

# TOWN OF GREENFIELD

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

Permit # NYR20A123

## STORM WATER MANAGEMENT PROGRAM

**2017 ANNUAL REPORT (YEAR 15)  
March 9, 2017 – March 9, 2018**

Report Date: March 2018



Town of Greenfield  
P.O. Box 10  
Greenfield, New York 12833  
Telephone: 518 893-7432  
Fax 518 893-2460

Prepared By:

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



**MS4 Municipal Compliance Certification(MCC) Form**

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

Name of MS4

SPDES ID  
N Y R 2 0 A 1 2 3

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

**MS4 Municipal Compliance Certification(MCC) Form**

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

2	0	1	8
---	---	---	---

Name of MS4 

Town of Greenfield, Saratoga County, NY
-----------------------------------------

SPDES ID

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
W a l t		B a r s s

<b>Title</b>
H i g h w a y S u p e r i n t e n d e n t

<b>Address</b>
P O B o x 1 0

<b>City</b>	<b>State</b>	<b>Zip</b>
G r e e n f i e l d C e n t e r	N Y	1 2 8 3 3 -

<b>eMail</b>

<b>Phone</b>	<b>County</b>
( 5 1 8 ) 8 9 3 - 7 6 0 4	S A R A T O G A

## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 

2	0	1	8
---	---	---	---

Name of MS4 

Town of Greenfield, Saratoga County, NY
-----------------------------------------

SPDES ID  

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

### Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name 

C	h	a	r	l	e	s								
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

 MI 

D
---

 Last Name 

B	a	k	e	r										
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Title 

E	n	v	i	r	o	n	m	e	n	t	a	l		D	e	s	i	g	n		P	t	r	.		L	L	P		P	E
---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---	--	---	---

Address 

9	0	0		R	o	u	t	e		1	4	6																						
---	---	---	--	---	---	---	---	---	--	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City 

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

 State 

N	Y
---	---

 Zip 

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

eMail 

c	b	a	k	e	r	@	e	d	p	l	l	p	.	c	o	m																		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone 

(	5	1	8	)		3	7	1	-	7	6	2	1
---	---	---	---	---	--	---	---	---	---	---	---	---	---

 County 

S	A	R	A	T	O	G	A										
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID  
N Y R 2 0 A 1 2 3

**Section 2 - Contact Information**

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

**MS4 Municipal Compliance Certification (MCC) Form**

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID  
N Y R 2 0 A 1 2 3

**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

State

Zip

B a l l s t o n S p a

N Y

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 i n i c a l S u p p o r t
- MM3 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t
- MM4 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t
- MM5 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t
- MM6 M a t e r i a l / T e c h / T r a i n i n g S u p p o r t

Additional tasks/responsibilities

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

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2018

Name of MS4

SPDES ID  
N Y R 2 0 A 1 2 3

#### 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

Title (Clearly print title of individual signing report)

Signature

Date  
0 5 / 1 0 / 2 0 1 8

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

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







### MS4 Annual Report Form

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

2	0	1	8
---	---	---	---

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

Name of MS4/Coalition 

T	o	w	n	o	f	G	r	e	e	n	f	i	e	l	d
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID  

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

**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
- Direct Mailings
- Kiosks or Other Displays
- List-Serves
- Mailing List
- Newspaper Ads or Articles
- Public Events/Presentations
- School Program
- TV Spot/Program
- Printed Materials:

# Trained				
# Mailings				
# Locations				1
# In List				
# In List				
# Days Run				
# Attendees				
# Attendees				
# Days Run				
Total # Distributed			0	8

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

T	o	w	n		H	a	l	l												

Other:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

URL

w	w	w	.	t	o	w	n	o	f	g	r	e	e	n	f	i	e	l	d	.	c	o	m	/	d	e	p	a	r	t	m
e	n	t	s	/	m	s	4	-	s	t	o	r	m	w	a	t	e	r	-	m	a	n	a	g	e	m	e	n	t	.	h
t	m	l																													

URL

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

**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2018

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 1 2 3

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

URL  
http://www.saratogastormwater.org/saratoga-county-municipalities.htm

URL  
http://www.saratogastormwater.org/residents-illicit-discharge.htm

URL  
http://www.saratogastormwater.org/residents-construction-runoff.htm

URL  
http://www.saratogastormwater.org/residents-post-construction.htm

URL  
http://www.saratogastormwater.org/contractors-developers-construction-runoff.htm

URL  
http://www.saratogastormwater.org/contractors-developers-post-construction.htm

URL  
http://www.saratogastormwater.org/municipalities-public-education.htm

**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.

Name of MS4/Coalition 

Town of Greenfield
--------------------

SPDES ID  

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

**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 information brochures at town hall. Continue to educate Board members.

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

Attendance at road and stream cleanups is abundant.

