



## Clean Water Act Section 404: Site Visit/Case Development

For inspections authorized pursuant to Clean Water Act sections 308 and 404 (33 U.S.C. §§ 1318 and 1344)

This report includes only factual information gained by documentation, onsite observations, and/or onsite interviews.

|                                                   |                                                                                                                                                                           |                              |                                                                     |            |                |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------|------------|----------------|
| Inspector Name(s)                                 | Stephanie Andreescu<br>Austin Jepsky                                                                                                                                      | Time In                      | 3:06 PM                                                             | Start Date | April 22, 2025 |
|                                                   |                                                                                                                                                                           | Time Out                     | 4:26 PM                                                             | End Date   | April 22, 2025 |
| Inspector's Organization                          | U.S. EPA Region 2                                                                                                                                                         |                              |                                                                     |            |                |
| Organization Requesting Inspection (if different) |                                                                                                                                                                           |                              |                                                                     |            |                |
| Inspection Type                                   | Evaluation                                                                                                                                                                | Inspection Status            | Original                                                            |            |                |
| Site Name                                         | Twin Pond Enterprises, Inc. Property                                                                                                                                      |                              |                                                                     |            |                |
| Site Address*                                     | Addresses of three parcels comprising Site: 2007 Route 9W; and Mahoney Road                                                                                               |                              |                                                                     |            |                |
| City*                                             | Milton                                                                                                                                                                    | County*                      | Ulster                                                              | State*     | NY             |
| Zip Code*                                         | 12547                                                                                                                                                                     |                              |                                                                     |            |                |
| Mailing Address*                                  | 2007 Route 9W                                                                                                                                                             |                              |                                                                     |            |                |
| City*                                             | Milton                                                                                                                                                                    | County*                      | Ulster                                                              | State*     | NY             |
| Zip Code*                                         | 12547                                                                                                                                                                     |                              |                                                                     |            |                |
| Latitude*                                         | 41.67038                                                                                                                                                                  | Longitude*                   | -73.96261                                                           |            |                |
| Estimated Size of Site (acres)                    | 6.2 + 2.5 = 8.7 acres                                                                                                                                                     | Is there a home on the site? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |                |
| Inspector Signature                               | <br>Digitally signed by<br>STEPHANIE ANDREESCU<br>Date: 2025.06.03 14:07:50<br>-04'00' |                              |                                                                     | Date       | 6/3/25         |
| Supervisor Signature                              | <br>Digitally signed by<br>MARCO FINOCCHIARO<br>Date: 2025.06.26<br>08:36:13 -04'00'   |                              |                                                                     | Date       | 6/26/25        |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |            |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------|----------------|
| Site Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Twin Pond Enterprises, Inc. Property | Start Date | April 22, 2025 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      | End Date   | April 22, 2025 |
| Inspection Purpose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Initial site visit                   |            |                |
| <b>Opening Conference</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |            |                |
| <input checked="" type="checkbox"/> Presentation of Inspector Credentials<br>Name and Title (Use N/A if owner/operator not available to join the inspection)<br>Credentials were presented to Dane Mannese, president of Twin Pond Enterprises, Inc. (property owner) and James Mannese Trucking, Inc. (operator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |            |                |
| <input checked="" type="checkbox"/> Opening Conference<br>Name of person authorizing access if applicable<br>EPA scheduled the inspection through Mr. Mannese                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |            |                |
| Notes from Opening Conference<br>EPA provided some background on its interest in the Site (referral from NYSDEC following review of neighboring property owned by Central Hudson) and explained the purpose of the inspection.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |            |                |
| <input type="checkbox"/> Access Issues if Any<br>Describe<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |            |                |
| <b>Inspection Observations and Sample Collection</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |            |                |
| Site Owner/Site Operator/Responsible Party (Name, title and contact information)<br>Site owner: Twin Pond Enterprises, Inc.; Site operator: James Mannese Trucking, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |            |                |
| Additional Persons Present at Inspection<br>See attached sign-in sheet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |            |                |
| General Site Characteristics (layout of property, etc.)<br>The Site is comprised of three parcels, identified by Ulster County records as Tax IDs: 103.1-1-61.100, a 2.5-acre parcel located on Mahoney Road; 103.1-1-61.200, a small triangular parcel also on Mahoney Road; and 103.1-1-3, a 6.2-acre parcel located at 2007 Route 9W, Milton, NY. The Site is irregularly Y-shaped due to neighboring/bisecting parcels owned by Central Hudson Gas & Electric.<br><br>Parcel 103.1-1-3 is located at the north of the Site and bordered by Route 9W on the east, and parcels 103.1-1-61.100 and 103.1-1-61.200 are located at the south of the Site and bordered by Mahoney Road to the south.<br><br>Parcel 103.1-1-3 generally consists several commercial buildings and parking/storage areas associated with the James Mannese Trucking business. Parcels 103.1-61.100 and 103.1-1-61.200 are undeveloped, but have been recently disturbed with the spreading of fill material in preparation of constructing a residence. An access driveway had been constructed off of Mahoney Road.<br><br>A watercourse carries flow from a farm south of Mahoney Road northeast through the Site and then under Route 9W. |                                      |            |                |



