MS4 Annual Report Cover Page

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

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

SPE	DES	ID						
Ν	Y	R	2	0	А	З	4	4

Choose one:

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

Fill in SPDES ID in upper right hand corner.

Name of MS4

11	un	10 0	1 1/1					 		 										 					 	
7	J	i	1	1	а	g	U	0	f	W	a	р	р	i	n	g	е	r	s	F	а	1	1	S		

OR

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

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

Name of Single Entity

|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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.

Name of Coalition

SPI	DES	ID				 	
Ν	Y	R	2	0	А		
SPI	DES	ID				 	
Ν	Y	R	2	0	Α		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
N	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID				 	
Ν	Y	R	2	0	А		

SPE	DES	ID					
Ν	Y	R	2	0	А		
SPE	DES	ID					
Ν	Y	R	2	0	А		
SPL	DES	ID					
N	Y	R	2	0	А		
SPE	DES	ID				 	
N	Y	R	2	0	А		
SPE	DES	ID					
N	Y	R	2	0	А		
SPE	DES	ID					
Ν	Y	R	2	0	А		

SPE	100	ш					
			0	~	_		
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	А		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		
SPI	DES	ID					
Ν	Y	R	2	0	A		

MS4 Annual Report Cover Page

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

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

						I
SPI	DES	ID				
N	Y	R	2	0	А	
SPI	DES	ID				
N	Y	R	2	0	А	
SPI	DES	ID				
Ν	Y	R	2	0	А	
SPI	DES	ID				
Ν	Y	R	2	0	А	
SPI	DES	ID				
Ν	Y	R	2	0	А	
SPI	DES	ID				
N	Y	R	2	0	А	
SPI	DES	ID				
N	Y	R	2	0	А	
SPI	DES	ID				
Ν	Y	R	2	0	А	
SPI	DES	ID				
Ν	Y	R	2	0	А	
SPI	DES	ID			1	
Ν	Y	R	2	0	А	
SPI	DES	ID				
N	Y	R	2	0	А	
SPI	DES	ID				
N	Y	R	2	0	А	
SPI	DES	ID				
N	Y	R	2	0	А	
SPI	DES	ID				
N	Y	R	2	0	А	
<u>SP</u> I	DES	ID				
Ν	Y	R	2	0	А	
SPI	DES	ID				
Ν	Y	R	2	0	А	
SPI	DES	ID				
N	Y	R	2	0	А	
SPI	DES	ID				
Ν	Y	R	2	0	А	

N Y R 2 0 A	SPI	DES	ID			_		
N Y R 2 0 A	N	Y	R	2	0	A		
SPDES ID N Y R 2 0 A	SPI	DES	ID					
N Y R 2 0 A	N	Y	R	2	0	A		
SPDES ID N Y R 2 0 A	SPI	DES	ID					
N Y R 2 0 A	N	Y	R	2	0	A		
SPDES ID N Y R 2 0 A	SPI	DES	ID					
N Y R 2 0 A I SPDES ID A ID ID SPDES ID ID A ID N Y R 2 0 A ID SPDES ID ID A ID ID SPDES ID ID A ID ID SPDES ID ID A ID ID SPDES ID ID ID ID ID SPDES ID ID ID ID ID N Y R 2 0 A ID SPDES ID ID ID ID ID ID N Y R 2 0 A ID ID SPDES ID ID ID ID ID ID ID ID N Y R 2 0 A ID ID SPDES ID ID ID ID	N	Y	R	2	0	A		
SPDES ID N Y R 2 0 A Image: Section in the se	SPI	DES	ID					
N Y R 2 0 A Image: Section in the	Ν	Y	R	2	0	A		
SPDES ID N Y R 2 0 A	SPI	DES	ID					
N Y R 2 0 A Image: Second state st	N	Y	R	2	0	A		
SPDES ID N Y R 2 0 A	SPI	DES	ID					
NYR20ASPDES IDNYR20ASPDES ID	N	Y	R	2	0	A		
SPDES ID N Y R 2 0 A Image: Second stress of the second stress	SPI	DES	ID					
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	N	Y	R	2	0	A		
SPDES ID N Y R 2 0 A Image: Constraint of the state of th	SPI	DES	ID					
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	N	Y	R	2	0	A		
SPDES ID N Y R 2 0 A Image: Constraint of the second sec	SPI	DES	ID					
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	N	Y	R	2	0	A		
SPDES ID N Y R 2 0 A	SPI	DES	ID					
N Y R 2 0 A	N	Y	R	2	0	A		
SPDES ID N Y R 2 0 A	SPI	DES	ID					
N Y R 2 0 A	N	Y	R	2	0	A		
SPDES ID N Y R 2 0 A	SPI	DES	ID					
N Y R 2 0 A	N	Y	R	2	0	A		
SPDES ID N Y R 2 0 A	SPI	DES	ID					
N Y R 2 0 A SPDES ID	N	Y	R	2	0	A		
SPDES ID N Y R 2 0 A SPDES ID N Y R 2 0 A SPDES ID SPDES ID	SPI	DES	ID					
N Y R 2 0 A SPDES ID N Y R 2 0 A SPDES ID	Ν	Y	R	2	0	A		
SPDES ID N Y R 2 0 A SPDES ID	SPI	DES	ID				·	
N Y R 2 0 A SPDES ID	Ν	Y	R	2	0	A		
SPDES ID	SPI	DES	ID				·	
	Ν	Y	R	2	0	A		
N Y R 2 0 A	SPI	DES	ID			·	·	
	Ν	Y	R	2	0	A		