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

			2
--	--	--	---

*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Road and stream cleanup events will continue in the spring. In 2017 the town held eight road side cleanups. Home household waste collection was held twice in 2017, 128.9 tons of household waste material, 45.5 tons of recycled material and 2.5 tons of electronic recyclables were collected and disposed of by the town. In 2018 the Town will continue participation in County program.

### 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.

Name of MS4/Coalition 

T	o	w	n	o	f	G	r	e	e	n	f	i	e	l	d
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SPDES ID  

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

### Minimum Control Measure 2. Public Involvement/Participation

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

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

How many MS4s contributed to this report? 

--	--	--

**1. 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 

				8
--	--	--	--	---
- Comments on SWMP Received # Comments 

				0
--	--	--	--	---
- Community Hotlines Phone # ( 

--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--
- Phone # ( 

5	1	8
---	---	---

 ) 

8	8	5
---	---	---

 - 

8	9	9	5
---	---	---	---

Phone # ( 

--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--
- Phone # ( 

--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--

Phone # ( 

--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--
- Phone # ( 

--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--

Phone # ( 

--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--
- Phone # ( 

--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--

Phone # ( 

--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--
- Phone # ( 

--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--

Phone # ( 

--	--	--

 ) 

--	--	--	--

 - 

--	--	--	--
- Community Meetings # Attendees 

--	--	--	--
- Plantings Sq. Ft. 

--	--	--	--
- Storm Drain Markings # Drains 

--	--	--	--
- Stakeholder Meetings # Attendees 

--	--	--	--
- Volunteer Monitoring # Events 

--	--	--	--
- Other: 

T	o	w	n	&	P	l	a	n	n	i	n	g	B	o	a	r	d	m	e	t	s	.	3	5				
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

**2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided?**  Yes  No

- List-Serve # In List 

--	--	--	--
- Newspaper Advertising # Days Run 

				1
--	--	--	--	---
- TV/Radio Notices # Days Run 

--	--	--	--
- Other: 

c	o	p	y	a	t	t	o	w	n	h	a	l	l																
---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- 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, 2018

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

Name of MS4/Coalition

SPDES ID  
N Y R 2 0 A 1 2 3

#### 2. URL(s) con't.:

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

URL

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

URL

URL

URL

URL

URL

URL







**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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 Greenfield
--------------------

SPDES ID  

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

**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.

		/			/				
--	--	---	--	--	---	--	--	--	--

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

--	--	--

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?

0	4	/	0	6	/	2	0	1	7
---	---	---	---	---	---	---	---	---	---

If No, is one planned?

Yes  No

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

Yes  No

If No, is one planned for each?

Yes  No

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

Yes  No

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

**MS4 Annual Report Form**

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

2	0	1	8
---	---	---	---

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 Greenfield
--------------------

SPDES ID  

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

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

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

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

Continue to sponsor and support local stewardship activities.  
 Continue to participate with the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.  
 Continue to offer residents opportunity to dispose of home household waste (twice per year).

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

Road and stream cleanup events will continue in the spring. In 2017 the town held eight road side cleanups. Home household waste collection was offered twice in 2017, 128.8 tons of household waste material, 45.5 tons of recycled material and 2.5 tons of electronic recyclables where collected and disposed of by the town. In 2018 the Town will continue participation in County program.

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

			2
--	--	--	---

*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Continue all specified measures detailed in the Town of Greenfield SWMP Plan.  
 Continue to participate in the ISWM Program publication of a Combined Saratoga County MS4 Annual Report.







**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.

Name of MS4/Coalition 

Town of Greenfield
--------------------

SPDES ID  

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

**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 (SWMP), including requirements in Part III.C.1. Submit additional pages as needed.

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

The measurable goal for the Town was to continue to monitor the Illicit Discharge Detection and Elimination program including monitoring septic systems, stormwater hot spots and completing dry weather observations. The Town collects and samples surface water from two major discharge points and monitors any changes in background contaminants.

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

During the reporting period the Town observed and reviewed 11 failing septic systems. The Town continues to monitor six locations previously identified as key locations for Dry weather Storm Outfalls. Each of the six locations is observed a minimum of two times per year and the observations are documented.

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

			2
--	--	--	---

(ex.: samples/participants/events)

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

Yes    No

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

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 performance of septic system replacements and modifications, dry weather observations, water quality testing and investigation of any reported illicit discharge violations.

**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.

Name of MS4/Coalition 

Town of Greenfield
--------------------

SPDES ID  

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

**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? 

--	--	--

**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?**

		5
--	--	---

**4. Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?**  Yes  No  NT

If Yes, how many public comments were received during this reporting period? 