## Clean Water Act Section 404: Site Visit/Case Development

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|                                                                                                                                                                                 |                                      |            |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------|----------------|
| Site Name                                                                                                                                                                       | Twin Pond Enterprises, Inc. Property | Start Date | April 22, 2025 |
|                                                                                                                                                                                 |                                      | End Date   | April 22, 2025 |
| Purpose and Need for Discharge of Dredged and/or Fill Material                                                                                                                  |                                      |            |                |
| Fill material was discharged to provide fastland for the eventual construction of a residence.                                                                                  |                                      |            |                |
| Site Overview (Past inspections, site description, permits, etc.)                                                                                                               |                                      |            |                |
| EPA's Wetland Protection Section has not previously inspected the property.<br>The U.S. Army Corps of Engineers has not issued a permit for filling activities at the property. |                                      |            |                |
| Scope of Inspection (Areas inspected or not inspected)                                                                                                                          |                                      |            |                |
| EPA inspected areas along the boundary of the fill disturbance where filling activities had occurred.                                                                           |                                      |            |                |

## Clean Water Act Section 404: Site Visit/Case Development

For inspections authorized pursuant to Clean Water Act sections 308 and 404 (33 U.S.C. §§ 1318 and 1344)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |            |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------|----------------|
| Site Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Twin Pond Enterprises, Inc. Property | Start Date | April 22, 2025 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      | End Date   | April 22, 2025 |
| Environmental Conditions (e.g., wind, rain, smoke, dust, temperature, snow)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |            |                |
| mostly clear/partly cloudy; upper 70's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |            |                |
| Field Work Conducted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |            |                |
| <p>The purpose of the inspection was to document whether there had been a discharge of dredged and/or fill material into waters of the United States without prior Corps authorization.</p> <p>Data recorded during the inspection included handwritten notes of observations; documentation of wetland indicators; and photographs.</p> <p>According to Mr. Mannese, he "cleaned out dead trees" on the property to prepare for building a house. He also stated that the Town of Marlborough asked if they could dump materials on the property.</p> <p>EPA walked along the edge of the fill material placed on the southern portion of the Site. EPA observed fill material to include dirt, rock, gravel, and asphalt. Near Mahoney Road, fill material was approximately 1-2 feet high. Near the constructed access driveway off of Mahoney Road, fill material was approximately 5 feet high.</p> <p>EPA crossed Mahoney Road, south of the Site, to observe the watercourse flowing to the Site from the farm across the street. At this location, the stream was flowing, had a defined bed and banks, and substrate consisting of silt and some cobble. On the north side of Mahoney Road, the stream appeared to have been rerouted around much of the fill area as the channel was less developed (See Photograph 23-P4220845). Despite the inspection occurring in "moderate drought", the relocated stream was observed to be flowing on the Site.</p> <p>EPA dug a soil sampling pit just south of the fill edge, north of the relocated stream near Mahoney Road and observed the presence of hydric soils. Vegetation was not able to be sampled due to fill placement around the sampling location (see attached data sheets). Based on field indicators and observations, and geospatial analysis, EPA concluded that the location was likely a wetland.</p> <p>EPA observed a second channel that was flowing north along the access driveway. This channel appeared to join the relocated stream near the center of the Site before flowing northeast, through pipes and catchbasins under the parking lot of the business.</p> |                                      |            |                |
| <b>Closing Conference</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |            |                |
| Documents Received and/or Requested During the Inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |            |                |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |            |                |
| Compliance Assistance Provided (If any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |            |                |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |            |                |
| Observations Relayed to Site Owner/Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |            |                |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |            |                |
| Actions Taken by Owner/Operator During the Inspection (If any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |            |                |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |            |                |