SPDES IDNYR20AISPDES IDSSSSSSSPDES IDSSSSSSSPDES IDSSSSS </th
N Y R 2 0 A
SPDES ID N Y R 2 0 A
N Y R 2 0 A
SPDES ID N Y R 2 0 A SPDES ID N Y R 2 0 A
N Y R 2 0 A
SPDES ID N Y R 2 0 A SPDES ID N Y R 2 0 A
N Y R 2 0 A
SPDES ID N Y R 2 0 A
N Y R 2 0 A
SPDES ID N Y R 2 0 A N Y R 2 0 A
N Y R 2 0 A
SPDES ID N Y R 2 0 A N Y R 2 0 A
N Y R 2 0 A SPDES ID N Y R 2 0 A SPDES ID N Y R 2 0 A
SPDES ID N Y R 2 0 A SPDES ID N Y R 2 0 A N Y R 2 0 A
N Y R 2 0 A SPDES ID N Y R 2 0 A
SPDES ID N Y R 2 0
N Y R 2 0 A
SPDES ID
N Y R 2 0 A
SPDES ID
N Y R 2 0 A
SPDES ID
N Y R 2 0 A
SPDES ID
N Y R 2 0 A
SPDES ID
N Y R 2 0 A
SPDES ID
N Y R 2 0 A
SPDES ID
N Y R 2 0 A
SPDES ID
N Y R 2 0 A

MS4 Municipal Compliance Certification(MCC) Form MCC form for period ending March 9, 2 0 2 3

Name of MS4Village of Wappingers FallsSPDES IDNYR2

 SPDES ID

 N
 Y
 R
 2
 0
 A
 3
 4
 4

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)
- A Joint Report

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

If Joint Report, enter coalition name:

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2

Name of MS4 Village of Wappingers Falls

 SPDES ID

 N
 Y
 R
 2
 0
 A
 3
 4
 4

3

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
- \bigcirc Local Stormwater Public Contact
- \odot Stormwater Management Program (SWMP) Coordinator
- \bigcirc Report Preparer

Firs	t Na	y o r														MI	_	Las	t Na	me	-					_	_	-		
K	е	v	i	n														Η	u	b	е	r								
Titl	e																													
М	а	У	0	r																										
Add	lres	S																											 	
2	5	8	2		S	0	u	t	h		Α	v	е	n	u	е														
City	/																			St	tate		Zip							
W	a	р	р	i	n	g	е	r	ន		F	a	1	1	ន					ľ	1]	Y	1	2	5	9	0	-		
eMa	ail																													
k	h	u	b	e	r	@	w	a	р	р	i	n	g	е	r	s	f	a	1	1	ន	n	У	•	g	0	v			
Pho	ne																	Cou	inty											
(8	4	5)	2	9	7	-	8	7	7	3						D	u	t	С	h	е	s	s					

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2

Name of MS4 Village of Wappingers Falls

 SPDES ID

 N
 Y
 R
 2
 0
 A
 3
 4
 4

3

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
- Stormwater Management Program (SWMP) Coordinator
- \bigcirc Report Preparer

Firs	t Na	nme			-											MI	_	Las	t Na	me			-	-						
J	0	h	n													М		К	а	r	g	е								
Titl	e																													
V	i	1	1	а	g	е		С	1	е	r	k																		
Add	Ires	5																												
2	5	8	2		S	0	u	t	h		А	v	е	n	u	е														
City	/																			St	tate		Zip							
W	a	р	р	i	n	g	U	r	ប		F	a	1	1	ន					ľ	1 7	Y	1	2	5	9	0	-		
eMa	ail																													
j	m	k	a	r	g	е	@	0	р	t	0	n	1	i	n	е	•	n	е	t										
Pho	ne																	Cou	inty											
(8	4	5)	2	9	7	-	8	7	7	3						D	u	t	С	h	е	s	S					

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2

Name of MS4 Village of Wappingers Falls

 SPDES ID

 N
 Y
 R
 2
 0
 A
 3
 4
 4

3

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
- \bigcirc Local Stormwater Public Contact
- \odot Stormwater Management Program (SWMP) Coordinator
- Report Preparer

