MS4 Annual Report Cover Page

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

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	A	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.

Na	me o	ot M	S4																			
V	i	1	1	а	g	е	0	f	F	i	ន	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

R

0 A

NY

Name of	f Si	ngle	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 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 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

0 A

SPDES ID

YR

0 A

SPDES ID

Y | R | 2

MS4 Annual Report Cover Page

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

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

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

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

		SPL	DES	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 2 2

		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:

- 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	ıme										
K	A	Т	Н	L	E	E	N									М	A	R	Т	I	N							
Titl	e																											
M	A	Y	0	R																								
Add	dres	S																										
1	0	9	5		M	А	I	N	S	Т	R	Ε	Ε	Т														
City	y																	S	tate		Zip							
City	y I	S	Н	K	I	L	L											S		Y	Zip 1	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									Соц	ınty	1					5	2	4	_		

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

		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	st Na	ame													_	MI	_	Las	t Na	ame											
D	А	V	Ι	D														М	0	R	R	I	S	0	N						
Titl	e																														
S	р	е	С	i	a	1		Р	r	0	j	е	U	t	s		С	0	0	r	d	i	n	a	t	0	r				
Ado	dres	S																													
1	0	9	5		M	А	I	N		S	Т	R	Ε	Ε	Т																
	•			•		•		•	•						•			•					7.				•		•		
City	У																			5	tate		Zip)							
City F	J	S	Н	K	I	L	L															Y	Z ₁ p	2	5	2	4	_			
F	I	S	Н	K	I	L	L																		5	2	4	_			
	I	S	Н	K	I	L	L																		5	2	4	_			
F	I ail	S	Н	K	I	L	L											Соц	ınty	I					5	2	4	_			

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

		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:

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

Firs	tle I L L A G E E N G I N E E R Idress 3 B R O A D S T R E E T ty State Zip																														
L	А	W	R	E	N	С	Ε									J		Р	A	G	G	I									
Titl	e																														
V	I	L	L	A	G	Ε		Ε	N	G	I	N	Ε	Ε	R																
Ado	lres	s																													
4	3		В	R	0	А	D		S	Т	R	Ε	Ε	Т																	
	ddress 4 3 B R O A D S T R E E T ity State Zip																														
Cit	У																			S	tate		Zip)				_			
Cit		S	Н	K	I	L	L																1		5	2	4	_			
Г.	I	S	Н	K	I	L	L																1		5	2	4	_			
F	I	S	Н	K	I	L	L @	P	A	G	G	I	E	N	G	I	N	E	E				1		5 M	2	4] -			
F eM	I ail J						ш	Р	А	G	G	I	E	N	G	I		E Cou		R	1 7	Y	1	2		2	4] -			

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

																			_			SPL	LO	עו			_			
Name of	MS	S4_`	/ILL	AGl	E OF	FIS	HKI	LL														N	Y	R	2	0	A	2	4	7
Section	13	_ P	'ar	tn	er	Inf	for	ms	atio	n																				
Oid your											to c	com	ple	te s	ome	e or	all	pei	mit	rec	quir	eme	ents	s du	ring	g th	is r	epo	rtin	g
eriod?					1								1					1			•				•) Ye	_		No
f Yes, co	-											_																		
Subm									-							-												9		
accep coalit			•																								пе			
f No, pr							-																							
artner/Co	aliti	on N	lam	e																										
D U T	С	Н	Ε	S	S		С	0	U	N	Т	Y		M	S	4		С	0	0	R	D	I	N	A	Т	I	0	N	
artner/Co	aliti	on l	lan	ne (c	on't	.)															1	SPI	ES	Par	tne	· ID	- If	app	lica	ıbl
COM	M	Ι	Т	Т	Ε	Ε																N	Y	R	2	0				L
ddress																														
C / O		D	С	S	W	С	D		2	7	1	5		R	0	U	Т	Е		4	4		S	U	Ι	Т	Е		3	
City M I L	L	В	R	0	0	K													ate I Y		Zip 1	2	5	4	5					Г
	П	Ъ	Л	O		1													N I				5	4	5	-				
Mail E R I	N		S	0	М	M	Е	R	V	I	L	L	E	@	N	Y		N	А	С	D	N	E	Т		N	E	Т		
hone		- 1							•	_		_	_			_	•								•					
(84	5)	6	7	7	_	8	0	1	1									y Bi P-0								dan Ye		0	N
V 1 44	1 /	,		.1	.1.4.	J		1		1	. 1	.1 ·		,	,															
What tas	KS/1	resp	on	S1D	11171	es	are	sna	irec	1 W	ıtn	this	s pa	ırtn	er (e.g	, IV	IIVI	1 50	cno	01	Pro	gra	ms	or	Mi	11111	oie	1 as	K:
MM1	M	U	L	Т	_	Т	А	S	K	S	/	В	R	0	С	Η	U	R	Ε	S	/	В	Ι	L	L	В	0	А	R	D
MM2	М	U	L	Т	I	Р	L	Е		Т	А	S	K	S																
MM3	М	U	L	Т	I	Р	L	Е		Т	A	S	K	S																
MM4	M	U	L	Т	I	Р	L	Е		Т	А	S	K	S	/	S	Т	А	F	F		Т	R	A	I	N	I	N	G	L
MM5	M	U	L	Т	I	Р	L	E		Т	А	S	K	S																L
MM6	М	U	L	Т	I	Р	L	Е		Т	А	S	K	S	/	S	Т	А	F	F		Т	R	А	I	N	I	N	G	
Addition	al t	ask	s/re	espe	ons	ibi	litie	es																						
				•					'eg1	∂B_0	est .	Ма	nas	zen	ieni	Pı	aci	tice	s re	equ	ireo	l fo	r N	1S4	s ii	ı in	npa	ire	1	
) Wate									0,					,		-				1		_		-		-	1			
Wate				cluc	ded	in	GP	-0-	08-	002	2 Pa	art i	IX.																	

