MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2009

Name of MS4: town of Ballston

SPDES ID: NYR20A157

Section 2 - Contact Information

Provide contact information for ***all*** of the following contacts:

1. The Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
2. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c.).
3. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
4. Report Preparer (Consultants may provide company name in the space provided).

Submit a separate sheet for each contact.

For each contact, select all that apply:

○ Signatory Authority (choose one of the following)
- ○ Executive Officer or Ranking Elected Official
- ○ Duly Authorized Representative

● Local Stormwater Public Contact

● Stormwater Management Program (SWMP) Coordinator

● Report Preparer

First Name: Lester
MI: W
Last Name: Bonesteel

Title: Stormwater Management Coordinator

Address: P.O. Box 67

City: Burnt Hills
State: NY
Zip: 12027 -

eMail: lbonesteel@townofballstonny.org

Phone: (518) 885-2502
County: saratoga