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

2015 ANNUAL REPORT
March 10, 2015 – March 9, 2016

Report Date: April 1, 2016

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

Prepared By:

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

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

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

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

This annual report and prior annual reports are also available for public review on the Charlton website at www.townofcharlton.org/pages/charltonny_ms4/reports. Comments on the annual report may also be submitted on the website or directly to the preparer at the address above.

This annual report is submitted to the New York State Department of Environmental Conservation by June 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.

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4 Town of Charlton

SPDES ID NYR20A032

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)

○ A Joint Report

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

If Joint Report, enter coalition name:

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

Name of MS4: Town of Charlton

SPDES ID: NYR20A032

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: Alan

MI:

Last Name: Grattidge

Title: Supervisor

Address: 758 Charlton Road

City: Charlton

State: NY

Zip: 12019 -

eMail: supervisor@charlton.org

Phone: (518) 384-0152

County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

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

SPDES ID: NYR20A032

Section 2 - Contact Information

Important Instructions - Please Read

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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).

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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: Michael

MI:

Last Name: Emerich

Title: Highway Superintendent

Address: 4008 Jockey Street

City: Charlton

State: NY

Zip: 12019 -

eMail: highway@townofcharlton.org

Phone: (518) 399-3425

County: SARATOGA

5690581587

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

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

SPDES ID: NYR20A032

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: Marvin

MI:

Last Name: Schorr

Title: ECC Chairman

Address: 758 Charlton Road

City: Charlton

State: NY

Zip: 12019 -

eMail: mschorrl@nycap.rr.com

Phone: (518) 399-4161

County: SARATOGA

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2016

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

SPDES ID: NYR20A032

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: Michael

MI:

Last Name: McNamara

Title: Town Engineer

Address: 900 Route 146

City: Clifton Park

State: NY

Zip: 12065 -

eMail: mmcnamara@edpllp.com

Phone: (518) 371-7621

County: SARATOGA

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2016

Name of MS4: Town of Charlton

SPDES ID: NYR20A032

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: Saratoga County CCE ISWM Program

Partner/Coalition Name (con't.):

SPDES Partner ID - If applicable: NYR20C006

Address:

City: Ballston Spa

State: NY

Zip: 12020 -

eMail: brn5@cornell.edu

Phone: (518) 885-8995

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: County-wide Ed/Outreach
- ● MM2: Material/Techinical Support
- ● MM3: Material/Tech/Training Support
- ● MM4: Material/Tech/Training Support
- ● MM5: Material/Tech/Training Support
- ● MM6: Material/Tech/Training Support

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, 2016

Name of MS4: Town of Charlton

SPDES ID: NYR20A032

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: Alan

MI:

Last Name: 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

1100364151

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

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 ○ No

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

4286299954

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

Minimum Control Measure 1. Public Education and Outreach

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? ___

1. Targeted Public Education and Outreach Best Management Practices

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

● Construction Sites
● General Stormwater Management Information
● Household Hazardous Waste Disposal
○ Illicit Discharge Detection and Elimination
○ Infrastructure Maintenance
○ Smart Growth
○ Storm Drain Marking
● Green Infrastructure/Better Site Design/Low Impact Development
○ Other:

○ Pesticide and Fertilizer Application
● Pet Waste Management
● Recycling
○ Riparian Corridor Protection/Restoration
○ Trash Management
○ Vehicle Washing
○ Water Conservation
○ Wetland Protection
○ None

Other

2. Specific audiences targeted during this reporting period:

● Public Employees
● Residential
○ Businesses
○ Restaurants
● Other:

○ Contractors
● Developers
● General Public
○ Industries
○ Agricultural

Other: Planning & Town Board members

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

3. What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:

○ Construction Site Operators Trained	# Trained	
○ Direct Mailings	# Mailings	
● Kiosks or Other Displays	# Locations	2
○ List-Serves	# In List	
○ Mailing List	# In List	
○ Newspaper Ads or Articles	# Days Run	
○ Public Events/Presentations	# Attendees	
○ School Program	# Attendees	
○ TV Spot/Program	# Days Run	
● Printed Materials:	Total # Distributed	50