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

	SPI)ES	ID						
Name of MS4 VILLAGE OF FISHKILL	N	Y	R	2	0	A	2	4	7
Name of MIS4 THERES STATES	L	1	I						

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 K A T H L E E N	MI	Last Name M A R T I N
Title (Clearly print title of individual signing report) M A Y O R		

Signature

Date

0 5

1 6 / 2

2 0 2 2

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, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

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

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 Measur One.	
If Yes, choose one of the following	00 0 110
O Report(s) attached to the annual report	
O Web Page(s) where report(s) is/are provided below Please provide specific address of page where report(s) can be accessed - not home URL	page.
URL	
URL	
URL	

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

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

Name of MS4/Coalition VILLAGE OF FISHKILL	SPDES ID N Y R 2 0 A 2 4 7
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 Managem	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
Storm Drain Marking	• Water Conservation
• Green Infrastructure/Better Site Design/Low Impact Development	Wetland Protection
○ Other:	○ None
2. Specific audiences targeted during this reporting period:	
Public Employees Contractors	
Residential Developers	

• Other:

Businesses

O Restaurants

O Agricultural

Industries

• General Public

R D CA I G N В Ι L LB OA M P A

This report is being submitted for the reporting period ending March 9, 2 0 2 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name	of N	1S4/	Coa	litic	on	/ILL	AGE	OF	FISI	HKIL	L												N	Y	R	2	0	А	2	4	7
3. V	Wha			_			-								e to) ac	chie	eve	ed	uca	tio	n a	nd	out	tre	ach	go	als	du	rin	ıg
\circ Co	nstr	ucti	on S	Site	Op	era	tors	s T	rain	ned													ī	# Tr	ain	ed					0
O Di	rect	Ma	iling	gs																			#	Ma	ilin	gs					0
• Ki	osks	or	Oth	er I	Disp	olay	'S																#]	Loca	atio	ns					4
• Lis	st-Se	erve	S																					# I:	n Li	st				6	7
\circ Ma	ailin	g Li	st																					# I:	n Li	st					0
• Ne	ewsp	ape	r Ao	ds c	or A	rtic	les																#]	Day	s Rı	ın					1
Pu	blic	Eve	ents	/Pr	eser	ntati	ions	S															# 1	Atte	nde	es			4	0	7
• Sc	hool	Pro	ogra	m																			# 1	Atte	nde	es					6
\circ TV	/ Sp	ot/P	rog	ran	1																		#]	Day	s Rı	ın					0
• Pr																					To	tal	# D	istri	but	ed			4	0	7
	Loca	ation I					towi E	n of	fices H	s, kio A	sks)) L																			
	D	C	_	S	0	+	L	/	W	A	Т	E	R		D	I	S	T													
	D	U	Т	_	Н	E	S	s		С	0	U	N	Т	Y			A	I	R											
																		\exists													
• Ot	her:																														
	F	А	С	Е	В	0	0	K		С	А	М	Р	А	I	G	N														
• W	eb P	age					peci	ific	we	b a	ddr	esse	s -	not	hor	ne j	pag	e. (Con	tinı	ie o	n ne	ext	pag	e if	ado	ditio	onal	sp	ace	is
UI	RL		_		edeo	_									1																
7	7 0	f	i	s	h	k	i	1	1	•	u	s	/	m	s	4	-	С	0	m	р	1	i	а	n	С	е				
									<u> </u>																						
V	7 W	W	•	е	р	а	•	g	0	V																					
	RL d u	t	С	h	е	s	s	s	w	С	d		0	r	g	/	е	d	u	С	a	t	i	0	n	/	р	u	b	1	i
F	a a	+-	i	0		s	/		+"			<u> </u>		<u> </u>	٦						<u></u>		_			′	ב	<u></u>	_	_	
							<u> </u>		 																						
<u> </u>		1		<u> </u>		<u> </u>									-				Ь	Ь	ш										

