



### MS4 Annual Report Cover Page

MCC form for period ending March 9, 

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

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**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2 0 2 3

Name of MS4 TOWN OF FISHKILL

SPDES ID  
N Y R 2 0 A 2 7 4

**Section 2 - Contact Information**

Important Instructions - Please Read

Contact information must be provided for *each* of the following positions as indicated below:

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

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

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

For each contact, select all that apply:

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

First Name MI Last Name  
A Z E M O Z Z Y ALBRA

Title  
T O W N S U P E R V I S O R

Address  
8 0 7 R O U T E 5 2

City State Zip  
F I S H K I L L N Y 1 2 5 2 4 -

eMail  
S U P E R V I S O R @ F I S H K I L L - N Y . G O V

Phone County  
( 8 4 5 ) 8 7 1 - 7 8 0 0 D U T C H E S S

**MS4 Municipal Compliance Certification(MCC) Form**

MCC form for period ending March 9, 2 0 2 3

Name of MS4

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- Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name  MI  Last Name

Title

Address

City  State  Zip

eMail

Phone  County

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 3

Name of MS4 TOWN OF FISHKILL

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

First Name: J O N MI: D Last Name: B O D E N D O R F

Title: T O W N E N G I N E E R

Address: 2 6 I B M R O A D

City: P O U G H K E E P S I E State: N Y Zip: 1 2 6 0 1 -

eMail: J B O D E N D O R F @ C P L T E A M . C O M

Phone: ( 8 4 5 ) 6 8 6 - 2 3 0 5 County: D U T C H E S S

**MS4 Municipal Compliance Certification (MCC) Form**

MCC form for period ending March 9, 2023

Name of MS4

SPDES ID  
N Y R 2 0 A 2 7 4

**Section 3 - Partner Information**

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?  Yes  No

If Yes, complete information below.

Submit a separate sheet for each partner. Information provided in other formats will not be accepted. If your MS4 cooperated with a coalition, submit one sheet with the name of the coalition. It is not necessary to include a separate sheet for each MS4 in the coalition.

If No, proceed to Section 4 - Certification Statement.

Partner/Coalition Name

D U T C H E S S C O U N T Y R E G U L A T E D M S 4

Partner/Coalition Name (con't.)

C O O R D I N A T I O N C O M M I T T E E

SPDES Partner ID - If applicable

Address

2 7 1 5 R O U T E 4 4 S U I T E 3

City

M I L L B R O O K

State

N Y

Zip

1 2 5 4 5 -

eMail

E r i n . s o m m e r v i l l e @ n y . n a c d n e t . n e t

Phone

( 8 4 5 ) 6 7 7 - 8 0 1 1

Legally Binding Agreement in accordance with GP-0-08-002 Part IV.G.?  Yes  No

What tasks/responsibilities are shared with this partner (e.g. MM1 School Programs or Multiple Tasks)?

MM1 P U B L I C E D U C A T I O N A L B R O C H U R E S

MM2 M U L T I P L E T A S K S

MM3 M U L T I P L E T A S K S

MM4 M U L T I P L E T A S K S / S T A F F T R A I N I N G

MM5 M U L T I P L E T A S K S

MM6 M U L T I P L E T A S K S / S T A F F T R A I N I N G

Additional tasks/responsibilities

Watershed Improvement Strategy Best Management Practices required for MS4s in impaired watersheds included in GP-0-08-002 Part IX.

### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2023

Name of MS4 TOWN OF FISHKILL

SPDES ID  
N Y R 2 0 A 2 7 4

#### 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 MI Last Name  
A Z E M O Z Z Y ALBRA

Title (Clearly print title of individual signing report)  
T O W N S U P E R V I S O R

Signature  
Ozzy Albra  
Digitally signed by Ozzy Albra  
Date: 2023.06.01 12:58:54  
-04'00'

Date  
06 / 01 / 2023

The annual report form and any attachments can be sent to the DEC Central Office clicking the Submit Form link below, or by sending it directly to: [MS4compliance@dec.ny.gov](mailto:MS4compliance@dec.ny.gov). All submissions must include the SPDES ID in the title and must be complete before hitting the Submit Form link below:

**Submit Form**

If unable to submit electronically, hardcopy submissions can be sent to:

Bureau of Water Compliance  
Division of Water  
4th Floor  
625 Broadway  
Albany, New York 12233-3505



**MS4 Annual Report Form**

This report is being submitted for the reporting period ending March 9, 2 0 2 3

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SPDES ID

Name of MS4/Coalition

TOWN OF FISHKILL

N Y R 2 0 A 2 7 4

**Water Quality Trends**

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s are contributed to this report?

