MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 7

This cover page must be completed by the report preparer. Joint reports require only one cover page.

SPI	DES	ID						
N	Y	R	2	0	А	2	4	7

Choose one:

■ This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

1	Var	ne c	of M	S4																			
	V	i	1	1	а	g	е	0	f	F	i	s	h	k	i	1	1						

OR

O This report is being submitted on behalf of a Single Entity

(Per Part II.E of GP-0-10-002)

Name of Coalition

SPDES ID N Y R

R 2

0 A

Name o	of Si	ngle	e En	tity												

OR

○ This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 O A

Y R 2 0 A

SPDES ID

YR

0 A

SPDES ID

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 7

Provide SPDES ID of each permitted MS4 included in this report.

1	•	
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 O A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	NYR20A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 O A	N Y R 2 O A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 0 A	N Y R 2 0 A	N Y R 2 0 A
SPDES ID	SPDES ID	SPDES ID
N Y R 2 O A	N Y R 2 0 A	N Y R 2 0 A

MCC form for period ending March 9, 2 0 1 7

		SPL)ES	ID						
Name of MS4	VILLAGE OF FISHKILL	N	Y	R	2	0	A	2	4	7

Each MS4 must submit an MCC form.

Section 1 - MCC Identification Page

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

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

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

If Jo	oint	Rep	ort,	ent	er c	oali	tion	nar	ne:										
																			ш
																			\equiv
	1																		Ĺ

MCC form for period ending March 9, 2 0 1 7

		SPL	DES	ID						
Name of MS4	VILLAGE OF FISHKILL	N	Y	R	2	0	А	2	4	7

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	st Na	ame													MI	Las	t Na	ame										
J	А	M	Ε	S											J	М	I	С	С	I	0							
Titl	e																											
M	A	Y	0	R																								
Ado	lres	S							 																			
1	0	9	5		M	A	I	N	S	Т	R	Ε	Ε	Т														
Cit	y																	S	tate		Zip							
Cit	I	S	Н	K	I	L	L													Y	Zip 1	2	5	2	4] -		
Г '	I	S	Н	K	I	L	L																5	2	4] -		
F	I	S	Н	K	I	L	L																5	2	4] -		
F	I ail	S	Н	K	I	L	L									Cou	ınty	1					5	2	4	_		

MCC form for period ending March 9, 2 0 1 7

		SPI	DES	ID						
Name of MS4	VILLAGE OF FISHKILL	N	Y	R	2	0	А	2	4	7

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

Firs	t Na	ame														MI	Las	t Na	ame	:										
D	А	V	Ι	D												J	M	0	R	R	I	S	0	N						
Titl	e																													
S	u	р	е	r	i	n	t	е	n	d	Ф	n	t		0	f	Р	u	b	1	i	С		W	0	r	k	S		
Ado	lres	S																												
1	0	9	5		M	A	I	N		S	Т	R	Ε	Ε	Т															
City	/																		S	tate		Zip)							
City	I	S	Н	K	I	L	L														Y	Zip	2	5	2	4] -			
	I	S	Н	K	I	L	L																	5	2	4	_			
F	I	S	Н	K	I	L	L																	5	2	4] -			
F	I ail	S	Н	K	I	L	L										Cou	ınty	I					5	2	4	_			

MCC form for period ending March 9, 2 0 1 7

Name of MS4 VILLAGE OF FISHKILL N Y R 2	0 7	A 2	4	7

Section 2 - Contact Information

Important Instructions - Please Read

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

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

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

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

For each contact, select all that apply:

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

First	Na	ıme													_	MI		Las	t Na	ame												
L	A	W	R	E	N	С	E									J		Р	А	G	G	I										
Title	;																															
V	I	L	L	А	G	Ε		Ε	N	G	I	N	Ε	Ε	R																	
Add	ress	s																														
4	3		В	R	0	А	D		S	Т	R	Ε	Ε	Т																		
										•				•	•	•													•	•	•	
City																				S	tate		Zip					_				
City F	I	S	Н	K	I	L	L															Y	Zip	2	5	2	4	_				
		S	Н	K	I	L	L																		5	2	4	_				
F		S P	Н	K	I	L	L @	0	P	Т	0	N	L	I	N	E	•	N	E						5	2	4] -				
F	il J							0	Р	Т	0	N	L	I	N	E		N Cou		T					5	2	4] -				