Firs	t Na	ame														MI	_	Las	t Na	ime											
Е	r	i	С													М		S	С	h	1	0	b	0	h	m					
Titl	e																														
S	е	n	i	0	r		Ρ	r	0	j	е	С	t		Е	n	g	i	n	е	е	r									
Add	lres	s																													
I	n	ន	i	t	е		Ε	n	g	i	n	е	е	r	i	n	g	,		3		G	а	r	r	е	t	t	Ρ	1	•
City	/			-											-	-				S	tate		Zip								
С	а	r	m	е	1															1	N .	Y	1	0	5	1	2	-			
eMa	ail																														
e	s	С	h	1	0	b	0	h	m	8	i	n	s	i	t	е	_	е	n	g	•	С	0	m							
Pho	ne																	Cou	inty												
(8	4	5)	2	2	5	-	9	6	9	0						Р	u	t	n	a	m								

MS4 Municipal Compliance Certification (MCC) Form

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

SPDES ID

Ν

YR

2

0 A

3 4 4

Name of MS4 Village of Wappingers Falls

Section 3 - Partner Information

Did your MS4 work with partners/coalition to complete some or all permit requirements during this reporting period?

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.

Par	tner	/Co	aliti	ionl	Vam	e																										
D	u	t	С	h	e	s	s		C	0	u	n	t	У		М	S	4		C	0	0	r	d	i	n	а	t	i	0	n	
Par	tner	/Co	alit	ionl	Nan	ne (c	on't	.)																SPI	DES	Pa	rtne	r ID	- If	app	olica	ble
C	0	m	m	i	t	t	e	е																Ν	Y	R	2	0				
Ado	dres	s																					-									
2	7	1	5		R	t		4	4	,		S	u	li	t	e		3														
Cit	y																			St	tate		Zip									
М	i	1	1	b	r	0	0	k												ľ	1 7		1	2	5	4	5	-				
eM	ail																															
e	r	i	n	•	ទ	0	m	m	e	r	v	i	1	1	e	@	n	У	•	n	а	С	d	n	е	t	•	n	e	t		
Pho (8	4	5])	6	7	7] -	8	0	1	1								-	y Bi SP-0		-	-					dan Ye		0	No
W	hat	tas	ks/1	resj	on	sib	iliti	es	are	sha	arec	l w	ith	this	s pa	artn	er ((e.g	. N	IM	1 S	cho	ol	Pro	gra	ms	or	Мı	ıltip	ole	Tas	sks)'
• 1	MM	1	Μ	u	1	t	i	р	1	е		Т	a	S	k	S																
• 1	MM	2	М	u	1	t	i	р	1	е		Т	a	s	k	s																
• 1	MM	3	М	u	1	t	i	р	1	е		Т	a	S	k	s																
• 1	MM	4	Т	r	a	i	n	i	n	g		-		М	u	1	t	i	р	1	е		Т	a	s	k	S					
• 1	MM	5	М	u	1	t	i	р	1	е		Т	a	s	k	s																
• 1	MM	6	Т	r	a	i	n	i	n	g		_		М	u	1	t	i	р	1	е		Т	a	S	k	S					

Additional tasks/responsibilities

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

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

		SP	DES	s m						
Name of MS4	Village of Wappingers Falls	Ν	Y	R	2	0	Α	3	4	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	t Name														MI	1	as	t N	am	e																
Κe	e v	v	i	n														Н	u	b		е	r													
Title						_																														
Ma	a y	y	0	r																																
Signa	atur	e		1	1	1				/	1	1	1.	1]	Da	te										
	4	/	l	~	-			/	/ ,		C					 									0	5	/	1	5	5	1	2	0	2	?	3

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	, 2	0	2	3	
--	-----	---	---	---	--

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 Wappingers Falls

SPL	JES	Ш						
Ν	Y	R	2	0	А	3	4	4

Water Quality Trends

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

- On behalf of an individual MS4
- \bigcirc 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. \odot Yes

If Yes, choose one of the following

- Report(s) attached to the annual report
- \bigcirc 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.

URI							 								
URI	_														
URI	<u>_</u>	-		-	-										
URI	_														

Yes • No

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \\ 2 & 3 \end{vmatrix}$

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

SPDES ID

3 4 4

N Y R 2 0 A

Name of MS4/Coalition Village of Wappingers Falls

Minimum Control Measure 1. Public Education and Outreach

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

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

How many MS4s contributed to this report?