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

Town Hall

Founders Day event

● Other:

Town Newsletter

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

URL

http://www.townofcharlton.org/Pages/charltonny-BComm/townboard/spring%2014%20newslts.pdf

URL

http://www.saratoga.stormwater.org/residents-public-education.htm

0704299955

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

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

URL
http://www.saratogastormwater.org/residents-public-involvement.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, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

4. Evaluating Progress Toward Measurable Goals MCM 1

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

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

Actively participate in the Saratoga County Intermunicipal program. Continue providing articles in Town Newsletter. Continue to educate Board members. Continue signage on catch basins and pet wastes.

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

Attendance at road cleanups increases yearly. Planning Board has a greater understanding of Stormwater management techniques and has increased focus in this area.

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

3

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

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

Road cleanup events in spring. Continue participation in County program. Continue town newsletter, rerun MS4 informational article.

4961183103

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

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: 2

○ Comments on SWMP Received — # Comments: ___

● Community Hotlines — Phone # ( ) -

Phone # (518) 885-8995 — Phone # ( ) -

Phone # ( ) - — Phone # ( ) -

Phone # ( ) - — Phone # ( ) -

Phone # ( ) - — Phone # ( ) -

Phone # ( ) - — Phone # ( ) -

○ Community Meetings — # Attendees: ___

● Plantings — Sq. Ft.: 1000

○ Storm Drain Markings — # Drains: ___

○ Stakeholder Meetings — # Attendees: ___

○ Volunteer Monitoring — # Events: ___

○ Other: ___

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

● List-Serve — # In List: 600

○ Newspaper Advertising — # Days Run: ___

○ TV/Radio Notices — # Days Run: ___

● Other: Copy at Town Hall

● 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, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

2. URL(s) con't.:
Please provide specific address(es) where notice(s) can be accessed - not home page.

URL
http://www.townofcharlton.org/PaGES/CHARLTONNY-MS4/REPORTS/

URL
http://www.saratogastormwater.org/municipalities-additional-resources.htm

URL

URL

URL

URL

URL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

2. URL(s) con't.:

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

URL

URL

URL

URL

URL

URL

URL

5441172015

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents?

Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed.

● MS4/Coalition Office — ● Annual Report ● SWMP Plan ● Comments

Department: Town Hall

Address: 758 Charlton Road

City: Charlton NY Zip: 12019-

Phone: (518) 384-0152

○ Library — ○ Annual Report ○ SWMP Plan ○ Comments

Address:

City: NY Zip: -

Phone: (518) -

● Other — ● Annual Report ○ SWMP Plan ● Comments

Address: 50 West High Street

City: Ballston Spa NY Zip: 12020-

Phone: (518) 885-8995

● Web Page URL: — ● Annual Report ○ SWMP Plan ○ Comments

www.townofcharlton.org/pages/charltonny-ms4/reports/

www.saratogastormwater.org/muni

Please provide specific address of page where report can be accessed - not home page.

● eMail — ✆ Comments

brn5@cornell.edu

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

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. 04 / 06 / 2016

4.b. For how many days was/will this report be posted? 999

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? __ / __ / ____

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, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

7. Evaluating Progress Toward Measurable Goals MCM 2

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

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

Participate in Saratoga County Intermunicipal Storm program. Continue free tree plantings giveaway. Continue waste collection and recycling events as possible.