MCC form for period ending March 9, 2 0 1 7

O M M I T T E E	orman the country of	nar soali	will me ition A	no of ton.	y e ot be the	e	N) No							
your MS4 work with partners/coalition to complete some or all permit requirer iod? Yes, complete information below. Submit a separate sheet for each partner. Information provided in other for accepted. If your MS4 cooperated with a coalition, submit one sheet with coalition. It is not necessary to include a separate sheet for each MS4 in the No, proceed to Section 4 - Certification Statement. State Zip I L L B R O O K N Y 1 2	orman the control of	N R	will me ition A	ncoof ton.	yee the	e	N) No							
Yes, complete information below. Submit a separate sheet for each partner. Information provided in other for accepted. If your MS4 cooperated with a coalition, submit one sheet with coalition. It is not necessary to include a separate sheet for each MS4 in the No, proceed to Section 4 - Certification Statement. INDEX. TO BE SET ON TO BE SE	orman the control of	N R	will me ition A	ncoof ton.	yee the	e	N) No							
Submit a separate sheet for each partner. Information provided in other for accepted. If your MS4 cooperated with a coalition, submit one sheet with coalition. It is not necessary to include a separate sheet for each MS4 in the No, proceed to Section 4 - Certification Statement. O	of the control of the	nar coali	A rtne	of ton.	ot be the	е	N								
Submit a separate sheet for each partner. Information provided in other for accepted. If your MS4 cooperated with a coalition, submit one sheet with coalition. It is not necessary to include a separate sheet for each MS4 in the No, proceed to Section 4 - Certification Statement. No. Coalition Name Coalit	of the control of the	nar coali	A rtne	of ton.	I D - In	0	plica	ıble							
accepted. If your MS4 cooperated with a coalition, submit one sheet with coalition. It is not necessary to include a separate sheet for each MS4 in the No, proceed to Section 4 - Certification Statement. No, proceed to Section 4 - Certification Statement.	of the control of the	nar coali	A rtne	of ton.	I D - In	0	plica	ıble							
coalition. It is not necessary to include a separate sheet for each MS4 in to No, proceed to Section 4 - Certification Statement. No, proceed to Section 4 - Certification Statement. No, proceed to Section 4 - Certification Statement.	D I PDESN Y	N S Par R	A rtne 2	T IE	I D - It		plica	ıble							
ner/CoalitionName U T C H E S S C O U N T Y M S 4 C O O R I mer/CoalitionName (con't.) O M M I T T E E Stress / O D C S W C D 2 7 1 5 R O U T E 4 4 State Zip I L L B R O O K N Y 1 2	PDES N Y	S Pai	rtne:	r ID	D - I1		plica	ıble							
U T C H E S S C O U N T Y M S 4 C O O R I Coner/Coalition Name (con't.) O M M I T T E E S S W C D 2 7 1 5 R O U T E 4 4 4 S S S W C D Z T L L L B R O O K N Y 1 2 State Zip Sta	PDES N Y	S Pai	rtne:	r ID	D - I1		plica	able							
State Signal State Signal State Signal State Signal Signal State Signal	PDES N Y	S Pai	rtne:	r ID	D - I1		plica	able							
O M M I T T E E	N Y	R	2 I	0		f app		ablo							
State Zip N Y 1 2 2 3 3 4 4 4 4 4 4 4 5 5 6 6 6 6 6 6 6 6	S	U	I		E		3								
/ O D C S W C D 2 7 1 5 R O U T E 4 4 / C S W C D 2 7 1 5 R O U T E 5 State 2 7 1 2 State I L L B R O O K N Y 1 2 State		1		Т	E		3	Γ							
State Zip N Y 1 2 2		1		Т	Е		3								
I L L B R O O K N Y 1 2	2 5	4	5	1											
il	2 5	C O M M I T T E E N Y R 2 0 Address C / O D C S W C D 2 7 1 5 R O U T E 4 4 S U I T E 3 City State Zip M I L L B R O O K N Y 1 2 5 4 5 -													
			٦	-	L										
R I N . S O M M E R V I L L E @ N Y . N A C D N					_	_		_							
	N E	Т	•	N	E	Т									
ne Legally Binding Ag	greeme	nent i	in ac	ccoı	rdar	ice									
8 4 5) 6 7 7 - 8 0 1 1 with GP-0-08-002 F	Part IV	V.G	.?		Y	es	0	N							
nat tasks/responsibilities are shared with this partner (e.g. MM1 School Pr	rogra	ams	or	Μι	alti [.]	ple	Tas	sks							
		_				_		_							
MM1 MULT-TASKS/BROCHURES/E	ВІ	<u> </u>	L	В	0	A	R	D							
MM2 MULTIPLE TASKS								L							
MM3 MULTIPLE TASKS															
MM4 MULTIPLE TASKS/STAFF	ΓR	A	I	N	I	N	G								
MM5 MULTIPLE TASKS							$\overline{}$	_							
	ΓR	A	Ι	N	I	N	G	L							
ditional tasks/responsibilities															
Watershed Improvement Strategy Best Management Practices required	for N	MS4	4s ii	n ir	npa	ire	d								
watersheds included in GP-0-08-002 Part IX.															

MCC form for period ending March 9, 2 0 1 7

	S	PDE	S ID)					
Name of MS4 VILLAGE OF FISHKILL	[]	N Y	R	2	0	A	2	4	7

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 J A M E S	MI J	Last Name M I C C I O
Title (Clearly print title of individual signing report) M A Y O R		
Signature		Date 0 5 / 1 5 / 2 0 1 7

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

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 7 & 1 \end{vmatrix}$

		SPL	<u>ES</u>	ID						
Name of MS4/Coalition	VILLAGE OF FISHKILL	N	Y	R	2	0	А	2	4	7

								•	. 7 .		_		1.	7.	,													
								V	Vat	er	· Q	<u>ua</u>	lity	<u>y</u> 'I	re	nd	<u>.S</u>											
The info	rmati	on in	this s	sectio	n is	beir	ng r	ерс	ortec	d (0	che	ck (one)	:														
● On be ○ On be H		of a co	oalitio	on			oute	ed 1	to th	nis	rep	ort	? [
1. Has rela One	ted t				_				-		-						_			_	-			eas	ure Ye			No
If Yes, c	hoose	one	of the	e foll	owir	ng																						
O Repor	t(s) at	ttache	ed to	the ar	nnua	l rep	ort																					
○ Web I	Plea	_	ere re rovid	•			•						re 1	epo	ort(s) (can	be	acc	ess	ed	- n	ot l	om	ıe p	age	е.	
	URL																											
								_																				
	URL																											
	UKL																											
	URL																											
								İ																				
	URL																											