1. Targeted Public Education and Outreach Best Management Practices

Check all topics that were included in Education and Outreach during this reporting period:

• Construction Sites												٠	Pesti	cide	an	d Fe	ertili	izer	Ap	plic	atio	on	
• General Stormwater	Manag	ement	Info	ormat	ion							۲	Pet V	Vast	e N	Aana	ıgen	nen	t				
• Household Hazardou	us Waste	e Disp	osa	1								۲	Recy	cling	g								
Illicit Discharge Det	tection a	and Eli	mir	nation								۲	Ripa	rian	Co	orrid	or F	Prot	ecti	on/I	Res	tora	tion
○ Infrastructure Maint	tenance												Trasl	n Ma	ana	ıgem	ent						
\bigcirc Smart Growth												٠	Vehi	ele V	Wa	shin	g						
Storm Drain Markin															ons	erva	tion	l					
• Green Infrastructure	orm Drain Marking een Infrastructure/Better Site Design/Low Impact Development															otect	ion						
\bigcirc Other:												0	None	;									
Other	ner:]
2. Specific audienc	es targ	eted d	lur	ing t	his 1	repo	orti	ng	pe	rioo	d:												
• Public Employees	• Cont	tractors	s																				
• Residential	• Deve	elopers	3																				
• Businesses	• Gene	eral Pu	ıbli	с																			
\bigcirc Restaurants	Indu	stries																					
• Other:	○ Agri	icultura	al																				_

H | 0 | m | e | s | t | e | a | d

/

P a

r

a d e

i|

e | r

Mes

B a Other

n n e r

a|t

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

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 Wappingers Falls

SPL	DES	ID							
Ν	Y	R	2	0	А	3	4	4	

- **3.** What strategies did your MS4/Coalition use to achieve education and outreach goals during this reporting period? Check all that apply:
- 3 7 Construction Site Operators Trained # Trained 2 5 5 0 Direct Mailings #Mailings • Kiosks or Other Displays 3 # Locations 9 6 • List-Serves # In List O Mailing List # In List 7 # Days Run • Newspaper Ads or Articles 2 8 8 Public Events/Presentations # Attendees 1 3 School Program # Attendees • TV Spot/Program 3 # Days Run 3 4 3 2 • Printed Materials: Total # Distributed Locations (e.g. libraries, town offices, kiosks) . .

М	е	S	i	е	r		H	0	m	е	S	t	е	а	d				
D	С		S	0	i	1		a	n	d		W	a	t	e	r			
V	i	1	1	a	g	е		Η	a	1	1								
в	u	i	1	d	i	n	g		D	е	р	a	r	t	m	e	n	t	
or																			

• Other:

F a c e b o o k

• Web Page: Provide specific web addresses - not home page. Continue on next page if additional space is needed.

W	w	w	•	d	u	t	С	h	е	S	ន	S	W	С	d	•	0	r	g	/	m	s	4	/				

URL

h	t	t	р	S	:	/	/	w	w	w	•	f	а	С	е	b	0	0	k	•	С	0	m	/	D	u	t	С	h	е	s
s	_	С	0	u	n	t	У	-	М	S	4	_	С	0	0	r	d	i	n	a	t	i	0	n	_	C	0	m	m	i	t
t	е	е	-	2	4	6	7	4	0	0	2	5	5	2	0	0	8	9	/	?	f	r	e	f	=	n	f				

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \\ 2 & 3 \end{vmatrix}$

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 Wappingers Falls

 SPDES ID

 N
 Y
 R
 2
 0
 A
 3
 4
 4

3. Web Page con't.: Provide specific web addresses - not home page.

URL																															
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																								
URL																															
h	t	t	р	S	:	/	/	w	w	W	•	1	h	С	С	d	•	n	е	t											
URL																															
h	t	t	р	S	:	/	/	W	w	W	•	У	0	u	t	u	b	е	•	С	0	m	/	W	a	t	С	h	?	v	=
-	V	k	Е	t	v	Y	2	v	t	Е																					
URL																															
URL																															
URL	_																														
URL						I				I		I				I		I	I				I				I				L

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

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

SPDFS ID

		DIL		\mathbf{n}							
Name of MS4/Coalition	Village of Wappingers Falls	Ν	Y	R	2	0	A	3	4	4	
Name of MS4/Coalition	Village of Wappingers Falls	Ν	Y	R	2	0	A	3	4	4	-

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, contractors and developers through the distribution of brochures and displays.
-Develop new target audience.

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

2,550 stormwater brochures were distributed with Village utility bill mailing. When drain inlets are refurbished, drain inlets with stormwater markings are installed. Stormwater banner in courtroom Village Hall and at Mesier Homestead targeted new visitors.

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 \bigcirc 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).

-Educate the general public, contractors and developers through the distribution of brochures and displays. Educate contractors on sediment and erosion control with trainings in partnership with Dutchess County MS4 Coordinating Committee. -Develop new target audience. -Install additional drain inlet markers when drain inlets are replaced.