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|                                                                                                                                   |                                      |            |                |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------|----------------|
| Site Name                                                                                                                         | Twin Pond Enterprises, Inc. Property | Start Date | April 22, 2025 |
|                                                                                                                                   |                                      | End Date   | April 22, 2025 |
| Potential Issues of Concern Including Regulatory Citations                                                                        |                                      |            |                |
| Potential issues of concern include the discharge of fill material into a wetland and a stream without prior Corps authorization. |                                      |            |                |
| <b>Attachments*</b>                                                                                                               |                                      |            |                |
| <input type="checkbox"/> Maps and Sketches                                                                                        |                                      |            |                |
| <input checked="" type="checkbox"/> Photographs (including location) and Photo Log                                                |                                      |            |                |
| <input checked="" type="checkbox"/> Other (SSIP, Wetlands Delineation Forms, etc.)                                                |                                      |            |                |
| Attachments: Sign-in Sheet; Wetland Delineation Data Sheets; Photograph Log; Antecedent Precipitation Data                        |                                      |            |                |
| <b>Additional Notes</b>                                                                                                           |                                      |            |                |
|                                                                                                                                   |                                      |            |                |

# EPA CWA 404 Inspection Photolog

Twin Pond Enterprises, Inc.

2007 Route 9W, Mahoney Road Property  
(103.1-1-61.100, 103.1-1-61.200, 103.1-1-3)

Milton, NY

April 22, 2025



**Date:** 4/22/2025  
**Time:** 3:21 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 1 – P4220823

**Description:**

(1/6) Panorama of flowing water  
on southern end of Site



**Date:** 4/22/2025  
**Time:** 3:21 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 2 – P4220824

**Description:**

(2/6) Panorama of flowing water  
on southern end of Site



**Date:** 4/22/2025  
**Time:** 3:21 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 3 – P4220825

**Description:**

(3/6) Panorama of flowing water  
on southern end of Site



**Date:** 4/22/2025  
**Time:** 3:22 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 4 – P4220826

**Description:**

(4/6) Panorama of flowing water  
on southern end of Site



**Date:** 4/22/2025  
**Time:** 3:22 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 5 – P4220827

**Description:**

(5/6) Panorama of flowing water  
on southern end of Site



**Date:** 4/22/2025  
**Time:** 3:22 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 6 – P4220828

**Description:**

(6/6) Panorama of flowing water  
on southern end of Site



**Date:** 4/22/2025  
**Time:** 3:27 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 7 – P4220829

**Description:**

Locust Grove stream flowing  
(across Mahoney Road)



**Date:** 4/22/2025  
**Time:** 3:27 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 8 – P4220830

**Description:**

Locust Grove stream flowing  
(across Mahoney Road)



**Date:** 4/22/2025  
**Time:** 3:30 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 9 – P4220831

**Description:**

Downstream end of culvert  
under Mahoney Road; stream  
from Locust Grove enters Site



**Date:** 4/22/2025  
**Time:** 3:39 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 10 – P4220832

**Description:**

(1/5) Panorama of excavated area with standing water and cattails



**Date:** 4/22/2025  
**Time:** 3:39 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 11 – P4220833

**Description:**

(2/5) Panorama of excavated area with standing water and cattails



**Date:** 4/22/2025  
**Time:** 3:39 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 12 – P4220834

**Description:**

(3/5) Panorama of excavated area with standing water and cattails



**Date:** 4/22/2025  
**Time:** 3:39 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 13 – P4220835

**Description:**

(4/5) Panorama of excavated area with standing water and cattails



**Date:** 4/22/2025  
**Time:** 3:39 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 14 – P4220836

**Description:**

(5/5) Panorama of excavated area with standing water and cattails



**Date:** 4/22/2025  
**Time:** 3:46 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 15 – P4220837

**Description:**

Flowing stream from culvert on  
Site



**Date:** 4/22/2025  
**Time:** 3:48 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 16 – P4220838

**Description:**

Flowing stream downstream of  
culvert



**Date:** 4/22/2025  
**Time:** 3:51 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 17 – P4220839

**Description:**

Pink wetland delineation  
flagging on Central Hudson Gas  
& Electric Corp property