**1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure One.**

Yes  No

If Yes, choose one of the following

- Report(s) attached to the annual report
- Web Page(s) where report(s) is/are provided below

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

URL

Grid for URL input (3 rows, 25 columns each)

URL

Grid for URL input (3 rows, 25 columns each)

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### MS4 Annual Report Form

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

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Name of MS4/Coalition 

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

- |  |                     |  |   |   |   |   |   |   |
|--|---------------------|--|---|---|---|---|---|---|
| <input checked="" type="radio"/> Construction Site Operators Trained | # Trained           | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td>3</td><td>7</td></tr></table>           |   |   |   | 3 | 7 |   |
|  |                     |  | 3 | 7 |   |   |   |   |
| <input type="radio"/> Direct Mailings                                | # Mailings          | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table>           |   |   |   |   | 0 |   |
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| <input checked="" type="radio"/> Kiosks or Other Displays            | # Locations         | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td>3</td></tr></table>           |   |   |   |   | 3 |   |
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| <input checked="" type="radio"/> List-Serves                         | # In List           | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td>6</td><td>9</td></tr></table>           |   |   |   | 6 | 9 |   |
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| <input type="radio"/> Mailing List                                   | # In List           | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table>           |   |   |   |   | 0 |   |
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| <input checked="" type="radio"/> Newspaper Ads or Articles           | # Days Run          | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td>1</td></tr></table>           |   |   |   |   | 1 |   |
|  |                     |  |   | 1 |   |   |   |   |
| <input checked="" type="radio"/> Public Events/Presentations         | # Attendees         | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td>8</td><td>8</td><td>2</td></tr></table> |   |   |   | 8 | 8 | 2 |
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| <input checked="" type="radio"/> School Program                      | # Attendees         | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td>1</td><td>3</td></tr></table> |   |   |   |   | 1 | 3 |
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| <input type="radio"/> TV Spot/Program                                | # Days Run          | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>0</td></tr></table> |   |   |   |   |   | 0 |
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| <input checked="" type="radio"/> Printed Materials:                  | Total # Distributed | <table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td>8</td><td>8</td><td>2</td></tr></table> |   |   |   | 8 | 8 | 2 |
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Locations (e.g. libraries, town offices, kiosks)

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Other:

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Name of MS4/Coalition 

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Name of MS4/Coalition 

TOWN OF FISHKILL
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**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, DVDs, and 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, and 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?**

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*(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 CDs being circulated to MS4 DPWs; 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.

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**Minimum Control Measure 2. Public Involvement/Participation**

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

- On behalf of an individual MS4
On behalf of a coalition

How many MS4s contributed to this report?

1. What opportunities were provided for public participation in implementation, development, evaluation and improvement of the Stormwater Management Program (SWMP) Plan during this reporting period? Check all that apply:

- Cleanup Events # Events 6
Comments on SWMP Received # Comments
Community Hotlines Phone # (8 4 5) 8 7 1 - 7 8 0 0
Phone # (0 ) 0 - Phone # (8 4 5) 4 8 6 - 2 9 0 0
Phone # (0 ) 0 - Phone # ( ) -
Phone # (0 ) 0 - Phone # ( ) -
Phone # (0 ) 0 - Phone # ( ) -
Community Meetings # Attendees 5
Plantings Sq. Ft.
Storm Drain Markings # Drains
Stakeholder Meetings # Attendees 1 2 0
Volunteer Monitoring # Events
Other:

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

- List-Serve # In List
Newspaper Advertising # Days Run 1
TV/Radio Notices # Days Run
Other: T O W N B O A R D M E E T I N G

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

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

Name of MS4/Coalition TOWN OF FISHKILL

SPDES ID  
N Y R 2 0 A 2 7 4

#### 2. URL(s) con't.:

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

URL

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a d s / 3 / 8 / 0 / 7 / 3 8 0 7 2 2 1 9 / m s 4 \_ r e p o r t \_  
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URL