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

ame	of M	[S4/	Coa	litio	on	ILL.	AGE	OF	FISE	IKIL	L												N	Y	R	2	0	А	2	4	7
3. W UR1	/eb											c w	eb	ado	lres	sses	- n	ot i	hor	ne j	pag	e.									
W	w	w		f	a	С	е	b	0	0	k		С	0	m	/	W	а	р	р	i	n	g	е	r	С	r	е	е	k	/
UR	L																														
h	t	t	р	s	:	/	/	W	W	W	•	f	a	С	е	b	0	0	k	•	С	0	m	/	р	a	g	е	ន	/	
D	u	t	С	h	е	s	ន	-	С	0	u	n	t	У	_	M	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						
UR	L																														
W	W	W	•	1	h	С	С	d		n	е	t																			
URI	L																														
h	t	t	р	:	/	/	W	W	W	•	d	е	С	•	n	У		g	0	v	/	С	h	е	m	i	С	a	1	/	8
4	6	8		h	t	m	1																								
URI	L																														
d	u	t	С	h	е	s	s	s	W	С	d	•	0	r	g	/	ន	t	0	r	m	W	a	t	е	r	/				
URI	L																														
UR	L																														

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

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

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.

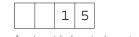
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.

Educate the general public, developers and contractors through public events and the distribution of educational brochures. Educate public employees through conferences, DVD's & other training events. A student and senior citizen art billboard campaign and PSA contest was sponsored by the committee.

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.

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 ○ 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).

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; A student and senior citizen art billboard campaign and PSA contest was sponsored by the committee; Continued training for contractors and municipal personnel; Planning printing of stormwater posters.

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

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	E OF I	FISHKIL	L											N	Y	R	2	0	А	2	4	7
Minir	num (Con	trol	Me	eas	ur	e 2	. P	ubli	c Iı	1V(lv	<u>em</u>	en	t/P	ar	tic	ipa	ıtic	<u>n</u>			
The information in the	his section	on is	being	rej	port	ed	(che	eck	one):														
On behalf of an incomeOn behalf of a coanHow n				bu	ted	to	this	rep	oort?														
1. What opportundevelopment, 6 (SWMP) Plan	evaluati	ion	and in	np	rov	em	ent	of	the S	tor	mw	ate	r N	1 ar	nag				_	ran	n		
Cleanup Events																# E	Ever	nts					6
○ Comments on SW	MP Rec	eive	ed												# C	om	mer	nts					0
• Community Hotlin	nes								Phon	e #	(8	4	5)[8	9	7	-	4	4	3	0
Phone # ()[-[Phon	e#	(8	4	5)[8	9	6	-	8	0	7	0
Phone# ()[- [Phon	e #	(8	4	5)	4	8	6	- [2	9	0	0
Phone # ()[-[Phon	e #	()				_				
Phone# ()[-[Phon	e#	()				-				
Phone # ()[-[Phon	e#	()				_ [
• Community Meeti	ings														# <i>P</i>	Atte	nde	es					0
O Plantings																S	Sq. I	Ft.					0
Storm Drain Mark	xings															# <u>[</u>	Orai	ns					0
• Stakeholder Meeti	ings														# /	Atte	nde	es			1	9	8
O Volunteer Monitor	ring															# E	Ever	ıts					
Other:																							
2. Was public not Program (SWI				•		his	an	nua	ıl rep	ort	and	d St	tori	mw	ate	er N	Mai	nag	•	ent Ye		•	No
O List-Serve																# I	n L	ist					
Newspaper Adver	tising														# I	Day	s Rı	un					1
O TV/Radio Notices	<u> </u>			_		_		_			_	_		_	# I	Day	s Rı	un					
Other:																							

• Web Page URL: Enter URL(s) on the following two pages.