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

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

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

2

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

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

Continue participation in County program and town wide cleanup events.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

Minimum Control Measure 3. Illicit Discharge Detection and Elimination

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? ___

1. Enter the number and approx. percent of outfalls mapped: 27 # 100 %

2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)? 27

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

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

○ Sewersheds:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

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

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

4. How many illicit discharges/potential illegal connections have been detected during this reporting period? 0

5. How many illicit discharges have been confirmed during this reporting period? 0

6. How many illicit discharges/illegal connections have been eliminated during this reporting period? 0

7. Has the storm sewershed mapping been completed in this reporting period? ● Yes ○ No

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

8. Is the above information available in GIS? ● Yes ○ No

Is this information available on the web? ● Yes ○ No

If Yes, provide URL(s):

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

URL: http://www.maphost.com/saratoga/

URL:

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

8. URL(s) con't.:
Please provide specific address of page where map(s) can be accessed - not home page

URL

URL

URL

URL

URL

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

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

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

25 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

12. Evaluating Progress Toward Measurable Goals MCM 3

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

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

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

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

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

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

3

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

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 cerfification or using the NYSDEC Gap Analysis Workbook? ● Yes ○ No ○ NT

If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.
○ 09/2004 ● 03/2006 ○ NT

2. Does your MS4/Coalition have a SWPPP review procedure in place? ● Yes ○ No

3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period? 0

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

If Yes, how many public comments were received during this reporting period? 0

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

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

● Notices of Violation	#	0	○ No Authority
● Stop Work Orders	#	0	○ No Authority
○ Criminal Actions	#		○ No Authority
○ Termination of Contracts	#		○ No Authority
○ Administrative Fines	#		○ No Authority
○ Civil Penalties	#		○ No Authority
● Administrative Orders	#	0	○ No Authority
● Enforcement Actions or Sanctions	#	0	
○ Other	#		○ No Authority

9445612573

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

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?** 2

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

3. **What percent of active construction sites were inspected during this reporting period?** ○ NT
   100 %

4. **What percent of active construction sites were inspected more than once?** ○ NT
   100 %

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.

7482169883

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

6. con't.:

Submit additional pages as needed.

● MS4/Coalition Office

Department: Town Engineer

Address: 900 Route 146

City: Clifton Park NY Zip: 12065-

Phone: (518) 371-7621

○ Library

Address:

City: NY Zip: -

Phone: (518) -

○ Other

Address:

City: NY Zip: -

Phone: (518) -

○ 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, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

7. Evaluating Progress Toward Measurable Goals MCM 4

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

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

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

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

Only 2 current projects in Town during reporting period with greater than one acre of disturbance. No prolonged erosion problems during construction. No erosion and sediment related complaints Town wide related to any construction projects.

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

1

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

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

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

1048119251

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

Minimum Control Measure 5. Post-Construction Stormwater Management

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

● On behalf of an individual MS4
○ On behalf of a coalition

How many MS4s contributed to this report? ___

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

	# Inventoried	# Inspections	# Times Maintained
● Alternative Practices	1	0	0
● Filter Systems	1	1	0
● Infiltration Basins	2	0	0
● Open Channels	65	65	0
● Ponds	2	2	0
○ Wetlands			
○ Other			

2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintanance? ○ Yes ● No

3. What types of non-structural practices have been used to implement Low Impact Development/Better Site Design/Green Infrastructure principles?

○ Building Codes ● Municipal Comprehensive Plans

○ Overlay Districts ● Open Space Preservation Program

● Zoning ○ Local Law or Ordinance

○ None ● Land Use Regulation/Zoning

○ Watershed Plans ○ Other Comprehensive Plan

● Other: Planning Board policy

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

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?

0 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

6. Evaluating Progress Toward Measurable Goals MCM 5

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

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

Continue to ensure the use of permanent stormwater management treatment facilities for applicable development projects, institute perpetual care agreements or require public dedication to promote long term health of treatment facilities.

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

Charlton has had only two major development projects in at least 20 years. Currently there are only six modern stormwater management facilities town wide. The oldest of those facilities is less than seven years old.