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### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

Name of MS4/Coalition TOWN OF FISHKILL

SPDES ID  
N Y R 2 0 A 2 7 4

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

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

MS4/Coalition Office  Annual Report  SWMP Plan  Comments

Department  
T O W N O F F I S H K I L L H I G H W A Y D E P T

Address  
G E E R I N G W A Y

City F I S H K I L L N Y Zip 1 2 5 2 4 -

Phone ( 8 4 5 ) 8 9 6 - 6 0 1 3

Library  Annual Report  SWMP Plan  Comments

Address

City Zip -

Phone ( 0 ) 0 -

Other  Annual Report  SWMP Plan  Comments

Address  
T O W N C L E R K F I S H K I L L T O W N H A L L

City F I S H K I L L N Y Zip 1 2 5 2 4 -

Phone ( 8 4 5 ) 8 3 1 - 7 8 0 0

Web Page URL:  Annual Report  SWMP Plan  Comments

f i s h k i l l t o w n n y . i q m 2 . c o m / C i t i z e n  
s / F i l e O p e n . a s p x ? T y p e = 1 2 & I D = 1 7 2 6  
& I n l i n e = T r u e

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

eMail  Comments

### MS4 Annual Report Form

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

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

Name of MS4/Coalition 

T	O	W	N	O	F	F	I	S	H	K	I	L	L
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SPDES ID  

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4.a. If this report was made available on the internet, what date was it posted?

Leave blank if this report was not posted on the internet.

0	6
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 / 

0	1
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 / 

2	0	2	3
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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 a joint report, answer 5.b..

5.a. Was an Annual Report public meeting held in this reporting period?

Yes  No

If Yes, what was the date of the meeting?

0	8
---	---

 / 

1	7
---	---

 / 

2	0	2	2
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If No, is one planned?

Yes  No

5.b. Was an Annual Report public meeting held for all MS4s contributing to this report during this reporting period?

Yes  No

If No, is one planned for each?

Yes  No

6. Were comments received during this reporting period?

Yes  No

If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	2	7	4
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**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 report periods due to COVID-19 restrictions.

1. (11) MS4 Committee Meetings were held virtually.
2. (4) SENY SW Conference were held virtually.
3. (1) Operation of the Town Green Dump for all Town Residents.
4. (1) Town Cleanup Day

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

		1		0
--	--	---	--	---

(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).**

1. Continue to support outreach through the MS4 Coordination Committee.
2. Continue operation of the Town Green Dump and offer Town Cleanup Day.
3. Continue public hearings/review of site development projects requiring full SWPPPs.

**MS4 Annual Report Form**

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF FISHKILL																															
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SPDES ID  

N	Y	R	2	0	A	2	7	4
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**Minimum Control Measure 3. Illicit Discharge Detection and Elimination**

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

On behalf of an individual MS4

On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

1. Enter the number and approx. percent of outfalls mapped: 

				8	1
--	--	--	--	---	---

 # 

1	0	0
---	---	---

 %

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

		0
--	--	---

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

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

r	e	s	i	d	e	n	t	i	a	l	/	c	o	m	m	e	r	c	i	a	l	p	r	o	p	e	r	t	y
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Sewersheds:



### MS4 Annual Report Form

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

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	2	7	4
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**8. URL(s) con't.:**

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

URL


URL


URL


URL


URL


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

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

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

		0
--	--	---

 %

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

SPDES ID  

N	Y	R	2	0	A	2	7	4
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**12. Evaluating Progress Toward Measurable Goals MCM 3**

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

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

- |   |
|---|
| <ol style="list-style-type: none"> <li>1. Additional public education measures relative to hazards associated with illicit discharges.</li> <li>2. Dry weather inspections of outfalls &amp; development of permit mapping requirements.</li> <li>3. Continue to identify and eliminate illicit discharges to the MS4 &amp; conduct IDDE training for staff.</li> </ol> |
|---|

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

- |  |
|--|
| <ol style="list-style-type: none"> <li>1. During building inspections the building inspector made note of any site related issues that could result in an illicit discharge event.</li> <li>2. No illicit discharges detected during this reporting period.</li> </ol> |
|--|