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

																				,			SPI	DES	ID						
ame o	fΜ	S4/0	Coa	litic	n V	'ILL	AGE	OF I	FISH	KIL	L												N	Y	R	2	0	А	2	4	7
. UI	RL(con	't.:								wh	ere	e no	otic	e(s) ca	ın l	be a	acc	ess	ed -	- no	ot l	ıon	1e p	oag	e.			
URL h	t	t	p	:	/	/	w	W	W		v	0	f	i	s	h	k	i	1	1		u	s	/	m	s	4	_	С	0	m
р	1		a		C	e e	/	p	a	g g	e	s	/	1	0	C	a	1	_	1	a	W	s	_	a		d				n
u	a	1	_	r	е	р	0	r	t	s			<u> </u>																		
URL	,																														
																														_	
URL	,																														
																														<u> </u>	
																														<u> </u>	
URL	r																														
URL	,																														
																														_	
																														_	
URL	r																														
																														===	
URL	,																														

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

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

SPDES ID

Name	of M	[S4/0	Coal	litio	n V	TLL	AGE	OF I	FISH	IKIL	L												N	Y	R	2	0	А	2	4	7
2. U	RL	(s) (con	't.:								wh	ere	e no	otic	es	can	be	e ac	ces	sed	l - 1	not	ho	me	pa	ge.				
UR	L L					-	-	-		-																					
UR	L L					-	-	-		-																					
UR	21.					ļ	ļ	ļ																						ļ	ļ
F																															
UR	L L																														
UR	L L						I																								
UR	aL.																														

Name of MS4/Coalition $\Big|$ VILLAGE OF FISHKILL

MS4 Annual Report Form

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

3. Where can the public access copies of this annual report, Stormwater Management

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

P	rog	rar	n S	W]	MP) P	lar	ı aı	nd s	sub	mi	t co	mı	nei	nts	on	tho	ose	do	cun	nen	its?									
																													an	d	
	het						nay	be be	sul	omi	itte	d at	th	at l	oca								-	_				ded	•		
• MS					ffic	e) A	nnu	al I	Rep	ort		SV	WN	1P 1	Plai	1	• (Con	nme	nts
	Dep P	u U	В	L	I	С		W	0	R	K	S																			
		lres		ш				VV		10	10	D																			
	J	Α	С	K	S	0	N		S	Т	R	E	E	Т																	
	City	I																				Zip									
	F	Ι	S	Н	K	I	L	L]	N .	Y		1	2	5	2	4	-				
	Pho	ne			1 .				1					1	•	•		_			,						,				
	(8	4	5)	8	9	6	-	8	0	7	0																		
O Lib	rarv	7) A	nnıı	al I	Ren	ort	(SV	$\mathcal{N}\mathcal{N}$	/ P 1	Plat	1	\circ	Con	ıme	ents
	Aď	lres	S						I											Т							_				
	G.,																					7.									
	City	/																Г				Zip]				
	Dlag																	L									_				
	Pho	ne			١				_																						
	()				_																						
O Oth) A	nnu	al I	Rep	ort		S	WN	1P]	Plai	1	\circ	Con	nme	nts
	Ado	lres	S																												\neg
	C.,																					7.									
	City	/																Γ				Zip]				
	Pho																	L									_				
	<i>(</i>	nie			١] _																						
	(,				_																						
• We	b Pa	age	UR	L:													A	nnu	al I	Rep	ort		S	WN	1P]	Plai	1	\circ	Con	nme	nts
	h	t	t	р	:	/	/	W	W	W		v	0	f	i	s	h	k	i	1	1		u	s	/						
				_		M	S	4				m	n	1	i	_	n			/	n		7		C						=
						IvI	5	4	_	С		m	Р			a	n	С	е	/	р	a	g	е	s	/					=
			1	0	С	a	1	-	1	a		s	-		n	d	-		n			a	1	-	r	е	_	0	r	t	s
	Ple	ease	pr	ovi	de	spe	cif	ic a	ddı	ess	of	pag	ge v	whe	ere	rep	ort	car	ı be	ac	ces	sec	- n	ot	hor	ne	pag	ge.			
○ eM	ail																											\circ	Con	nme	nts
																															=
○ eM		ease	e pr	ovi	de	spe	ecif	ic a	ddı	ess	of	paş	ge v	whe	ere	rep	ort	car	ı be	ac	ces	sed	- n	ot	hor	ne	pag		Con	nme	nts

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

	<u> </u>	SPD	DES ID						
Name of MS4/Coalition VILLAGE OF FISHKILL		N	YR	2	0	A	2	4	7
4.a. If this report was made available on the internet, what date	e was it	po	sted?						
Leave blank if this report was not posted on the internet.	0	4	/ 2	2	/	2	0	2	2
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 submitting	ng a join	t re	eport,	ans	we	r 5.1	b		
5.a. Was an Annual Report public meeting held in this reporting If Yes, what was the date of the meeting?	ng perio	d?	/			Ye	es	•	No
If No, is one planned?					С	Ye	es	•	No
5.b. Was an Annual Report public meeting held for all MS4s co	ontribut	ting	g to tl	his	reŗ	ort	t du	ırin	ıg
this reporting period?					С	Ye	es	0	No
If No, is one planned for each?					С	Ye	es	0	No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to					С	Ye	es	•	No
SWMP in response to comments to this report.									