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

1

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

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

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

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.**

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

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

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

○ Parking Lots Swept (Number of acres X Number of times swept)	# Acres	
● Streets Swept (Number of miles X Number of times swept)	# Miles	15
● Catch Basins Inspected and Cleaned Where Necessary	#	20
● Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary	#	1
○ Phosphorus Applied In Chemical Fertilizer	# Lbs.	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.	
○ Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)	# Acres	.

3. How many stormwater management trainings have been provided to municipal employees during this reporting period? 1

4. What was the date of the last training? 05 / 01 / 2015

5. How many municipal employees have been trained in this reporting period? 1

6. What percent of municipal employees in relevant positions and departments receive stormwater management training? 25 %

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2016

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

Name of MS4/Coalition: Town of Charlton

SPDES ID: NYR20A032

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?

365

(ex.: samples/participants/events)

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

● Yes ○ No

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

● Yes ○ No

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

Charlton's good housekeeping MCM is in full implementation in accordance with its Storm Water Management Program Plan. The Town will continue to pursue the same policies in the upcoming year.

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

November 05, 2015

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

TEL: (518) 384-0152
FAX: (518) 384-0385

Work Order No: 151021064

RE: Stage Road/Alplaus Kill

Dear Michael McNamara-Envir. Design:

Adirondack Environmental Services, Inc received 2 samples on 10/21/2015 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

Tara Daniels
Laboratory Manager

CC:
Mike McNamara-Envir. Design

Adirondack Environmental Services, Inc — CASE NARRATIVE

CLIENT:	Charlton, Town of	**Date:**	*05-Nov-15*
Project:	Stage Road/Alplaus Kill		
Lab Order:	151021064		

Sample containers were supplied by Adirondack Environmental Services.

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

Qualifiers:

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

Note : All Results are reported as wet weight unless noted

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

Adirondack Environmental Services, Inc

Date: *05-Nov-15*

CLIENT: Charlton, Town of
Work Order: 151021064
Reference: Stage Road/Alplaus Kill /
PO#:

Client Sample ID: Stage Road
Collection Date: 10/21/2015 2:15:00 PM
Lab Sample ID: 151021064-001
Matrix: WATER

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed
ICP METALS - EPA 200.7 (Prep: SW3010A - 10/22/2015)						Analyst: **SM**
Sodium	***60.1***	0.500		mg/L	10	10/28/2015 3:48:05 PM
ANIONS BY ION CHROMATOGRAPHY - EPA 300.0						Analyst: **CS**
Chloride	***110***	5.00	M-	mg/L	5	10/30/2015 12:32:09 AM
Nitrate, Nitrogen (As N)	***0.75***	0.02		mg/L	1	10/21/2015 6:41:46 PM
ALKALINITY TO PH 4.5 -SM 2320B						Analyst: **RK**
Alkalinity, Total (As CaCO3)	***140***	1		mg/L CaCO3	1	11/3/2015
TOTAL PHOSPHATE - SM 4500 P E						Analyst: **SH**
Phosphorus, Total (as P)	***0.02***	0.02		mg/L	1	11/2/2015
TOTAL DISSOLVED SOLIDS - SM 2540C						Analyst: **CS**
TDS (Residue, Filterable)	***365***	5		mg/L	1	10/26/2015
NITRITE - SM4500 NO2 B						Analyst: **AS**
Nitrite Nitrogen (as N)	***< 0.01***	0.01		mg/L	1	10/22/2015 10:35:00 AM
PH - SM4500 H B - NOT CERTIFIABLE PARAMETER						Analyst: **AS**
pH	***7.7***	1.0	H	pH Units@70F	1	10/21/2015 5:20:00 PM
SILICA GEL TREATED HEM (SGT-HEM) - EPA 1664A (Prep: E1664 - 11/3/2015)						Analyst: **AB**
Total Petroleum Hydrocarbons	***< 5.2***	5.2		mg/L	1	11/3/2015