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

			2
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(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).**

- |  |
|--|
| <ol style="list-style-type: none"> <li>1. Continue to monitor and enforce IDDE as necessary.</li> <li>2. Continue to complete site walks during building inspections.</li> <li>3. Continue to complete dry weather inspections of outfalls.</li> </ol> |
|--|

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

TOWN OF FISHKILL
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SPDES ID  

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

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

**1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?**  Yes  No

**1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap Analysis Workbook?**  Yes  No  NT

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

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

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

		8
--	--	---

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

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

		0
--	--	---

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



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

- Notices of Violation # 

				0
--	--	--	--	---

 No Authority
- Stop Work Orders # 

				0
--	--	--	--	---

 No Authority
- Criminal Actions # 

				0
--	--	--	--	---

 No Authority
- Termination of Contracts # 

				0
--	--	--	--	---

 No Authority
- Administrative Fines # 

				0
--	--	--	--	---

 No Authority
- Civil Penalties # 

				0
--	--	--	--	---

 No Authority
- Administrative Orders # 

				0
--	--	--	--	---

 No Authority
- Enforcement Actions or Sanctions # 

				0
--	--	--	--	---

 No Authority
- Other # 

				0
--	--	--	--	---

 No Authority

**MS4 Annual Report Form**

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF FISHKILL
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SPDES ID  

N	Y	R	2	0	A	2	7	4
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**Minimum Control Measure 4. Construction Site Stormwater Runoff Control**

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

1. How many construction projects have been authorized for disturbances of one acre or more during this reporting period? 

		4
--	--	---

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

		4
--	--	---

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

1	0	0
---	---	---

 %

4. What percent of active construction sites were inspected more than once?  NT 

1	0	0
---	---	---

 %

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

6. Does your MS4/Coalition provide public access to Stormwater Pollution Prevention Plans (SWPPPs) of construction projects that are subject to MS4 review and approval?  Yes  No  NT

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review?  Yes  No

If Yes, use the following page to identify location(s) where SWPPPs can be accessed.

### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2023

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

Name of MS4/Coalition TOWN OF FISHKILL

SPDES ID  
N Y R 2 0 A 2 7 4

6. con't.:

Submit additional pages as needed.

MS4/Coalition Office

Department

[Empty grid for Department]

Address

[Empty grid for Address]

City

[Empty grid for City]

Zip

0 [Empty grid] - [Empty grid]

Phone

( 0 [Empty grid] ) 0 [Empty grid] - [Empty grid]

Library

Address

[Empty grid for Address]

City

[Empty grid for City]

Zip

0 [Empty grid] - [Empty grid]

Phone

( 0 [Empty grid] ) 0 [Empty grid] - [Empty grid]

Other

Address

8 0 7 R O U T E 5 2 [Empty grid]

City

F I S H K I L L [Empty grid]

Zip

N Y

1 2 5 2 4 - [Empty grid]

Phone

( 8 4 5 ) 8 3 1 - 7 8 0 0

Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page.

URL

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URL

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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

TOWN OF FISHKILL

SPDES ID

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**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.**

1. Continue to train and document the certification of contractors/staff throughout the year.
2. Continue to inspect and enforce erosion control measures
3. Continue to update MS4 inventory of active construction sites.
4. Continue to review SWPPPs submitted to the Planning Board for proposed projects.

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

- Training events were difficult to maintain due to COVID safety protocols, on line events could not be accounted for.
1. 100% (4) active construction sites were inspected for compliance by the Town; notices or violations were enforced as needed (none this period)
  2. MS4 inventory of active construction sites were continually updated (1)

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

			5
--	--	--	---

(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).**

1. Re-start training and documentation of the certification of contractors/staff throughout the year.
2. Continue to inspect and enforce erosion control measures
3. Continue to update MS4 inventory of active construction sites.
4. Continue to review SWPPPs submitted to the Planning Board for proposed projects.

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

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SPDES ID  

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**Minimum Control Measure 5. Post-Construction Stormwater Management**

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

- On behalf of an individual MS4
- On behalf of a coalition

How many MS4s contributed to this report? 