		0
--	--	---

**5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process?**  Yes  No



**6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:**

- Notices of Violation # 

				0
--	--	--	--	---

 No Authority
- Stop Work Orders # 

				0
--	--	--	--	---

 No Authority
- Criminal Actions # 

				0
--	--	--	--	---

 No Authority
- Termination of Contracts # 

--	--	--	--	--

 No Authority
- Administrative Fines # 

--	--	--	--	--

 No Authority
- Civil Penalties # 

--	--	--	--	--

 No Authority
- Administrative Orders # 

				0
--	--	--	--	---

 No Authority
- Enforcement Actions or Sanctions # 

--	--	--	--	--
- Other # 

--	--	--	--	--

 No Authority

**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.

Name of MS4/Coalition 

Town of Greenfield
--------------------

SPDES ID  

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

**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 disturbances of one acre or more during this reporting period? 

	0	3
--	---	---

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

	0	5
--	---	---

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

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

 %

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

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

 %

5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?  Yes  No  NT

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2018

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 1 2 3

Name of MS4/Coalition:

**6. con't.:**

Submit additional pages as needed.

● MS4/Coalition Office

Department

B u i l d i n g   a n d   z o n i n g

Address

P O B o x   1 0

City

G r e e n f i e l d   C t r

N Y

Zip

1 2 8 3 3 -

Phone

( 5 1 8 ) 8 9 3 - 7 4 3 2

○ Library

Address

City

N Y

Zip

-

Phone

( 5 1 8 ) -

● Other

Address

E D P - L L P ;   9 0 0   R o u t e   1 4 6

City

C l i f t o n   P a r k

N Y

Zip

1 2 0 6 5 -

Phone

( 5 1 8 ) 3 7 1 - 7 6 2 1

○ Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

URL

**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.

Name of MS4/Coalition 

Town of Greenfield
--------------------

SPDES ID

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

**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.**

The Town continues to review all development projects and enforces compliance with the NYS Stormwater Design Manual for water quality compliance. The Town reviews all applications for building permits and addresses the need for temporary and permanent erosion control measures. During the reporting period the Town issued 174 building permits (3 with 1 acre disturbance or more) and two on going large developments (over one acre with active SWPPP's).

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

Town personnel understand the requirements of the Construction Site Runoff and Post Construction Runoff Control and follow a standard program within the Town to review and track all new construction projects for the initial planning and application to the final construction. The Town regularly inspects active sites and maintains records of inspections and violations.

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

			2
--	--	--	---

(ex.: samples/participants/events)

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

Yes  No

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

Yes  No

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

Continue to implement and follow the program that is established in the Town.



### 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.

Name of MS4/Coalition

Town of Greenfield

SPDES ID

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

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

Yes  No

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

Yes  No

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

Yes  No

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

		0
--	--	---

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

	5	0
--	---	---

 %

**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.

Name of MS4/Coalition 

Town of Greenfield
--------------------

SPDES ID  

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

**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.**

The Town has inventoried all existing Post-Construction Runoff Control facilities and has established a maintenance plan for each location. As new projects are dedicated within the Town the post-Construction Runoff Control data base will be updated to add any new facilities to the maintenance schedule.

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

The Town Highway Department has been keeping logs of maintenance visits to all existing locations and has established a program to monitor and repair locations as needed.

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

			2
--	--	--	---

*(ex.: samples/participants/events)*

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

Yes    No

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

Yes    No

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

Continue to follow the program established within the Town.

**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.

Name of MS4/Coalition: 

Town of Greenfield
--------------------

SPDES ID  

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

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

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

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

How many MS4s contributed to this report? 

--	--	--

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

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



**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.

Name of MS4/Coalition 

Town of Greenfield
--------------------

SPDES ID  

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

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

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

				6
--	--	--	--	---
- Streets Swept (Number of miles X Number of times swept) # Miles 

			1	6
--	--	--	---	---
- Catch Basins Inspected and Cleaned Where Necessary # 

		1	6	3
--	--	---	---	---
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary # 

			1	0
--	--	--	---	---
- Phosphorus Applied In Chemical Fertilizer # Lbs. 

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

--	--	--	--	--
- Pesticide/Herbicide Applied # Acres 

					.	
--	--	--	--	--	---	--

  
(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?**

				3
--	--	--	--	---

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

--	--

 / 

--	--

 / 

--	--	--	--

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

		2
--	--	---

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

	5	0
--	---	---

 %

**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.

Name of MS4/Coalition 

Town of Greenfield
--------------------

SPDES ID

N	Y	R	2	0	A	1	2	3
---	---	---	---	---	---	---	---	---

**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.**

The Town Highway Department has established an inventory system and a maintenance schedule plan to inspect and maintain all existing stormwater practices in the Town. The Town regularly inspects and maintains all municipal properties and addresses any noted deficiencies in a timely manor. The Highway Department cleaned 18.4 lane miles of roadside ditches and replaced 9 culvert structures in 2017.

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

Continued communication between Town officials, Highway Department personnel and Town Engineer, has helped to establish a successful good housekeeping and pollution prevention plan within the Town

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

			2
--	--	--	---

*(ex.: samples/participants/events)*

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

Yes  No

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

Yes  No

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

The Town will continue to implement the maintenance program that has been established. The Highway Department has established a program to train their employees on stormwater related issues and will continue to provide opportunities for personnel to attend stormwater management training programs.