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 7 & 1 \end{vmatrix}$

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

	SPL	DES	ID						
Name of MS4/Coalition VILLAGE OF FISHKILL	N	Y	R	2	0	A	2	4	7

Name of MS4/Coalition	
Minimum Control Measure 1. Public Ed	ucation 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 Manageme	ent Practices
Check all topics that were included in Education and Outreach d	uring this reporting period:
• Construction Sites	• Pesticide and Fertilizer Application
● General Stormwater Management Information	Pet Waste Management
 Household Hazardous Waste Disposal 	Recycling
● Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration
○ Infrastructure Maintenance	Trash Management
○ Smart Growth	Vehicle Washing
O Storm Drain Marking	Water Conservation
• Green Infrastructure/Better Site Design/Low Impact Development	Wetland Protection
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period:	
● Public Employees ● Contractors	
ResidentialDevelopers	
BusinessesGeneral Public	
○ Restaurants • Industries	
● Other: ○ Agricultural	
RAIN DOWN THE DRAIN B	ANNERS

Other

Name of MS4/Coalition VILLAGE OF FISHKILL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 7 & 1 \end{vmatrix}$

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

SPDES ID

N Y R 2 0 A 2 4 7

3. V	Vha nis r														e to	ac	hic	eve	ed	uca	tio	n a	nd	out	trea	ach	go	als	du	rin	ıg
• Coı	ıstru	icti	on S	Site	Op	era	itors	s T1	rain	ed													#	#Tr	aine	ed				7	4
O Dir	ect]	Ma	ilin	gs																			#	Ma	ilin	gs					
• Kic	sks	or	Oth	er l	Disp	olay	/S																# I	Loca	atio	ns					4
• Lis	t-Se	rve	S																					# I:	n Li	st				6	2
Ma	iling	g Li	st																					# I:	n Li	st				2	8
Nev	wspa	ipei	r A	ds c	or A	rtic	eles																# I	Day	s Rı	ın					9
Pul	olic	Eve	ents	/Pr	esei	ntat	ions	S															# <i>P</i>	Atte	nde	es			9	5	3
O Sch	ool	Pro	ogra	ım																			# <i>P</i>	Atte	nde	es					
O TV	Spo	ot/P	rog	ran	1																		# I	Day	s Rı	ın					
• Pri									_												To	otal	# D i	istri	bute	ed		1	1	9	2
	Loca	tion I			ibrai A	ries, G	tow	n of		, kio A	sks) L	L																			
		C		S	0	I	L	/		A	T	_	R		D	I	s	Т													
	$\overline{}$	U	Т	_	_	E	S	S		C	_		N	Т	Y	\dashv	F	A	ı	R											
					11								14	_		+															
Oth	ner:																														
	F	А	С	Е	В	0	0	K		С	A	M	Р	А	I	G	N														
• We		age:			ovid		peci	ific	we	b ac	ldre	esse	s - :	not	hor	ne p	oag	e. (Con	tinı	ie o	n ne	ext j	pag	e if	ado	litio	onal	sp	ace	is
W	W	W		е	р	а		g	0	v	/																				
W	W	W		d	u	t	С	h	е	s	s	s	W	С	d		0	r	g	/											
S	Т	0	R	М	W	А	Т	Е	R		h	t	m																		
UR	L			'		-		•			'	•				•	-					'	•	'							
W	W	W		d	е	С		n	У	•	g	0	v	/	С	h	е	m	i	С	а	1	/	8	4	6	8	•	h	t	m

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 7 & 1 \end{vmatrix}$

Name o	of M	S4/	Coa	litio	on_\	/ILL	AGE	OF	FISI	łKIL	L												Ν	Y	R	2	0	А	2	4	7
3. W	eb							ovio				c w	eb	ado	lres	sses	s - n	not i	hor	ne j	pag	e.									
h	t	t	р	:	/	/	W	w	w		v	0	f	i	s	h	k	i	1	1		u	s	/							
m	s	4	-	С	0	m	р	1	i	а	n	С	е																		
URL	,																														
h	t	t	р	s	:	/	/	W	W	W		f	а	С	е	b	0	0	k	•	С	0	m	/	р	а	g	е	s	/	
D	u	t	С	h	е	s	s	_	С	0	u	n	t	У	-	М	S	4	-	С	0	0	r	d	i	n	a	t	i	0	n
-	С	0	m	m	i	t	t	е	е	/	2	4	6	7	4	0	0	2	5	5	2	0	0	8	9						
URL		1																													
W	W	W	•	1	h	С	С	d	•	n	е	t																			
URL	, 																														
URL																															
URL																															
UKL																															
URL																															

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

		SPL)ES	ID						
Name of MS4/Coalition VI	ILLAGE OF FISHKILL	N	Y	R	2	0	А	2	4	7
			-		-					

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.

EDUCATE THE GENERAL PUBLIC, DEVELOPERS AND CONTRACTORS THROUGH PUBLIC EVENTS AND THE DISTRIBUTION OF EDUCATIONAL BROCHURES. EDUCATE CONTRACTORS IN CONSTRUCTION SITE EROSION AND SEDIMENT CONTROL PRACTICES THROUGH TRAINING SESSIONS. EDUCATE PUBLIC EMPLOYEES THROUGH CONFERENCES, DVDs & OTHER TRAINING EVENTS.

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

ATTENDANCE AT PRESENTATIONS, TRAINING SESSIONS & QUANTITY OF BROCHURES DISTRIBUTED IS GENERALLY CONSISTENT WITH PREVIOUS REPORTING PERIODS. THE BILLBOARD HAS APPROXIMATELY 1028 VIEWS PER DAY FOR TWO MONTHS BASED ON TRAFFIC COUNTS.

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



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).