Adirondack Environmental Services, Inc

Date: *05-Nov-15*

CLIENT: Charlton, Town of
Work Order: 151021064
Reference: Stage Road/Alplaus Kill /
PO#:

Client Sample ID: Alplaus Kill
Collection Date: 10/21/2015 2:15:00 PM
Lab Sample ID: 151021064-002
Matrix: WATER

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed
ICP METALS - EPA 200.7 (Prep: SW3010A - 10/22/2015)						Analyst: **SM**
Sodium	***37.1***	0.500		mg/L	10	10/28/2015 3:55:32 PM
ANIONS BY ION CHROMATOGRAPHY - EPA 300.0						Analyst: **CS**
Chloride	***58.8***	1.00		mg/L	1	10/21/2015 6:55:08 PM
Nitrate, Nitrogen (As N)	***0.23***	0.02		mg/L	1	10/21/2015 6:55:08 PM
ALKALINITY TO PH 4.5 -SM 2320B						Analyst: **RK**
Alkalinity, Total (As CaCO3)	***130***	1		mg/L CaCO3	1	11/3/2015
TOTAL PHOSPHATE - SM 4500 P E						Analyst: **SH**
Phosphorus, Total (as P)	***0.03***	0.02		mg/L	1	11/3/2015
TOTAL DISSOLVED SOLIDS - SM 2540C						Analyst: **CS**
TDS (Residue, Filterable)	***270***	5		mg/L	1	10/26/2015
NITRITE - SM4500 NO2 B						Analyst: **AS**
Nitrite Nitrogen (as N)	***< 0.01***	0.01		mg/L	1	10/22/2015 10:35:00 AM
PH - SM4500 H B - NOT CERTIFIABLE PARAMETER						Analyst: **AS**
pH	***8.0***	1.0	H	pH Units@70F	1	10/21/2015 5:20:00 PM
SILICA GEL TREATED HEM (SGT-HEM) - EPA 1664A (Prep: E1664 - 11/3/2015)						Analyst: **AB**
Total Petroleum Hydrocarbons	***< 6.2***	6.2		mg/L	1	11/3/2015

Adirondack Environmental Services Inc.
Experience is the solution
314 North Pearl Street
Albany, New York 12207
518-434-4546/434-0891 FAX

CHAIN OF CUSTODY RECORD

AES Work Order # 1510210604

A full service analytical research laboratory offering solutions to environmental concerns

Client Name: TOWN OF CHARLTON	Address: c/o Environmental Design / 900 Route 146 / CLIFTON PARK NY 12065	
Send Report To: Michael McNamara	Project Name (Location) Stage Road + Alplaus Kill	Samplers: (Names) Michael McNamara
Client Phone No: 518-371-7621	Client Email: MMCNAMARA@EDPLLP.com	PO Number:
		Samplers: (Signature) Michael McNamara

AES Sample Number	Client Sample Identification & Location	Date Sampled	Time A=a.m. P=p.m.	Sample Type Matrix	Comp	Grab	Number of Cont's	Analysis Required
001	STAGE ROAD	10/21/15	2:15 P					Same as last
002	ALPLAUS KILL	10/21/15	2:15 P					year
			A P					
			A P					
			A P					
			A P					
			A P					
			A P					
			A P					
			A P					
			A P					
			A P					
			A P					
			A P					

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

CC Report To / Special Instructions/Remarks:

Relinquished by: (Signature)	Received by: (Signature)	Date/Time
Michael McNamara		
Relinquished by: (Signature)	Received by: (Signature)	Date/Time
Relinquished by: (Signature)	Received for Laboratory by: Cindy Signor	Date/Time 10/21/15 3:24pm

Temperature	AES Bottles	Properly Preserved	Received Within Holding Times
Ambient or Chilled Notes: 13	Y ☐ N ☐	Y N Notes:	Y N Notes:

WHITE - Lab Copy YELLOW - Sampler Copy PINK - Generator Copy