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

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

Name of MS4/CoalitionVillage of Wappingers FallsSPDES IDNYR20A3

Minimum Control Measure 2. Public Involvement/Participation

4 4

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

- On behalf of an individual MS4
- \bigcirc 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	Eve	ents																#Ev	vent	ts				5
• Commen	Phone # (8 4 5) 2 9 7 - 5 2 7 7 Phone # ())														ts				0					
Commun	ity	Hotl	ine	s										Phone #	()[-			
Phone #	(8	4	5)	2	9	7	-	8	7	7	3	Phone #	()[-			
Phone #	(8	4	5)	2	9	7	-	5	2	7	7	Phone #	()[-			
Phone #	(8	4	5)	2	9	7	-	9	7	5	8	Phone #	()[-			
Phone #	()				-					Phone #	()[-			
Phone #	()				-					Phone #	()[-			
• Commun	ity	Mee	ting	gs													# A	tten	ıdee	es			1	0
○ Plantings	5																	Se	q. F	t.				
○ Storm Dr	rain	Mar	·kin	igs														# D:	rain	is				
• Stakehold	der	Mee	ting	gs													# A	tter	ıdee	es		1	2	0
○ Voluntee	r M	lonit	orir	ng														# Ev	vent	ts				
○ Other:																								

2. Was public notice of availability of this annual report and Stormwater Management Program (SWMP) Plan provided? • Yes

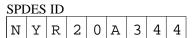
Program (SWMP) Plan provided?	• Yes	○ No
○ List-Serve # In List		
Newspaper Advertising # Days Run		7
TV/Radio Notices # Days Run		3
• Other: N o t i c e a t V i l l a g e H a l l		

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

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

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 Wappingers Falls



2. URL(s) con't.:

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

URL

URL	-																														
h	t	t	р	S	:	/	/	w	w	w	•	w	a	р	р	i	n	g	е	r	s	f	а	1	1	s	n	У	•	g	0
v	/	w	р	_	С	0	n	t	e	n	t	/	u	р	1	0	а	d	s	/	2	0	2	1	/	0	5	/	М	S	4
-	A	Ν	Ν	U	A	L	-	R	Е	Ρ	0	R	Т	-	М	A	R	С	Н	-	9	-	2	0	2	1	•	р	d	f	
URL																															
h	t	t	р	S	:	/	/	w	w	w	•	У	0	u	t	u	b	e	•	С	0	m	/	w	a	t	С	h	?	v	=
-	V	k	Е	t	v	Y	2	v	t	Е																					
URL	_			1										1							1					1	1	1			
URL																															
URL		1				1							1		1		1										1				
URL	í	1				1		1		1		1	1	1	1		1		1	1					1		1	T	1		1
																															L
URL						-													-												
																														L	<u> </u>
																															<u> </u>

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \\ 2 & 3 \end{vmatrix}$

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 Wappingers Falls

 SPDES ID

 N
 Y
 R
 2
 0
 A
 3
 4
 4

2. URL(s) con't.:

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

UR	Ľ	_			 		 										
UR																	
UR	L		 	 	 	 	 	 						 			
		-															
UR																	
UR	L		 	 	 	 											
UR														 			
\vdash													 				
		<u> </u>															
UR	L																

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \\ 2 & 3 \end{vmatrix}$

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 Wappingers Falls

N

SPDES ID



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.

\circ MS	4/C	oal	itio	n O)ffic	e										C) A	nnu	al l	Rep	ort	C) S'	WN	IP I	Plar	1	\bigcirc (Con	nme	ents
	Dep	oarti	nen	t																•											
	Ado	ires	s																									L			
	Cit	y			-														-			Zip									
																											-				
	Pho	ne																													
	()				-																						
○ Lib	rary	/														C	A	nnu	al l	Rep	ort	C) S'	WN	IP I	Plar	ı	\circ (Cor	nme	ents
	Add	ares	s																												
																						<u></u>									
	Cit	y																Г				Zip									
																											-				
	Pho	ne			1							1		,																	
	()				-																						
_																_				-		_						-	~		
• Oth	her Add	lres	c														A	nnu	al l	Rep	ort) S	WN	IP I	Plar	1	0	Con	nme	ents
	2	5	8	2		S	ο	u	t	h		A	v	e	n	u	е														
	Cit	y Y																				Zip									
	W		р	р	i	n	g	е	r	ន		F	a	1	1	s		[N	Y		1	2	5	9	0	-				
	Pho	ne																-				<u> </u>									
	(8	4	5)	2	9	7	-	8	7	7	3																		
_																						-						_	~		
○ We	b P	age	UR	RL:	1							1		1) A	nnu	al I	Rep	ort) S'	WN	IP I	Plar	1	0	Con	nme	ents
	Ple	ease	e pr	ovi	de	spe	cif	ic a	ddr	ess	of	pa	ge v	whe	ere	rep	ort	cai	n be	e ac	ces	sed	- n	ot	hor	ne	pag	ze.	L		
○eM			1			1						1 (1											L C		Cor	nme	ents
												<u> </u>																<u> </u>			

