		ACCENTAGE OF THE PROPERTY OF T		Section 1.		10/20117 1:37
	TEMPERATUR	RE	AES Bottles		PROPERLY PRESERVE	D				RECEIV	ED WITHIN HOLDING TIMES
Notes:	Ambient or ↓⊋⊖	Chilled	YN	Notes:	Y						Y
11000.	WHITE - I	Lab Copy			LLOW - Sampler Cop	у			ANALYSIS OF THE PROPERTY OF TH		Demo

Adirondack Environmental Service





#### **Experience** is the solution

314 North Pearl Street • Albany, New York 12207 • (518) 434-4546 • Fax (518) 434-0891

#### 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.



#### **Experience** is the solution

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

November 22, 2017

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

TEL: (518) 384-0152

RE: Stage Road Re-Test

Dear Michael McNamara-Envir. Design:

Adirondack Environmental Services, Inc received 1 sample on 11/15/2017 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,

ELAP#: 10709

Work Order No: 171115063

Krzysztof Trafalski Laboratory Manager

CC:

Mike McNamara-Envir. Design

#### **CASE NARRATIVE**

CLIENT: Charlton, Town of Date: 22-Nov-17

Project: Stage Road Re-Test

**Lab Order:** 171115063

Sample containers were supplied by Adirondack Environmental Services.

Qualifiers: ND - Not Detected at reporting limit

J - Analyte detected below quantitation limit

B - Analyte detected in Blank

X - Exceeds maximum contamination limit

H - Hold time exceeded

N - Matrix Spike below acceptable limits

N+ - Matrix Spike is above acceptable limits

C - Details are above in Case Narrative

S - LCS Spike recovery is below acceptable limits

S+ - LCS Spike recovery is above acceptable limits

Z - Duplication outside acceptable limits

T - Tentatively Identified Compound-Estimated

E -Above quantitation range-Estimated

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.

рΗ

CLIENT: Charlton, Town of LabWork Order: 171115063

7.7

Project: Stage Road Re-Test PO#:

Lab SampleID: 171115063-001 **Collection Date:** 11/15/2017 2:30:00 PM Client Sample ID: Stage Road Matrix: WATER Analyses Result **PQL Qual Units** DF **Date Analyzed TOTAL DISSOLVED SOLIDS - SM 2540C-97,-11** Analyst: CS TDS (Residue, Filterable) 11/16/2017 355 5 mg/L 1 PH - SM4500 H B - NOT CERTIFIABLE PARAMETER Analyst: CC

