



Department of
Environmental
Conservation

NYS Department of Environmental Conservation
Division of Water
625 Broadway, 4th Floor
Albany, New York 12233-3505

**MS4 Stormwater Pollution Prevention Plan (SWPPP) Acceptance
Form**

for

Construction Activities Seeking Authorization Under SPDES General Permit

*(NOTE: Attach Completed Form to Notice Of Intent and Submit to Address Above)

I. Project Owner/Operator Information

1. Owner/Operator Name: BELMONTE BUILDERS, LLC

2. Contact Person: PETER BELMONTE

3. Street Address: 1743 ROUTE 9

4. City/State/Zip: CLIFTON PARK, NY 12065

II. Project Site Information

5. Project/Site Name: PROPOSED SINGLE FAMILY SUBDIVISION - LANDS OF SPENCER

6. Street Address: KAYDEROSS PARK ROAD

7. City/State/Zip: SARATOGA SPRINGS, NY 12866

III. Stormwater Pollution Prevention Plan (SWPPP) Review and Acceptance Information

8. SWPPP Reviewed by:

9. Title/Position:

10. Date Final SWPPP Reviewed and Accepted:

IV. Regulated MS4 Information

11. Name of MS4: CITY OF SARATOGA SPRINGS

12. MS4 SPDES Permit Identification Number: NYR20A _____

13. Contact Person: Timothy Wales, P.E.

14. Street Address: 474 Broadway #9

15. City/State/Zip: Saratoga Springs, NY 12866

16. Telephone Number: (518) 587-3550

MS4 SWPPP Acceptance Form - continued

V. Certification Statement - MS4 Official (principal executive officer or ranking elected official) or Duly Authorized Representative

I hereby certify that the final Stormwater Pollution Prevention Plan (SWPPP) for the construction project identified in question 5 has been reviewed and meets the substantive requirements in the SPDES General Permit For Stormwater Discharges from Municipal Separate Storm Sewer Systems (MS4s). Note: The MS4, through the acceptance of the SWPPP, assumes no responsibility for the accuracy and adequacy of the design included in the SWPPP. In addition, review and acceptance of the SWPPP by the MS4 does not relieve the owner/operator or their SWPPP preparer of responsibility or liability for errors or omissions in the plan.

Printed Name: Timothy Wales, P.E.

Title/Position:

Signature:

Date:

VI. Additional Information