<u>MS4 Annual Report Form</u>

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

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

		<u>SPDE</u>	<u>s id</u>			_		
Name of MS4/Coalition Village of Wappingers Falls		N Y	R	2	0 A	3	4	4
4.a. If this report was made available on the internet, what date	was it	t post	ed?					
Leave blank if this report was not posted on the internet.		0 /			/			
4.b. For how many days was/will this report be posted?								
If submitting a report for single MS4, answer 5.a If submitting	g a joir	nt rep	ort,	ans	wer 5	.b		
5.a. Was an Annual Report public meeting held in this reporting	g perio	od?			ΟY	es	0]	No
If Yes, what was the date of the meeting?	0	5 /	1	0	/ 2	_		3
If No, is one planned?					ΟY	es	0]	No
5.b. Was an Annual Report public meeting held for all MS4s co this reporting period?	ntribu	ting	to tl	his	repoi • Y		urin O I	0
If No, is one planned for each?					ΟY	es	0]	No
6. Were comments received during this reporting period?					ΟY	es	•	No

6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.

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

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 Wappingers Falls

SPL	DES	ID						
Ν	Y	R	2	0	А	3	4	4

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.

Create/strengthen partnerships with area watershed groups including	g
financial support.	
Encourage participation in annual Village cleanup.	
Conduct public hearing for Annual Report or post Annual Report on	
Village web page.	

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

The Annual Report discussion at the Village Board meeting was attended by ten people and was aired on television on 5/10/22 and re-aired throughout the week.

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 \bigcirc No

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

• Yes O No

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

Work with Wappingers Lake Committee to continue lake management activities (goose egg oiling, trash removal, lake side plant management). Continue Village cleanup event. Continue to hold Annual Report meeting or post Annual Report on Village web page.

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

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

SPDES ID

2 2

#

1 0

0 A

3 4 4

0 %

б

NYR2

Name of MS4/Coalition Village of Wappingers Falls

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
- \bigcirc On behalf of a coalition

How many MS4s contributed to this report?

- 1. Enter the number and approx. percent of outfalls mapped:
- 2. How many of these outfalls have been screened for dry weather discharges during this reporting period (outfall reconnaissance inventory)?
- **3.a.**What types of generating sites/sewersheds were targeted for inspection during this reporting period?

\bigcirc Auto Recyclers	\bigcirc Landscaping (Irrigation)
○ Building Maintenance	○ Marinas
\bigcirc Churches	\bigcirc Metal Plateing Operations
\bigcirc Commercial Carwashes	\bigcirc Outdoor Fluid Storage
○ Commercial Laundry/Dry Cleaners	\bigcirc Parking Lot Maintenance
\bigcirc Construction Vehicle Washouts	\bigcirc Printing
\odot Cross-Connections	\bigcirc Residential Carwashing
\bigcirc Distribution Centers	○ Restaurants
\bigcirc Food Processing Facilities	\bigcirc Schools and Universities
\bigcirc Garbage Truck Washouts	○ Septic Maintenance
\bigcirc Hospitals	\bigcirc Swimming Pools
\bigcirc Improper RV Waste Disposal	\bigcirc Vehicle Fueling
\bigcirc Industrial Process Water	○ Vehicle Maint./Repair Shops
Other:	None
• Sewersheds:	

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 \\ 0 \end{vmatrix} \begin{pmatrix} 2 \\ 3 \end{vmatrix}$

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 Wapp	Ingers Falls N Y R 2 0 A 3 4 4
3.b.What types of illicit discharges have	been found during this reporting period?
\bigcirc Broken Lines From Sanitary Sewer	\bigcirc Industrial Connections
\bigcirc Cross Connections	\bigcirc Inflow/Infiltration
○ Failing Septic Systems	\bigcirc Pump Station Failure
\bigcirc Floor Drains Connected To Storm Sewers	\bigcirc Sanitary Sewer Overflows
○ Illegal Dumping	\bigcirc Straight Pipe Sewer Discharges
O Other:	None
4. How many illicit discharges/potentia reporting period?	l illegal connections have been detected during this
5. How many illicit discharges have been	en confirmed during this reporting period?

6. How many illicit discharges/illegal connections have been eliminated during this reporting period?

No

No

• No

0 %

○ Yes

○ Yes

- 7. Has the storm sewershed mapping been completed in this reporting period? Yes If No, approximately what percent was completed in this reporting period?
- 8. Is the above information available in GIS? Is this information available on the web? If Yes, provide URL(s):

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

UIL	-															 							
URL	RL																						

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \\ 2 & 3 \end{vmatrix}$

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 Wappingers Falls



8. URL(s) con't.:

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

URI																
URI				 		 	 	 		 				 		
URI							 	 				 		 		
URI	- -															

- 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?
- **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 %

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

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

Name of MS4/CoalitionVillage of Wappingers FallsSPDES IDNYR20A3

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.

Inspect catch basins and outfalls annually.

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

б	ou	tfalls	were	inspec	cted	during	g the	e reporting	year.
10	0	catch	basins	were	insp	pected	and	cleaned.	