1.0

Н

pH Units@69F

1

**Date:** 22-Nov-17

11/15/2017 4:25:00 PM



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

### **CHAIN OF CUSTODY RECORD**

AES Work Order #

agent M			
Experience	IS	me	Solution

Stage Roard  III/SITAX B W P P P P P P P P P P P P P P P P P P	kperience is t	the solution	A full service a	analytical	research labo	ratory off	ering 's	solution	ns to er	ivironmental concerns
Sample Internited  Sample Internited In a Location  In It Is Is It Is It Is It Is It Is It Is It Is It Is It Is It Is It Is It	Client Name:	F Chy /mil	Address:	ENI	. Dock		9001	240	ıú/	CI CL. DE AND
Sample Internited  Sample Internited In a Location  In It Is Is It Is It Is It Is It Is It Is It Is It Is It Is It Is It Is It	YOUNG TO	1 444 17000	Decinet Nam	o (Loostian)	, Jesig,	<u> </u>	Cam	nlovo: //	17¢	CUITIBUT
Sample Number   Sample   Identification & Location   Date   Pep.m.   Matrix   \$\frac{8}{8} \frac{8}{6} \text{ Centry   Analysis Required   Pep.m.   Matrix   \$\frac{8}{8} \frac{8}{6} \text{ Centry   Analysis Required   Pep.m.   Matrix   \$\frac{8}{6} \frac{8}{6} \text{ Centry   Analysis Required   Pep.m.   Matrix   \$\frac{8}{6} \frac{8}{6}  Centry   Pep.m.   Analysis Required   Pep.m.	sena neport 10.	E almada a	S-d/	E CO	10 600	to sit	Saiii	piers. (i	vaines)	malina
Sample Number   Sample   Identification & Location   Date   Pep.m.   Matrix   \$\frac{8}{8} \frac{8}{6} \text{ Centry   Analysis Required   Pep.m.   Matrix   \$\frac{8}{8} \frac{8}{6} \text{ Centry   Analysis Required   Pep.m.   Matrix   \$\frac{8}{6} \frac{8}{6} \text{ Centry   Analysis Required   Pep.m.   Matrix   \$\frac{8}{6} \frac{8}{6}  Centry   Pep.m.   Analysis Required   Pep.m.	Niant Phone No.	Client Em	37 <i>46</i>	E CUS	umhar:	1678	Same	nlage: (	CE   Clanatura	1 12 14 AVNO C Comme
Sample Number   Sample   Identification & Location   Date   Pep.m.   Matrix   \$\frac{8}{8} \frac{8}{6} \text{ Centry   Analysis Required   Pep.m.   Matrix   \$\frac{8}{8} \frac{8}{6} \text{ Centry   Analysis Required   Pep.m.   Matrix   \$\frac{8}{6} \frac{8}{6} \text{ Centry   Analysis Required   Pep.m.   Matrix   \$\frac{8}{6} \frac{8}{6}  Centry   Pep.m.   Analysis Required   Pep.m.	STORE FROM WO	7/ 0/ Amend	an. A an a a a s s s s s	- ^ / / /	A con an		Jan	Piers. (	Juguature	MAN Alexander
Sample Internited  Sample Internited In a Location  In It Is Is It Is It Is It Is It Is It Is It Is It Is It Is It Is It Is It	312001	1621 PINCH	THIACH CE	-P11-6	r-corry	Time	Samul	le Tune	Number	EP DUCOV
Shignent Arrived Via:    A   P	AES	С	lient		Date	A=a.m.				
Shignent Arrived Via:    A   P	N/h	Stoop Pa			11/15/17	2:40A	W	X	-	PH
A   P		7/8/A /(3/			(1, 2, 10, 1	A				refin 1 Con
Shipment Arrived Via:    A   P   P   P   P   P   P   P   P   P								<del>                                     </del>	ļ	105
Shipment Arrived Via:  FedEx UPS Client AES Other:    Other						ļ				
A   P								++-	<del> </del>	
P						. —				
Shipment Arrived Via:    A   P     A   A     A   A     P     A   A     A   A     A   A     A   A						l				
Shigment Arrived Via:    A   P     A   A     A   A     A   A     A   A									+	
Shiament Arrived Via:    A   P     A   A   P     A   A   A     A   A   P     A   A   A     A   A   A     A   A										
Shipment Arrived Via:    A   P				-		l —				
P								+	+	
Shigment Arrived Via:    P					•	1 1				
Shigment Arrived Via:   P										
Shigment Arrived Via:   P						<del>                                     </del>				
Shipment Arrived Via:    A   P						1				
Shipment Arrived Via:   A   P	-					<del></del>				
Shipment Arrived Via:   FedEx UPS Client AES Other:	·····					+			1	
Shipment Arrived Via:  FedEx UPS Client AES Other:  Turnaround Time Request:  1 Day 3 Day Normal 2 Day 5 Day Note: Samples received after 3:30 pm are considered next business day  Relinquished by: (Signature)  Received by: (Signature)  Received by: (Signature)  Date/Time  Temperature  AES Bottles  Property Preserved  Received Within Holding Times  Ambient by Chilled Y N Y N						1 1				
Shinment Arrived Via:  FedEx UPS Client AES Other:  Turnaround Time Request:  1 Day 3 Day Normal 2 2 Day 5 Day Note: Samples received after 3:30 pm are considered next business day  Relinquished by: (Signature)  Relinquished by: (Signature)  Received by: (Signature)  Received by: (Signature)  Received by: (Signature)  Date/Time  Temperature  AES Bottles  Property Preserved  Received Within Holding Times  Ambient or Chilled  Y N								++		
Shipment Arrived Via: FedEx UPS Client AES Other:    Turnaround Time Request:   1 Day										
Shigment Arrived Via:   FedEx UPS Client AES Other:										
FedEx UPS Client AES Other:							<u> </u>			
Turnaround Time Request:    1 Day	Shipment Arriv	red Via:		CC Report	t To / Special Ins	tructions/Ro	emarks:			
1 Day	FedEx UPS	Client AES Other:								
1 Day	Turnaround Tim	no Bonnact:	on the same of the	-						
2 Day   5 Day   Note: Samples received after 3:30 pm are considered next business day   Received by: (Signature)   Received by: (Signature)   Date/Time			al							
Relinquished by: (Signature)  Received by: (Signature)  Received by: (Signature)  Received by: (Signature)  Date/Time  Received by: (Signature)  Date/Time  Received by: (Signature)  Received for Laboratory by:  Date/Time  Temperature  AES Bottles  PROPERLY PRESERVED  RECEIVED WITHIN HOLDING TIMES  Ambient or Chilled Y N Y N Y N	□ 2 Day	□ 5 Day.								
Relinquished by: (Signature)  Received by: (Signature)  Received by: (Signature)  Received for Laboratory by:  Date/Time			d next business day	Doggiyad	hur (Cinnatura)					Date/Time
Received for Laboratory by:    Date/Time	Heimquistied by	Green Med A	-	Heceivea	by: (Signature)					Date/Time
TEMPERATURE  ABS Bottles  PROPERLY PRESERVED  RECEIVED WITHIN HOLDING TIMES  Y  N  Y  N	Relinquished by	y: (Signature)		Received	by: (Signature)					Date/Time
TEMPERATURE  ABS Bottles  PROPERLY PRESERVED  Ambient or Chilled Y N Y N Y N  Y N  Y N	Dolinguished b	n. (Signatura)		Possing	for Laborator: 5	100				Data//ima
TEMPERATURE  Ambient or Chilled  Y N  PROPERLY PRESERVED  Y N  Y  N  RECEIVED WITHIN HOLDING TIMES  Y N	venudaizuea Di	y. (อายูแสเนาะ)		neceived	Ter Laudratury D	y.				11/15/12 3 5
Ambient or Chilled Y N Y N		Transparen	AES	Die a	DEDLY BOSON	- AND THE PROPERTY OF THE PROP			Dros	1-(
	£			✓ PRO		,			MECEIV	
Notes:   Motos:   Motos:	<u> </u>	A O			Y N					Y) N
	Notes:	0 0	Not	es:				Mot		
WHITE - Lab Copy YELLOW - Sampler Copy		WHITE - Lab Copy		YELLOV	V - Sampler Copy	1			Minister	

Adirondack Environmental Services,





#### **Experience** is the solution

314 North Pearl Street • Albany, New York 12207 • (518) 434-4546 • Fax (518) 434-0891

#### 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.