BROCHURE PLANNED HIGHLIGHTING PHOSPHOROUS CONCERNS; STORMWATER POLLUTION PREVENTION AND IDDE TRAINING CD'S BEING CIRCULATED TO MS4 COMMITTEE DPW'S; BILLBOARD CAMPAIGN WILL CONTINUE TO BE IMPLEMENTED BY MS4 COMMITTEE; CONTINUED TRAINING FOR CONTRACTORS AND MUNICIPAL PERSONNEL.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 7 & 1 \end{vmatrix}$

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

SPDES ID

Name of MS4/Coalition VILLAGE OF FISHKILL				N	Y	R	2	0	А	2	4	7
Minimum Control Measure 2.	Public Inv	volv	emei	ıt/F	ar	<u>tici</u>	pa	ıtic	<u>)n</u>			
The information in this section is being reported (check	one):											
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this re 	port?											
1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?	f the Storm	wate	er Ma	nag					ran	1		
Cleanup Events					# E	vent	ts					4
O Comments on SWMP Received				# C	omi	ment	ts					0
Community Hotlines	Phone #	(8	4 5)	8	9	7	-	4	4	3	0
Phone # (Phone #	(8	4 5)	8	9	6	-	8	0	7	0
Phone # (Phone #	(8	4 5)	4	8	6	-	2	9	0	0
Phone # (Phone #	()				-				
Phone # (Phone #	()				-				
Phone # (Phone #	()				-				
Community Meetings				# .	Atte	ndee	es				1	0
• Plantings					S	sq. F	t. [3	0	4	9
O Storm Drain Markings					# D	rain	ıs					
Stakeholder Meetings				# .	Atte	ndee	es			1	0	9
O Volunteer Monitoring					# E	vent	ts					
Other:												
2. Was public notice of availability of this annu Program (SWMP) Plan provided?	al report a	nd S	torm	vato	er N	A an	ag	•	ent Ye		•	No
○ List-Serve					# I	n Lis	st					
Newspaper Advertising				#	Day	s Ru	n					1
○ TV/Radio Notices				#	Day	s Ru	n					
Other:												
• Web Page URL: Enter URL(s) on the following to	wo pages.											

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 7 & 1 \end{vmatrix}$

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

SPDES ID

Name	e of	M	S4/0	Coa	litic	on V	ILL.	AGE	OF	FISH	KIL	L												N	Y	R	2	0	А	2	4	7
2. U	JR	L((s)	con	't.:	:							wh	ere	e no	otic	ee(s) ca	an l	be a	acc	ess	ed -	- no	ot h	on	ie p	oag	e.			
l		t	t	р	:	/	/	w	w	w		v	0	f	i	s	h	k	i	1	1		u	s	/							
	+	S	4	-	С		m	<u> </u>	1	i		n	С	е																		
	Ť																															
U.	RL						-	-					-	-																		
ŀ	ı	t	t	р	:	/	/	W	W	W		v	0	f	i	s	h	k	i	1	1		u	s	/	n	0	t	i	С	е	s
U	RL																															
L	+																															
Ļ	1																															
U	RL																															
Ļ	+																															
F	+																															
U	RL																															
	+																															
	+																															
L																																
U	RL																															
	+																															
	+																															
T T	RL																															
	IXL																															
	\dagger																															

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 1 & 7 \end{vmatrix}$

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

SPDES ID

ne of N	/IS4/0	Coa	litio	n	TLLA	AGE	OF l	FISH	KIL	L												N	Y	R	2	0	А	2	4	7
URI Plea	L(s)	con	't.:								wh	iero	e no	otic	ees	can	be	e ac	cces	sec	l - 1	not	ho	me	pa	ge.				
JRL																														_
																														L
																														L
JRL												<u> </u>																		
																														L
JRL																														
																														L
																														<u></u>
JRL																														
																														F
JRL																														
ЛRL																														

Name of MS4/Coalition VILLAGE OF FISHKILL

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 7 & 1 \end{vmatrix}$

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

SPDES ID

N Y R 2 0 A 2 4

	Whe Prog				_						_							-	-					Ma	ana	age	me	nt			
	Ente: whet																													d	
M	S4/C	oal	itio	n C			,																	_						nme	nts
	De _l	artı U	men B	t L	I	С		W	0	R	K	S																			
		dres						VV		IX	11	۵																			
	J	A	С	K	S	0	N		S	Т	R	Ε	E	Т																	
	Cit	У	I						I		I											Zip									_
	F	I	S	Н	K	I	L	L]	И.	Y		1	2	5	2	4	-				
	Pho			_	\			_]			_																			
	(8	4	5)	8	9	6	-	8	0	7	0																		
O Li	brary Ad	dres	S) A	nnu	al I	Rep	ort		S	WM	1P 1	Plan	1	0	Con	nme	nts
	Cit	<u>у</u>																Г				Zip									
																		L									-				
	Pho	ne			\]																						
	(L)	L			_																						
O O1	ther Ado	dres	s) A	nnu	al I	Rep	ort		S	WN	1P 1	Plar	1	O (Con	nme	nts
	Cit	У																·				Zip									_
																											-				
	Pho	ne			1]					1																	
	()				-																						
• W	eb P	age	UR	RL:													A	nnu	al I	Rep	ort		S	WM	1P 1	Plan	1	0	Con	nme	nts
	h	t	t	p	:	/	/	W	W	W		v	0	f	i	s	h	k	i	1	1		u	s	/						
																	М	S	4	-	С	0	m	р	1	i	а	n	С	е	
	Ple	ease	e pr	ovi	ide	spe	cif	ic a	ddı	ess	of	pa	ge v	whe	ere	rep	ort	car	ı be	ac	ces	sec	l - n	ot	hor	ne	pag	ge.			
○ eN	Aail																											0	Con	nme	nts
																															$\overline{}$