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

(ex.: samples/participants/events)

1

4 4

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

• Yes \bigcirc No

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

• Yes O 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 annual outfall inspections.

Work with Dutchess County Soil & Water Conservation District to perform storm sewershed mapping.

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

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 Wappingers Falls

SPDES IDNYR20A344

0

0

<u>Minimum Control Measures 4 and 5.</u> <u>Construction Site and Post-Construction Control</u>

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

- On behalf of an individual MS4
- \bigcirc 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?

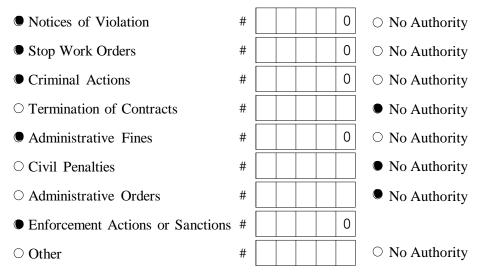
 If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law

If res, rowins, crues and vinages provide date of equivalent NTS S	bample Loca	al Law.	
(09/2004	• 03/2006	\bigcirc NT

- 2. Does your MS4/Coalition have a SWPPP review procedure in place? Yes O No
- 3. How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have been reviewed in this reporting period?
- **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?

5. Does your MS4/Coalition provide education and training for contractors about the local SWPPP process? • Yes 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:



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

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 Wappingers Falls

ļ	SPI	DES	ID						
	Ν	Y	R	2	0	А	3	4	4

N/A

%

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
- \bigcirc 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?
- 2. How many construction projects disturbing at least one acre were active in your jurisdiction during this reporting period?
- 3. What percent of active construction sites were inspected during this reporting period? \odot NT

4.	What percent of active construction sites were inspected more than once?			0	NT
		N/A			%

- 5. Do all inspectors working on behalf of the MS4s contributing to this report use the NYS Construction Stormwater Inspection Manual?

If your MS4 is Non-Traditional, are SWPPPs of construction projects made available for public review? O Yes O 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, $\begin{vmatrix} 2 & 0 \\ 2 & 3 \end{vmatrix}$

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 Wappingers Falls

SPI	DES	ID						
Ν	Y	R	2	0	А	3	4	4

6. con't.:

Submit additional pages as needed.

\bigcirc MS4/Coalition Office

Dep	artr	nen	t											-				-									-			—
Add	lres	s																												
City	,																				Zip									1
																										-				
Pho	ne																									-				
()				-																						
brary	,			'							1																			
Add		s																												
		-																												Γ
City	,																				Zip									1
																										-				Γ
Pho	ne																	_								1		-		+
()				-																						
her																														
Add	lres	s																												
2	5	8	2		S	0	u	t	h		S	t	r	e	e	t														Γ
City	,																		_		Zip									+
W	a	р	р	i	n	g	e	r	ន		F	a	1	1	ß		Ν	1 7	ζ		1	2	5	9	0	-				
Pho	ne																									,				-
()				-																						
eb Pa	ige	UR	RL(s	s):	P	leas	se p	rov	ide	spe	ecifi	ic a	ddr	ess	whe	ere	SW	'PP	Ps c	can	be a	acce	esse	d -	not	hoi	me	pag	e.	
URL										_																				_
																							_							Ť
																														Ļ
URL																														
																														Γ
																							_							L
														I						L								l		1

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

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 Wappingers Falls

SPI	DES	ID	-		-			
N	Y	R	2	0	А	3	4	4

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.

Provide training to contractors.

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

A training was held where 37 contractors were trained.

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

(ex.: samples/participants/events)

1

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

• Yes O No

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

• Yes O 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 support of Dutchess County MS4 Coordination Committee contractor training.

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \\ 2 & 3 \end{vmatrix}$

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 Wappingers Falls

SPE	DES	ID						
Ν	Y	R	2	0	А	3	4	4

Minimum Control Measure 5. Post-Construction Stormwater Management

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

- On behalf of an individual MS4
- \bigcirc 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
• Alternative Practices	2		1
• Filter Systems	1		
\bigcirc Infiltration Basins			
\bigcirc Open Channels			
• Ponds	5		
\bigcirc Wetlands			
\bigcirc Other			

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

- ····																													
Р	1	a	n	n	i	n	g		В	0	a	r	d		R	е	v	i	e	w									

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \\ 2 & 3 \end{vmatrix}$

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

ODDEG ID

• Yes

○ Yes

○ Yes

 \bigcirc No

No

• No

%

		SPL	JES	ID.					
Name of MS4/Coalition Village of Wappingers B	Falls	Ν	Y	R	2 () A	3	4	4
4a. Are the MS4s contributing to this report involved in	n a regional/watershe	ed w	ide	pla	nnir	ıg ef	fort	?	