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

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

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 hearings for all site development projects requiring SWPPP's. Conduct public meeting for Annual Report if requested during public comment period. 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 significantly less than previous reporting periods due to Covid-19.

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

				1	5	
(ex.:	samp	les/	part	ici	pant	s/events

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

Yes	\bigcirc No
- 100	- 1.0

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).

Continue to support outreach through MS4 coordination committee. Continue clean up events within the Village and to advertise regional events. Respond to public comments on Annual Report if received (no comments received to date) and conduct public meeting if requested.

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

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. 1	llicit Discharge Detection and Elimination
The information in this section is being reported (On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to the	
1. Enter the number and approx. percent of	of outfalls mapped: 1 6 # 1 0 0 %
2. How many of these outfalls have been so reporting period (outfall reconnaissance	reened for dry weather discharges during this inventory)?
3.a. What types of generating sites/sewershe reporting period?	ds were targeted for inspection during this
O Auto Recyclers	• Landscaping (Irrigation)
Building Maintenance	○ 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
O Garbage Truck Washouts	O Septic Maintenance
○ Hospitals	O Swimming Pools
O Improper RV Waste Disposal	• Vehicle Fueling
O Industrial Process Water	• Vehicle Maint./Repair Shops
Other:	O None
• Sewersheds:	
F I S H K I L L C R E E	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, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

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			NY	R	2	0 A	2	4	7
3.b.What types of illicit discharges have	been found during th	nis reporti	ing p	erio	od?				
O Broken Lines From Sanitary Sewer	O Industrial Connection	ons							
O Cross Connections	○ Inflow/Infiltration								
O Failing Septic Systems	O Pump Station Failure	e							
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Over	rflows							
O Illegal Dumping	O Straight Pipe Sewer	Discharges							
Other: 4. How many illicit discharges/potentia	None I illegal connections h	nave been	detec	eted	l du	ıring	thi	s	
reporting period?						J			0
			. •		. 114				
5. How many illicit discharges have been	en confirmed during t	inis repor	ting p)eri	oa	,			0
6. How many illicit discharges/illegal coperiod?	onnections have been	eliminate	d duı	ring	; th	is re _l	port	ting	0
7. Has the storm sewershed mapping b	-			od?	•	• Y	es	0	No
If No, approximately what percent was	completed in this repo	orting perio	od?			L			%
8. Is the above information available in	GIS?					Y	es	0	No
Is this information available on the v If Yes, provide URL(s):	veb?					\circ Y	es	•	No
Please provide specific address of page URL	where map(s) can be a	ccessed - 1	not ho	me	pa	ge.			
							\perp		
							\perp		
							\perp		
URL							\top		
							\pm		
							\pm		

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

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

SPDES ID

Nar	ne o	fΜ	[S4/	Coa	litio	on_\	/ILL	AGE	OF	FISE	IKIL	.L												N	Y	R	2	0	Α	2	4	7
8	U.	RI	(2).	CU	n't	.:																										
0.							pec	ific	e ad	ldr	ess	of	pa	ge v	who	ere	ma	ւթ(։	s) c	an	be	acc	ess	ed	- n	ot l	hon	ne j	pag	ge		
	URL	,		I	T					I		1					1	I														
	URL	,																														
	URL	,																														
	URL	,				-																										
	URL	,	-		-		-		1		-	-			-			-				-		1		1	-	1	-			
9.	Н	98	an	ID	DF	la	w ł)eei	า ๑๔	don	tec	l fo	r e	ack	ı fr	adi	itio	nal	M	S4	and	- - - - -	r h	ave	ID	DF	C ni	roc	edı	ire	s be	en
·														4s c													. P.		Ye			
4.0												~ 4			_										. =			_				
10														itri Lav		ting	g to	th	is r	ер	ort	cer	tifi	ied					v is		0]	NT
	cq	lui	7 661				• 1		, 1,1	· ·					•											· 1	CS		, 11	Ü	<u> </u>	. 1 1
11	.W	ha	ıt p	ero	en	t of	sta	aff	in 1	ele	val	nt j	pos	itio	ns	and	d d	epa	rtr	nei	ıts	has	re	cei	ved	III	DI	E tı	air	ning	g?	
																													1	_ 0	0	9