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 7 & 1 \end{vmatrix}$

	_ <u>S</u>	PDES	SID					
Name of MS4/Coalition VILLAGE OF FISHKILL		N Y	R	2	0 7	2	4	7
4.a. If this report was made available on the internet, what da	ate was it	poste	ed?					
Leave blank if this report was not posted on the internet.	0	5 /	0	4	/ 2	2 0	1	7
4.b. For how many days was/will this report be posted?						3	6	5
If submitting a report for single MS4, answer 5.a If submitt	ting a joint	t repo	ort, a	ansv	wer :	5.b		
5.a. Was an Annual Report public meeting held in this report	ting perio	d?			• \	es	0	No
If Yes, what was the date of the meeting?	0	5 /	1	5	/ 2	2 0	1	7
If No, is one planned?					\circ	7es		No
5.b. Was an Annual Report public meeting held for all MS4s	contribut	ing t	o th	nis 1	repo	rt d	urin	ıg
this reporting period?					\circ	zes.		No
If No, is one planned for each?					O Y	l'es	0	No
6. Were comments received during this reporting period?					0 \	l'es		No
If No, is one planned? 5.b. Was an Annual Report public meeting held for all MS4s this reporting period? If No, is one planned for each?					repo	/es rt du /es /es	urin	No Ig No No

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

		SPL)ES	ID						
Name of MS4/Coalition	VILLAGE OF FISHKILL	N	Y	R	2	0	А	2	4	7

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.

STRENGTHEN PARTNERSHIPS WITH WATERSHED GROUPS THROUGH THE MS4 COORDINATION COMMITTEE. CONDUCT PUBLIC HEARING FOR ANNUAL REPORT AND FOR SITE DEVELOPMENT PROJECTS REQUIRING SWPPP'S. ADVERTISE AND CONDUCT VILLAGE WIDE CLEAN UP EVENTS.

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

NUMBER OF EVENTS CONDUCTED AND NUMBER OF ATTENDEES PARTICIPATING IN EVENTS AND VOLUNTEER PROGRAMS ARE GENERALLY CONSISTENT WITH PREVIOUS REPORTING PERIODS.

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

			1	0	
amp	les/	part	ici	pant	s/events

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

• Yes O No

(ex.: s

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

Yes	\circ	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 SUPPORT OUTREACH BY PURSUING PARTNERSHIPS WITH WATERSHED GROUPS. REVISIONS TO SWMP PLAN THAT ARE CURRENTLY IN PROGRESS WILL BE PRESENTED AT PUBLIC MEETING(S). CONTINUE CLEAN UP EVENTS.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 7 & 1 \end{vmatrix}$

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

SPDES ID

Name of MS4/Coalition VILLAGE OF FISHKILL	N Y R 2 0 A 2 4 7
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 the 	his report?
1. Enter the number and approx. percent	of outfalls mapped: 1 6 # 1 0 0 %
2. How many of these outfalls have been so reporting period (outfall reconnaissance	creened for dry weather discharges during this e inventory)?
3.a. What types of generating sites/sewershe reporting period?	eds were targeted for inspection during this
O Auto Recyclers	• Landscaping (Irrigation)
Building Maintenance	O Marinas
Churches	O Metal Plateing Operations
 Commercial Carwashes 	Outdoor Fluid Storage
 Commercial Laundry/Dry Cleaners 	 Parking Lot Maintenance
 Construction Vehicle Washouts 	○ Printing
Cross-Connections	 Residential Carwashing
O Distribution Centers	Restaurants
O Food Processing Facilities	 Schools and Universities
○ Garbage Truck Washouts	O Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	Vehicle Fueling
O Industrial Process Water	 Vehicle Maint./Repair Shops
Other:	○ None
• Sewersheds:	
FISHKILL CREE	K / O L D F O R G E B R O O K

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 7 & 1 \end{vmatrix}$

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

SPDES ID

Name of MS4/Coalition VILLAGE OF FISHKILL	N Y R 2 0 A 2 4 7
3.b. What types of illicit discharges have been	een found during this reporting period?
O Broken Lines From Sanitary Sewer	Industrial Connections
○ Cross Connections ○	Inflow/Infiltration
○ Failing Septic Systems ○	Pump Station Failure
○ Floor Drains Connected To Storm Sewers ○	Sanitary Sewer Overflows
○ Illegal Dumping ○	Straight Pipe Sewer Discharges
	None llegal connections have been detected during this
reporting period?	
5. How many illicit discharges have been c	confirmed during this reporting period?
6. How many illicit discharges/illegal conn period?7. Has the storm sewershed mapping been If No, approximately what percent was contained.	· • • • • • • • • • • • • • • • • • • •
8. Is the above information available in Gl Is this information available on the web If Yes, provide URL(s):	O?es ● No
Please provide specific address of page who URL	nere map(s) can be accessed - not home page.
URL	

This report is being submitted for the reporting period ending March 9, $2 \ 0 \ 1 \ 7$

ne of MS4/Coalition	THILL A CE O	E EIGHIZH									DES				7 7	Τ,
ic of this it countries	VILLAGE O)F FISHKII	_L 							N	Y	R	2	0 .	A 2	4
URL(s) con't.: Please provide		address	s of na	ge wh	ere m	nan(s	a) car	ı be	acc	essec	l - n	ot ì	hon	ne n	age	
JRL	specific .		, or pa	50 1111		p(s	, сш							пс р	gc	
JRL																
JKL																
																+
											+					<u> </u>
JRL											\top					
						+					+					
						+		+			+					<u> </u>
JRL																1
						+		+			+					+
											-					<u> </u>
URL																_