--	--	--

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

	# Inventoried	# Inspections	# Times Maintained									
<input type="radio"/> Alternative Practices	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Filter Systems	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Infiltration Basins	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Open Channels	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input checked="" type="radio"/> Ponds	<table border="1"><tr><td> </td><td>1</td><td>0</td></tr></table>		1	0	<table border="1"><tr><td> </td><td>1</td><td>0</td></tr></table>		1	0	<table border="1"><tr><td> </td><td> </td><td>5</td></tr></table>			5
	1	0										
	1	0										
		5										
<input type="radio"/> Wetlands	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
<input type="radio"/> Other	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			

**2. Do you use an electronic tool (e.g. GIS, database, spreadsheet) to track post-construction BMPs, inspections and maintenance?**

Yes  No

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

- Building Codes
- Municipal Comprehensive Plans
- Overlay Districts
- Open Space Preservation Program
- Zoning
- Local Law or Ordinance
- None
- Land Use Regulation/Zoning
- Watershed Plans
- Other Comprehensive Plan

Other:

P	R	E	S	E	N	T	A	T	I	O	N	S		T	O		B	O	A	R	D		M	E	M	B	E	R	S
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**MS4 Annual Report Form**

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

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

Name of MS4/Coalition 

TOWN OF FISHKILL
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SPDES ID  

N	Y	R	2	0	A	2	7	4
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**4a. Are the MS4s contributing to this report involved in a regional/watershed wide planning effort?**

Yes  No

**4b. Does the MS4 have a banking and credit system for stormwater management practices?**

Yes  No

**4c. Do the SWMP Plans for each MS4 contributing to this report include a protocol for evaluation and approval of banking and credit of alternative siting of a stormwater management practice?**

Yes  No

**4d. How many stormwater management practices have been implemented as part of this system in this reporting period?**

		0
--	--	---

**5. What percent of municipal officials/MS4 staff responsible for program implementation attended training on Low Impace Development (LID), Better Site Design (BSD) and other Green Infrastructure principles in this reporting period?**

	1	0
--	---	---

 %

**MS4 Annual Report Form**

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

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

Name of MS4/Coalition

TOWN OF FISHKILL

SPDES ID

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**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.**

1. Town staff/consultant training on General Construction Permit requirements.
2. Better Site Design and Green Infrastructure training session to town staff/consultants.
3. Contractor training sessions conducted by DCSWCD.
4. Detailed review of SWPPP post-construction permanent stormwater management facilities and development of maintenance agreements.

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

- Training events were difficult to maintain due to COVID safety protocols, on line events could not be accounted for.
1. (9) SWPPPs were reviewed under the Planning Board Review process which included review of proposed post-construction permanent stormwater management facilities.
  2. (10) All Town owned BMP's have been inspected or maintained this reporting period.

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

		1	9
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(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).**

1. Town staff/consultant training on General Construction Permit requirements.
2. Better Site Design and Green Infrastructure training session to town staff/consultants.
3. Contractor training sessions conducted by DCSWCD.
4. Detailed review of SWPPP post-construction permanent stormwater management facilities and development of maintenance agreements.
5. Conduct maintenance of all Town owned BMP's as necessary.

### MS4 Annual Report Form

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

2	0	2	3
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition 

TOWN OF FISHKILL
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SPDES ID 

N	Y	R	2	0	A	2	7	4
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### 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? 

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**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.**

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



### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2023

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Name of MS4/Coalition TOWN OF FISHKILL

SPDES ID  
NYR20A274

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

- Parking Lots Swept (Number of acres X Number of times swept) # Acres   4.5
- Streets Swept (Number of miles X Number of times swept) # Miles    66
- Catch Basins Inspected and Cleaned Where Necessary #   114
- Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary #    15
- Phosphorus Applied In Chemical Fertilizer # Lbs.
- Nitrogen Applied In Chemical Fertilizer # Lbs.
- Pesticide/Herbicide Applied # Acres 0    .   
 (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.)