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

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

Name of MS4/Coalition	VILLAGE OF FISHKILL	N Y R 2 0 A 2 4 7
12. Evaluating Pro	gress Toward Measurable Goals MCM 3	
identified in your St	ort on your progress and project plans toward formwater Management Program Plan (SWMI tional pages as needed.	
A. Briefly summar	rize the Measurable Goal identified in the S	WMPP in this reporting period.
100% of the catch be clean any catch bas	pasins and outfalls are to be inspected every 5 ins or outfalls.	years. Continue to inspect and
B. Briefly summar Goal.	rize the observations that indicated the over	call effectiveness of this Measurable
Illicit discharges ha	we become less frequent, with none detected t	his year.
C. How many time	es was this observation measured or evalua	ted in this reporting period?
		1 5
D. Has your MS4	made progress toward this measurable goal	(ex.: samples/participants/event during this reporting period? • Yes O No
E. Is your MS4 on	schedule to meet the deadline set forth in t	he SWMPP? ● Yes ○ No
•	rize the stormwater activities planned to me ing cycle (including an implementation sch	eet the goals of this MCM during
1	on of catch basins and outfalls; All of the catch village have been located using GPS and have	

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

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

<u>Minimum Control Measures 4 and 5.</u> 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 mechanism that provides equivalent protection to the NYS SPDES General F	Permit for	
	Stormwater Discharges from Construction Activities?	Yes	○ No
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local	Law. 03/2006	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	Yes	○ No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) I reviewed in this reporting period?	nave been	0
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of comments related to construction SWPPPs? • Ye	-	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 abo 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, $\begin{vmatrix} 2 & 0 \end{vmatrix} \begin{vmatrix} 2 & 2 \end{vmatrix}$

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

Name of MS4/Coalition VILLAGE OF FISHKILL	N	YR	2 0 A	2 4	7
Minimum Control Measure 4. Construction Site S	Stormwat	<u>er Ru</u>	noff C	<u>ontro</u>	<u>) l</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 report? 					
1. How many construction projects have been authorized for oduring this reporting period?	disturbanc	es of oi	ne acre (or mo	re
2. How many construction projects disturbing at least one acreduring this reporting period?	e were act	ive in y	our jur	isdicti	ion 1
3. What percent of active construction sites were inspected du	ring this r	eportin	ng perio	d? o	NT
			1	0 0]%
4. What percent of active construction sites were inspected me	ore than or	ice?		0	NT
			1	0 0]%
5. Do all inspectors working on behalf of the MS4s contribution	ng to this r	eport ı	use the I	NYS	

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

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPs) 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? \bigcirc Yes \bigcirc No

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, 2 0 2 2

																							SPI	DES	ID						
Name	of M	S4/0	Coa	litio	on	VILL	AGI	E OF	FISI	HKII	LL												N	Y	R	2	0	A	2	4	7
6. c	on't ubn		add	litio	ona	1 pa	age	s as	s ne	ede	ed.																				
• MS	54/C	oali	tioı	1 C	offic	ce																									
	Dep																														
	В	U	Ι	L	D	I	N	G	/	Z	0	N	I	N	G		D	Ε	Р	A	R	Т	M	E	N	Т					
	Add																														
	1	0	9	5		M	A	I	N		S	Т	R	E	Ε	Т						L									
	City		C	тт	17	_	т	т										у.	, ,	7		Zip		_	2	1]				
	F	I	S	Η	K	I	L	L										N	1 7	Z		1	2	5	2	4	_				
	Pho:	1e 8	4	5	١	8	9	7	_	4	4	3	0																		
\bigcirc I ib	_				,		_		_		_																				
O Lib	rary Add																														
			,																												
	City																	_				Zip									
																											-				
	Pho	ne			1				1						•	•	'							•			•				
	()				_																						
Oth	ner																														
	Add	ress	5																												
	City																	_		_	-	Zip					1		_		
																											_				
	Pho	ne			١.			1	l					I																	
	()				-																						
○ We	b Pa	ıge	UR	L(s	s):	P	leas	se p	rov	ide	spe	cifi	ic a	ddr	ess	who	ere	SW	PP	Ps (can	be a	acce	esse	d -	not	ho	me	pag	e.	
	URL																														
	\Box		_																												_
	URL																														
	Щ	_	_																										Щ		