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

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

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

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 Wappingers Falls

SPI	DES	ID	-		-			
N	Y	R	2	0	А	3	4	4

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.

Inspect catch basins annually.

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

100	catch	basins	were	inspected	and	cleaned	durina	reporting	vear.
T 0 0	Caccin	Dadtin	WCTC	THOPCCCCC	ana	CICAIICA	aar rug	T C POT CTILD	J Car .

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 \bigcirc No

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

• Yes O No

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

Catch basins to be inspected annually.

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

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 Wappingers Falls

SPI	DES	ID						
Ν	Y	R	2	0	А	3	4	4

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

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

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

			SPDES II		
Name of MS4/Coalition	Village of Wappingers Falls		Ν	Y	R

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

• Parking Lots Swept (Number of acres X Number of times swept)	# Acres				4
• Streets Swept (Number of miles X Number of times swept)	# Miles			2	6
• Catch Basins Inspected and Cleaned Where Necessary	#		1	0	0
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#				1
O Phosphorus Applied In Chemical Fertilizer	# Lbs.				
\bigcirc Nitrogen Applied In Chemical Fertilizer	# Lbs.				
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number of times applied to the nearest tenth.) 	# Acres			•	

- 3. How many stormwater management trainings have been provided to municipal employees during this reporting period?
- 4. What was the date of the last training?
- 5. How many municipal employees have been trained in this reporting period?
- 6. What percent of municipal employees in relevant positions and departments receive stormwater management training?



0 3

0 A

R 2

3 4 4



Falls

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

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 Wappingers Falls

SPI	DES	ID	-					
Ν	Y	R	2	0	А	3	4	4

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.

Catch basins and roads are cleaned annually. Train highway/water department.

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

Two employees were trained during the reporting year. 100 catch basins were cleaned and all roads swept once during reporting year.

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 \bigcirc No

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

• Yes O 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 catch basin and roadway cleaning for all catch basins and roads.

⁻ Continue to provide training class for all highway employees.

⁻ SMO to continue stormwater training.

⁻ Continue to pursue green innovation grant program.

⁻ Continued weed harvesting at Wappingers Lake during April through October.

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

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

SPDES ID Ν

YR

2

0 A

3 4 4

Name of MS4/Coalition Village of Wappingers Falls

Additional Watershed Improvement Strategy Best Management Practices

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

• On behalf of an individual MS4

 \bigcirc 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)
NYC EOH Watershed	-	-	-
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay	-	-	-
Traditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Traditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
Non-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary	-	-	-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Non-Traditional	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	-	-	-
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	-	-	-
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

2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS?

○ Yes \bigcirc No \bigcirc 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.

% %

 \bigcirc No \bigcirc N/A

Additional BMPs Page 1 of 3

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \\ 2 & 3 \end{vmatrix}$

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

			SPDES	ID				
Nai	me of MS4/Coalition Village of Wappingers Falls		N Y	R 2	0 A	3	4	4
3.	Does your MS4/Coalition have a Stormwater Conveyance S and Maintenance Plan Program?	System (i		ructu Yes	re) In O No	-	ctio) N	
4.	Estimate the percentage of on-site wastewater treatment sy and maintained or rehabilitated as necessary in this report			e bee	n insp	ecte		%
5.	Has your MS4/Coalition developed a program that provide NYSDEC SPDES General Permit for Stormwater Discharg (GP-0-08-001) to reduce pollutants in stormwater runoff fr disturb five thousand square feet or more?	ges from	Const tructio	ructio	on Act	tiviti tha	ies	/A
6.	Has your MS4/Coalition developed a program to address p runoff from new development and redevelopment projects equal to one acre that provides equivalent protection to the Permit for Stormwater Discharges from Construction Acti the New York State Stormwater Design Manual Enhanced Standards?	that dist e NYS DF vities (Gl	urb gı EC SP P-0-08 orus R	eater DES -001)	[.] than Gener , inclu	or al din	g ⊃ N	/A
7a	. Does your MS4/Coalition have a retrofitting program to re phosphorus/nitrogen/pathogen loading?	educe ero		r Yes	○ No) () N	/A
7b	How many projects have been sited in this reporting period.	d?						
7c.	. What percent of the projects included in 7b have been com	pleted in	this r	eport	ing pe	rio		%
7d	.What percent of projects planned in previous years have b	een comp	oleted	?				%
				○ No	Projec	ts P	lann	led
8a	Has your MS4/Coalition developed and implemented a turb procedures policy that addresses proper fertilizer applicati lands?	0	unicip) 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? O Yes O No O N/A

This report is being submitted for the reporting period ending March 9, $\begin{vmatrix} 2 & 0 \\ 2 & 3 \end{vmatrix}$

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

ODDEG ID

	SPDES ID	SPDES ID					
Name of MS4/Coalition Village of Wapp	Dingers Falls N Y R 2 0 A 3	4 4					

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