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 7$

If submitting this form as part of a joint report on hehalf of a coalition le

If submitting this form as part of a joint report on behalf of a	SPDES ID blank.
VILLAGE OF FISHKILL	N Y R 2 0 A 2 4 7
Name of MS4/Coalition VILLAGE OF FISHKILL	1 1 1 2 0 11 2 1 7
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMF III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
100% OF THE CATCH BASINS AND OUTFALLS ARE TO BE CONTINUE TO INSPECT AND CLEAN ANY CATCH BASIN	
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
ILLICIT DISCHARGES HAVE BECOME LESS FREQUENT, YEAR.	WITH NONE DETECTED THIS
C. How many times was this observation measured or evaluat	ted in this reporting period?
	1 0
D. H. MC4 1 4 14!	(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	he SWMPP?
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation sche	eet the goals of this MCM during
CONTINUED INSPECTION OF CATCH BASINS AND OUTF BASINS IN STORMWATER COLLECTION SYSTEM WITHI LOCATED USING GPS AND HAVE BEEN MAPPED IN A GI	N THE VILLAGE HAVE BEEN

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 7 & 1 \end{vmatrix}$

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

		SPL	DES	ID						
Name of MS4/Coalition	VILLAGE OF FISHKILL	N	Y	R	2	0	А	2	4	7

Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control

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

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

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 7 & 1 \end{vmatrix}$

Nar	ne of MS4/Coalition VILLAGE OF FISHKILL NYR 2 0 A 2 4	7
	Minimum Control Measure 4. Construction Site Stormwater Runoff Control	
The	e information in this section is being reported (check one):	
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?	
1.	How many construction projects have been authorized for disturbances of one acre or more during this reporting period?	0
2.	How many construction projects disturbing at least one acre were active in your jurisdictio during this reporting period?	n
3.	What percent of active construction sites were inspected during this reporting period? \bigcirc N	JT %
4.	What percent of active construction sites were inspected more than once?	JТ %
5.	Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual? • Yes O No O No	ΙΤ
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 • No	JТ
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?	
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed.	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 7 & 1 \end{vmatrix}$

N Y R 2 0 R 2 4 7						_															_			SPI	DES	ID	ı		ı			
Submit additional pages as needed. ● MS4/Coalition Office Department B U I L D I N G / Z O N I N G D E P A R T M E N T Address 1 0 9 5 M A I N S T R E E T City F I S H K I L L Phone (8 4 5) 8 9 7 - 4 4 3 0 City Phone (ity City Zip Phone (ity City Zip Phone (ity City Zip Phone (ity City City <td>Name o</td> <td>f M</td> <td>S4/0</td> <td>Coa</td> <td>litio</td> <td>on_\</td> <td>VILL</td> <td>AGI</td> <td>E OF</td> <td>FISI</td> <td>łKIL</td> <td>L</td> <td></td> <td>N</td> <td>Y</td> <td>R</td> <td>2</td> <td>0</td> <td>А</td> <td>2</td> <td>4</td> <td>7</td>	Name o	f M	S4/0	Coa	litio	on_\	VILL	AGI	E OF	FISI	łKIL	L												N	Y	R	2	0	А	2	4	7
Department B U I L D I N G / Z O N I N G D E P A R T M E N T Address 1 0 9 5 M A I N S T R E E T City F I S H K I L L Phone (8 4 5) 8 9 7 - 4 4 3 0 City Address City City City City City City City Cit				add	litio	ona	l pa	age:	s as	ne	ede	ed.																				
Address B U I L D I N G / Z O N I N G D E P A R T M E N T	• MS	4/C	oali	tio	n C	ffic	ce																									
Address 1	İ					Ι_	Ι_			,				I _		~		_		_	Ι_	Τ_	Ι_		_	T						
1	l				Ь	ען	1	N	G	/	Z	O	N	1	N	G		ם	E	Ь	Α	R] .I.	M	E	N	Ί.					L
City	ĺ				5		М	A	I	N		S	Т	R	Е	E	Т															
F I S H K I L L	l																						Zip									
(I	S	Н	K	I	L	L										N	1 7	Z				5	2	4	_				
City Zip Phone ()]	Pho	ne			1														,								J				
Address City Phone ((8	4	5)	8	9	7	-	4	4	3	0																		
City Zip Phone () -																																
Phone (į	Add	ress	5																											$\overline{}$	
Phone (City																					7:-									
Other Address City Phone ())	ĺ	City																					Zip					_				
Other Address City Phone ())	l.]	⊥ Phoi	ne																									J				
Address City Phone () Phone () URL Please provide specific address where SWPPPs can be accessed - not home page.		()				_																						
Address City Phone () Phone () URL Please provide specific address where SWPPPs can be accessed - not home page.	∩ Oth	er	-			,									,																	
Phone (ress	S																												
Phone (
((City																			_		Zip					1				
(-				
Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page. URL]		ne			١,									1																	
URL		()				-																						
	○ Wel	Pa	ge	UR	RL(s	s):	P	leas	se p	rov	ide	spe	cifi	ic a	ddr	ess	wh	ere l	SW	PP	Ps o	can	be a	acce	esse	ed -	not	hoi	me j	page	Э.	
URL	ī 1	URL																														
URL																																
URL																																
URL	Ī																															
		URL					ļ		ļ										!													
	[Ħ	
	[\dashv	_																											\exists	ㅓ	

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

		SPL)ES	ID						
Name of MS4/Coalition	VILLAGE OF FISHKILL	N	Y	R	2	0	А	2	4	7

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.

THERE WERE TWO (2) ACTIVE CONSTRUCTION SITES GREATER THAN 1 ACRE IN THE VILLAGE OF FISHKILL DURING THIS REPORTING YEAR. THE VILLAGE OF FISHKILL CONTINUES TO REVIEW AND APPROVE SWPPPs FOR ALL CONSTRUCTION PROJECTS WITH DISTURBANCE GREATER THAN 1 ACRE.

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

THE VILLAGE CONTINUES TO REQUIRE SWPPP REVIEW AND APPROVAL PRIOR TO AUTHORIZING CONSTRUCTION PROJECTS DISTURBING MORE THAN 1 ACRE.