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

If submittir	ng this form as part of a j	oint report on behalf of a	a coalition leave SPDES I	D blank.
			SPDES ID	
Name of MS4/Coalition	VILLAGE OF FISHKILL		N Y R 2	0 A 2 4 7
7. Evaluating Pro	gress Toward Measur	rable Goals MCM 4		
identified in your St		at Program Plan (SWM	l achieving measurable PP), including requiren	-
A. Briefly summar	rize the Measurable C	Goal identified in the S	SWMPP in this report	ing period.
reporting year. The	e Village of Fishkill co ets with disturbance gre	ntinues to review and a	the Village of Fishkill dapprove SWPPP's for all ojects required SWPPP	1
B. Briefly summan Goal.	rize the observations t	that indicated the ove	rall effectiveness of th	is Measurable
			rior to authorizing const PP reviews during this r	
C. How many time	es was this observatio	n measured or evalua	nted in this reporting p	0
D. Has your MS4	made progress toward	d this measurable goa	al during this reporting	g period? • Yes O No
E. Is your MS4 on	schedule to meet the	deadline set forth in	the SWMPP?	● Yes ○ No
•	rize the stormwater ac ing cycle (including a	-	eet the goals of this M edule).	CM during
	n in conformance with		and contractors. Continumit for stormwater rund	

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

				SPDES ID	
Name of MS4/Coalition	VILLAGE OF FISHK	KILL		N Y R	2 0 A 2 4 7
Minimum	Control Mea	sure 5. Post	-Constructio	n Stormwater M	Ianagement
The information in the	nis section is bein	g reported (chec	ck one):		
On behalf of an incOn behalf of a coaHow m		ributed to this 1	report?		
1. How many and MS4/Coalition i				nagement practices eporting period?	has your
		# Inventoried	# Inspections	# Times Maintained	
Alternative Practice	ces	3	2		
O Filter Systems					
Infiltration Basins		2	0		
Open Channels					
Ponds		1	1		
O Wetlands					
Other					
2. Do you use an BMPs, inspecti		` ` `	abase, spreadsl	neet) to track post-	construction ● Yes ○ No
v 1	non-structural Better Site Desig	•		implement Low In nciples?	ıpact
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			
O Watershed Plans	Other Comp	rehensive Plan			
Other:					

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

	SPI	JES L)				
Name of MS4/Coalition VILLAGE OF FISHKILL	N	Y	2	0 A	. 2	4	7
4a. Are the MS4s contributing to this report involved in a regional/w	atershed v	vide _I	olanı	_	ffor t		No
4b. Does the MS4 have a banking and credit system for stormwater in	manageme	nt pr	actic	es?			
				$\circ_{\mathbf{Y}}$	es		No
4c. Do the SWMP Plans for each MS4 contributing to this report inc and approval of banking and credit of alternative siting of a store				t prac		?	No
4d. How many stormwater management practices have been implem reporting period?	ented as p	art of	this	syste	m in	thi	is
5. What percent of municipal officials/MS4 staff responsible for protraining on Low Impace Development (LID), Better Site Design (Infrastructure principles in this reporting period?					end	ed	%

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

ii suoiiiittiiig	g tills form as part	or a joint repo	ort on ochan (oi a Cuaiitiluii	SPDES		טוט ענו	aiik.		
Name of MS4/Coalition	VILLAGE OF FISHKIL	L				R 2	0 A	2	4	7
Name of W154/Coantion_										
6. Evaluating Prog	ress Toward M	easurable G	oals MCM 5	5						
Use this page to repo identified in your Sto III.C.1. Submit additi	rmwater Manag	ement Progra	_		_		_		Par	t
A. Briefly summari	ze the Measura	ble Goal ide	ntified in th	e SWMPP	in this	repor	ting p	peri	od.	
Continue to require s periodic reporting of					etion pr	actices	that	incl	ude	e
B. Briefly summari Goal.	ze the observati	ions that ind	licated the o	verall effec	tivenes	s of th	nis M	eası	ura	ble
Reporting for individ	lual post constru	ection practic	es has been o	continually of	consiste	ent wit	h prio	or y	ear	S.
C. How many times	was this obser	vation meas	ured or eval	uated in th	is repo	rting			tici	1 pants/
D. Has your MS4 m	ade progress to	oward this m	neasurable g	oal during	this re		g pei	riod	?	
							Y	es	0	No
E. Is your MS4 on s	schedule to mee	t the deadlin	ie set forth i	n the SWM	IPP?		Ye	AC.	\cap	No
F. Briefly summari the next reportin			-	_	oals of	this M				
Reporting requireme reporting period. Ma within MS4 will con	intenance agreer	ments will co	ontinue to be	required. Po	ost cons	structi				S

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

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 (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.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