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

**4. What was the date of the last training?** 06 / 13 / 2022

**5. How many municipal employees have been trained in this reporting period?**   4

**6. What percent of municipal employees in relevant positions and departments receive stormwater management training?**   10 %

**MS4 Annual Report Form**

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

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Name of MS4/Coalition

TOWN OF FISHKILL

SPDES ID

N	Y	R	2	0	A	2	7	4
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**7. Evaluating Progress Toward Measurable Goals MCM 6**

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

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

1. Continue Municipal Operations/Good Housekeeping training session to municipal employees.
2. Continue street sweeping program, conveyance system inspection and maintenance and catch basin cleaning program.

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

1. Parking lot (4.5 acres) and Street Sweeping (66 miles) program continued.
2. All Catch Basins (114) inspected and maintained as necessary.
3. Inspection and Maintenance of (10) Town Owned BMP's
4. Self-assessment of Town Salt Shed was conducted.

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

			6
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(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).**

1. Re-start Municipal Operations/Good Housekeeping training session to municipal employees.
2. Provide additional training to municipal employees for IDDE and Pollution Prevention.
3. Continue street sweeping program, conveyance system inspection and maintenance and catch basin cleaning program.
4. Continue self-assessment program of Town Owned Facilities.

### MS4 Annual Report Form

**This report is being submitted for the reporting period ending March 9,** 2 0 2 3

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Name of MS4/Coalition TOWN OF FISHKILL

SPDES ID  
N Y R 2 0 A 2 7 4

### Additional Watershed Improvement Strategy Best Management Practices

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?      

**MS4s must answer the questions or check NA as indicated in the table below.**

MS4 Description	Answer	Check NA	(POC)
<b>NYC EOH Watershed</b>			
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
<b>Onondaga Lake Watershed</b>			
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
<b>Greenwood Lake Watershed</b>			
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
<b>Oyster Bay</b>			
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
<b>Peconic Estuary</b>			
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
<b>Oscawana Lake Watershed</b>			
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
<b>LI 27 Embayments</b>			
Traditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Pathogens

**1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?**  Yes  No  N/A

**2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?**  Yes  No  N/A

If N/A, go to question 3.

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

Estimate what percentage was mapped in this reporting period.       %

**MS4 Annual Report Form**

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

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Name of MS4/Coalition 

TOWN OF FISHKILL
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SPDES ID  

N	Y	R	2	0	A	2	7	4
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3. Does your MS4/Coalition have a Stormwater Conveyance System (infrastructure) Inspection and Maintenance Plan Program?  Yes  No  N/A

4. Estimate the percentage of on-site wastewater treatment systems that have been inspected and maintained or rehabilitated as necessary in this reporting period? 

		5
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 %

5. Has your MS4/Coalition developed a program that provides protection equivalent to the NYSDEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001) to reduce pollutants in stormwater runoff from construction activities that disturb five thousand square feet or more?  Yes  No  N/A

6. Has your MS4/Coalition developed a program to address post-construction stormwater runoff from new development and redevelopment projects that disturb greater than or equal to one acre that provides equivalent protection to the NYS DEC SPDES General Permit for Stormwater Discharges from Construction Activities (GP-0-08-001), including the New York State Stormwater Design Manual Enhanced Phosphorus Removal Standards?  Yes  No  N/A

7a. Does your MS4/Coalition have a retrofitting program to reduce erosion or phosphorus/nitrogen/pathogen loading?  Yes  No  N/A

7b. How many projects have been sited in this reporting period? 

		0
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7c. What percent of the projects included in 7b have been completed in this reporting period? 

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 %

7d. What percent of projects planned in previous years have been completed? 

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 %  
 No Projects Planned

8a. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper fertilizer application on municipally owned lands?  Yes  No  N/A

8b. Has your MS4/Coalition developed and implemented a turf management practices and procedures policy that addresses proper disposal of grass clippings and leaves from municipally owned lands?  Yes  No  N/A

**MS4 Annual Report Form**

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

2	0	2	3
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Name of MS4/Coalition 

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N	Y	R	2	0	A	2	7	4
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**9. Has your MS4/Coalition developed and implemented a program of native planting?**

Yes  No  N/A

**10. Has your MS4/Coalition enacted a local law prohibiting pet waste on municipal properties and prohibiting goose feeding?**

Yes  No  N/A

**11. Does your MS4/Coalition have a pet waste bag program?**

Yes  No  N/A

**12. Does your MS4/Coalition have a program to manage goose populations?**

Yes  No  N/A