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

(ex.: samples/participants/events)

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

Yes O 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 PROVIDE TRAINING PROGRAMS FOR MUNICIPAL PERSONNEL AND CONTRACTORS. CONTINUE TO REQUIRE SWPPP PREPARATION IN CONFORMANCE WITH THE CURRENT GENERAL PERMIT FOR STORMWATER RUNOFF FROM CONSTRUCTION ACTIVITIES.

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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

SPDES ID

Name of MS4/Coalition	VILLAGE OF FISHK	KILL			N Y	R 2	0 A	2	4 7
<u>Minimum</u>	Control Mea	sure 5. Post	-Constructio	n Storm	<u>wate</u> i	r Ma	nagei	<u>neı</u>	<u>nt</u>
The information in the On behalf of an inc On behalf of a coa How m 1. How many and m MS4/Coalition in	dividual MS4 lition nany MS4s contr what type of pos	ributed to this 1	report?	_	•	ces ha	s your		
		# Inventoried	# Inspections	# Time Maintain					
○ Alternative Practic	es								
O Filter Systems									
○ Infiltration Basins									
Open Channels			1		1				
Ponds			1		1				
○ Wetlands									
Other									
2. Do you use an o BMPs, inspecti		` ` '	ıbase, spreadsh	ieet) to tr	ack po	st-co	nstruc ● Ye		ı O No
3. What types of a Development/B		•		-	t Low	Imp	act		
O Building Codes	O Municipal C	omprehensive P	lans						
Overlay Districts	Open Space	Preservation Pro	ogram						
○ Zoning	O Local Law or	r Ordinance							
None	O Land Use Re	egulation/Zoning	5						
O Watershed Plans	Other Comp	rehensive Plan							
Other:									

This report is being submitted for the reporting period ending March 9, 2 0 1 7

		2P1	JE2	ID						
Nam	ne of MS4/Coalition VILLAGE OF FISHKILL	N	Y	R	2	0	A	2	4	7
4a.	Are the MS4s contributing to this report involved in a regional/waters	hed v	vide	pla	ann	_		ort?		No
4b.	Does the MS4 have a banking and credit system for stormwater mana	geme	nt p	rac	etic	es?				
						\circ	Yes	S	• 1	Vο
										. 10
	Do the SWMP Plans for each MS4 contributing to this report include and approval of banking and credit of alternative siting of a stormwater.	•				t pra	acti	ce?	•	
4d.	· · · · · · · · · · · · · · · · · · ·	er ma	anaş	gen	ien	t pra	acti Yes	ce?		No

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 5 & 0 \end{vmatrix}$

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

		SPL)ES	ID						
Name of MS4/Coalition	VILLAGE OF FISHKILL	N	Y	R	2	0	А	2	4	7

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 REQUIRE STORMWATER MAINTENANCE AGREEMENTS FOR POST CONSTRUCTION PRACTICES THAT INCLUDE PERIODIC REPORTING OF THE MAINTENANCE AND CONDITION OF THE PRACTICE.

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

MAINTENANCE AGREEMENT AND EASEMENTS HAVE BEEN PROVIDED FOR PROJECTS WITH POST CONSTRUCTION PRACTICES. REPORTING FOR INDIVIDUAL POST CONSTRUCTION PRACTICES HAS BEEN RECEIVED.

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

				1	
samp	les/	part	ici	pant	s/events

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

	Vec	\bigcirc No	

(ex.:

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

Yes	\bigcirc No

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

REPORTING REQUIREMENTS WILL BE ENFORCED ALONG WITH ANY MAINTENANCE REQUIREMENTS INDICATED IN THIS REPORTING PERIOD . MAINTENANCE AGREEMENTS WILL CONTINUE TO BE REQUIRED. POST CONSTRUCTION PRACTICES WITHIN MS4 WILL CONTINUE TO BE INVENTORIED AND REPORTING WILL CONTINUE TO BE REQUIRED.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 7 & 1 \end{vmatrix}$

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

		SPL	DES	ID						
Name of MS4/Coalition	VILLAGE OF FISHKILL	N	Y	R	2	0	А	2	4	7

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (about one).	
The information in this section is being reported (check one):	
On behalf of an individual MS4On 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.

 Self-Assessment

 Operation/Activity/Facility
 Addressed in SWMP?
 years?

 Street Maintenance
 ● Yes
 ○ No
 ● Yes
 ○ No

 Bridge Maintenance
 ○ Yes
 ● No
 ○ Yes
 ● No

Street Maintenance	• Yes	○ No • 1	$es \cup No$	
Bridge Maintenance	O Yes	● No ○ Y	Yes ● No	
Winter Road Maintenance				
Salt Storage	O Yes	● No ○ Y	Yes ● No	
Solid Waste Management	Yes	○ No • Y	∕es ○ No	
New Municipal Construction and Land Disturbance	Yes	○ No • Y	Yes ○ No	
Right of Way Maintenance		○ No		
Marine Operations		● No ○ Y	Yes ● No	
Hydrologic Habitat Modification	O Yes	● No ○ Y	Yes ● No	
Parks and Open Space				
Municipal Building		○ No • Y		
Stormwater System Maintenance	Yes	○ No • Y	∕es ○ No	
Vehicle and Fleet Maintenance				
Other	O Yes	● No ○ Y	Yes ● No	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 7 & 1 \end{vmatrix}$