		<u>perforr</u>	<u>ned withir</u>	ı the past 3
Operation/Activity/Facility	Addressed in	n SWMP?	<u>years?</u>) -
Street Maintenance	• Yes	○ No	• Yes	\bigcirc No
Bridge Maintenance	O Yes	• No	O Yes	No
Winter Road Maintenance	○ Yes	• No	O Yes	No
Salt Storage	O Yes	• No	O Yes	No
Solid Waste Management	• Yes	○ No	• Yes	\bigcirc No
New Municipal Construction and Land Disturba	nce • Yes	○ No	• Yes	\bigcirc No
Right of Way Maintenance	• Yes	○ No	• Yes	\bigcirc No
Marine Operations	O Yes	• No	O Yes	No
Hydrologic Habitat Modification	O Yes	• No	O Yes	No
Parks and Open Space	• Yes	○ No	• Yes	\bigcirc No
Municipal Building	• Yes	○ No	• Yes	○ No
Stormwater System Maintenance	● Yes	○ No	• Yes	\bigcirc No
Vehicle and Fleet Maintenance	Yes	○ No	• Yes	\bigcirc No
Other	○ Yes	• No	O Yes	No

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

	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 progr	ams:
• 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	#		6
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#		3
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 employe	3
4. What was the date of the last training?	0 2 / 2 4	/ 2 0	2 2
5. How many municipal employees have been trained in this	reporting period?		1
6. What percent of municipal employees in relevant positions stormwater management training?	s and departments r		0 %

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

Name of MS4/Coalition VILLAGE OF FISHKILL	SPDES ID N Y R 2 0 A 2 4 7
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	SWMPP in this reporting period.
100% of Village streets and parking areas were swept. One (1) V this reporting period.	illage employee received training
B. Briefly summarize the observations that indicated the over Goal.	rall effectiveness of this Measurable
Street and parking lot sweeping reduced discharge of sediment a collection system. No illicit discharge, including sediment, obser	
C. How many times was this observation measured or evalua	ted in this reporting period?
	(ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable goa	
E. Is your MS4 on schedule to meet the deadline set forth in t	the SWMPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to me the next reporting cycle (including an implementation scho	eet the goals of this MCM during
Continue to sweep 100% of roads and parking lots. Inspect all capractices at least once every 5 years and clean as necessary.	atch basins and post construction

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

		SI	DES	ID						
Name of MS4/Coalition	VILLAGE OF FISHKILL	I.	Y	R	2	0	A	2	4	7
					•					

S4s must answer the que	estions or check NA a	s indicated in the table	below.
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	-	-
Γraditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Fraditional 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	-	-	-
Γraditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Γraditional 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	-	-	-
Fraditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Γraditional 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		-	-
Fraditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Γraditional 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	-	-	-
Fraditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Fraditional 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	-	-	-
raditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Fraditional 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	-	-	-
Craditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Fraditional 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
Does your MS4/Coaliti phosphorus/nitrogen/p			npacts of

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

							SPDES I	D			
Na	me of MS4/Coalition	VILLAGE OF FISH	IKILL				N Y	R 2	0 A	2 4	1 7
3.	Does your MS4/ and Maintenand			vater Conv	eyance S	ystem (i		uctu Yes	re) Ins	-	tion N/A
4.	Estimate the per and maintained	_			•			bee	n inspe	cted	
5.	Has your MS4/C NYSDEC SPDE (GP-0-08-001) to disturb five thou	S General Pe o reduce poll	ermit for Stoutants in sto	ormwater ormwater	Discharg	es from	Constr truction	uctio	on Acti	vitie that	
6.	Has your MS4/0 runoff from new equal to one acr Permit for Stori the New York S Standards?	v developmen e that provid mwater Disch	at and redeves es equivaler arges from	elopment nt protecti Construct	projects to the ion Activ	that dist NYS Di vities (G	turb gro EC SPI P-0-08- orus Re	eater DES (001)	than o Genera includ	r d ling	N/A
7a	. Does your MS4/ phosphorus/niti				am to rec	duce ero		Yes	○ No	•	N/A
7b	.How many proj	ects have bee	n sited in th	nis reportii	ng period	?					
7c.	. What percent of	f the projects	included in	7b have b	een comp	oleted in	this re	eport	ing pei	iod	?
7d	.What percent of	f projects pla	nned in pre	vious year	s have be	en com	•				%
8a	.Has your MS4/C procedures polic lands?						ement p unicipa	racti		d	nned N/A
8b	.Has your MS4/C procedures polic municipally own	cy that addre	-	-		_	and lea				N/A

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

	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: 0	
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