	SPDES ID		
Name of MS4/Coalition VILLAGE OF FISHKILL	N Y R 2	0 A 2	4 7
2. Provide the following information about municipal operat	ions good housekeep	oing prog	rams:
• Parking Lots Swept (Number of acres X Number of times swep	t) # Acres		5
• Streets Swept (Number of miles X Number of times swept)	# Miles		1 2
• Catch Basins Inspected and Cleaned Where Necessary	#		1 2
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#		2
O Phosphorus Applied In Chemical Fertilizer	# Lbs.		
O Nitrogen Applied In Chemical Fertilizer	# Lbs.		
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X N times applied to the nearest tenth.)	# Acres Uumber of		
3. How many stormwater management trainings have been put during this reporting period?	provided to municipa	al employ	ees 2
4. What was the date of the last training?	1 0 / 1 9	/ 2 0	1 6
5. How many municipal employees have been trained in this	reporting period?		2
6. What percent of municipal employees in relevant positions stormwater management training?	s and departments r	eceive 1 0	0 %

This report is being submitted for the reporting period ending March 9, 2 0 1 7

If submittir	ng this form as part of a jo	int report on behalf of a	coalition leave SPDE	S ID blank.	
			SPDES ID		
Name of MS4/Coalition	VILLAGE OF FISHKILL		N Y R 2	2 0 A 2	4 7
7. Evaluating Pro	gress Toward Measura	able Goals MCM 6			
identified in your St	ort on your progress and tormwater Management itional pages as needed.	1 0 1	_	_	Part
A. Briefly summar	rize the Measurable Go	oal identified in the S	SWMPP in this repo	rting peri	od.
	SE STREETS AND PAR CEIVED TRAINING TI			.) VILLAC	GE
B. Briefly summar Goal.	rize the observations th	nat indicated the over	rall effectiveness of	this Meas	urable
DEBRIS TO THE	RKING LOT SWEEPIN STORMWATER COLL IMENT, OBSERVED I	LECTION SYSTEM.	NO ILLICIT DISCH		
C. How many time	es was this observation	measured or evalua	ted in this reporting	g period?	1
D. Has your MS4	made progress toward	this measurable goal		ing period	
TO I DATE OF			U. CHUMADDO	• Yes	○ No
E. Is your MIS4 on	schedule to meet the d	ieadline set forth in t	ne SWMPP?	• Yes	○ No
-	rize the stormwater act ing cycle (including an	_	0		
	WEEP 100% OF ROAD ST CONSTRUCTION F SSARY.				

If N/A, go to question 3.

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 7 & 1 \end{vmatrix}$

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

SPDES ID

%

%

Additional Wate	ershed Improvemer	it Strategy Best Ma	nagement Practices
e information in this section	on is being reported (check	c one):	
On behalf of an individual	MS4		
On behalf of a coalition	1415 1		
	64s contributed to this re	enort?	
110w Illamy IVIS	348 continuted to this is	eport:	
Cls must answar the a	estions on about NA o	s indicated in the table	holow
S4s must answer the qu	iestions of check NA a	s marcated in the table	below.
MS4 Description	Answor	Check NA	(POC)
NYC EOH Watershed	Answer	- CHECK NA	- (100)
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-,-,-,-,,,	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	1 2 2 4 7- 10 10 11 12	- - -	-
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use Non-Traditional	1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9	5,6,8a,8b 5,6,8a,8b,10,11,12	Pathogens Pathogens
Non-Traditional	1,2,5,4,/a-0,9	3,0,08,00,10,11,12	Pathogens
Does your MS4/Coalit	tion have an education	program addressing in	mpacts of
•	pathogens on waterboo		○ Yes ○ No ●
phosphor us/mitrogen/	pamogens on water but	uics.	\bigcirc res \bigcirc No \bigcirc

If No, estimate what percentage of the conveyance system has been mapped so far.

Estimate what percentage was mapped in this reporting period.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 7 & 1 \end{vmatrix}$

						SPDES ID		
Naı	me of MS4/Coalition	VILLAGE OF FISH	IKILL			N Y R 2	0 A 2	2 4 7
3.	Does your MS4 and Maintenan			ater Conveyan	ce System (infrastructu • Yes	-	oection O N/A
4.	Estimate the pe	_			•		n inspec	o %
5.	Has your MS4/6 NYSDEC SPDF (GP-0-08-001) t disturb five tho	ES General Pe to reduce poll	ermit for Stor utants in stor	mwater Disch mwater runof	arges from	Constructi	on Activ	ities
6.	Has your MS4/6 runoff from new equal to one act Permit for Stor the New York S Standards?	w developmen re that provid mwater Disch	t and redevel es equivalent arges from C	lopment proje protection to Construction A	cts that dis the NYS D ctivities (G	turb greater EC SPDES SP-0-08-001)	than or General , includ	•
7a.	Does your MS4 phosphorus/nit			ng program to	reduce er	osion or ○ Yes	○ No	• N/A
7b.	.How many proj	jects have bee	n sited in this	s reporting per	riod?			
7c.	What percent o	f the projects	included in 7	7b have been c	ompleted in	n this report	ting peri	od?
7d.	.What percent o	f projects pla	nned in previ	ious years hav	e been com	-		%
						○ No	Projects	Planned
8a.	Has your MS4/0 procedures poli lands?		-	-		-	wned	• N/A
8b.	.Has your MS4/0 procedures poli municipally ow	icy that addre			U			• N/A

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 7 & 1 \end{vmatrix}$

	SPDES ID		
Name of MS4/Coalition VILLAGE OF FISHKILL	N Y R 2	0 A 2	2 4 7
O Harrison MCAIC all Can devoluted and land and and and and and and and and and		4:9	
9. Has your MS4/Coalition developed and implemented a progr	-	_	• N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet	-		
prohibiting goose feeding?	○ Yes	○ No	• N/A
11. Does your MS4/Coalition have a pet waste bag program?	\bigcirc Yes	○ No	• N/A
12. Does your MS4/Coalition have a program to manage goose			
populations?	○ Yes	○ No	• N/A