**Date:** 4/22/2025  
**Time:** 4:00 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 18 – P4220840

**Description:**  
Fill material - asphalt



**Date:** 4/22/2025  
**Time:** 4:05 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 19 – P4220841

**Description:**  
SS1 Soil profile



**Date:** 4/22/2025  
**Time:** 4:06 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 20 – P4220842

**Description:**  
SS1 Soil Pit location



**Date:** 4/22/2025  
**Time:** 4:11 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 21 – P4220843

**Description:**

SS1 Soil Pit profile showing redoximorphic features



**Date:** 4/22/2025  
**Time:** 4:19 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 22 – P4220844

**Description:**

(1/3) Panorama of Site and  
flowing water on Site near SS1  
soil profile location



**Date:** 4/22/2025  
**Time:** 4:19 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 23 – P4220845

**Description:**

(2/3) Panorama of Site and  
flowing water on Site near SS1  
soil profile location



**Date:** 4/22/2025  
**Time:** 4:20 PM  
**Photographer:** S. Andreescu  
**Photo ID:** 24 – P4220846

**Description:**

(3/3) Panorama of Site and  
flowing water on Site near SS1  
soil profile location

|                                                                                                                                                                              |                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>U.S. Army Corps of Engineers</b><br><b>WETLAND DETERMINATION DATA SHEET – Northcentral and Northeast Region</b><br>See ERDC/EL TR-12-1; the proponent agency is CECW-CO-R | <b>OMB Control #: 0710-0024, Exp: 11/30/2024</b><br><b>Requirement Control Symbol EXEMPT:</b><br><b>(Authority: AR 335-15, paragraph 5-2a)</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|

Project/Site: Twin Pond Enterprises, Inc. City/County: Milton, Ulster County Sampling Date: 4/22/2025  
Applicant/Owner: Twin Pond Enterprises, Inc. State: NY Sampling Point: SS1  
Investigator(s): S. Andreescu, A. Jepsky Section, Township, Range: \_\_\_\_\_  
Landform (hillside, terrace, etc.): \_\_\_\_\_ Local relief (concave, convex, none): \_\_\_\_\_ Slope %: \_\_\_\_\_  
Subregion (LRR or MLRA): LRR R Lat: 41.66985 Long: -73.96303 Datum: \_\_\_\_\_  
Soil Map Unit Name: Canandaigua silt loam, till substratum (Cd) NWI classification: PFO1E  
Are climatic / hydrologic conditions on the site typical for this time of year? Yes \_\_\_\_\_ No X (If no, explain in Remarks.)  
Are Vegetation X, Soil X, or Hydrology X significantly disturbed? Are "Normal Circumstances" present? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are Vegetation \_\_\_\_\_, Soil \_\_\_\_\_, or Hydrology \_\_\_\_\_ naturally problematic? (If needed, explain any answers in Remarks.)

**SUMMARY OF FINDINGS – Attach site map showing sampling point locations, transects, important features, etc.**

|                                                                                                                                                   |                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Hydrophytic Vegetation Present? Yes _____ No _____<br>Hydric Soil Present? Yes <u>X</u> No _____<br>Wetland Hydrology Present? Yes _____ No _____ | <b>Is the Sampled Area within a Wetland?</b> Yes _____ No _____<br>If yes, optional Wetland Site ID: _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|

Remarks: (Explain alternative procedures here or in a separate report.)  
Site located in area experiencing "moderate drought" at time of inspection

**HYDROLOGY**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Wetland Hydrology Indicators:</b><br><u>Primary Indicators</u> (minimum of one is required; check all that apply)<br>____ Surface Water (A1)      ____ Water-Stained Leaves (B9)<br>____ High Water Table (A2)      ____ Aquatic Fauna (B13)<br>____ Saturation (A3)      ____ Marl Deposits (B15)<br>____ Water Marks (B1)      ____ Hydrogen Sulfide Odor (C1)<br>____ Sediment Deposits (B2)      ____ Oxidized Rhizospheres on Living Roots (C3)<br>____ Drift Deposits (B3)      ____ Presence of Reduced Iron (C4)<br>____ Algal Mat or Crust (B4)      ____ Recent Iron Reduction in Tilled Soils (C6)<br>____ Iron Deposits (B5)      ____ Thin Muck Surface (C7)<br>____ Inundation Visible on Aerial Imagery (B7)      ____ Other (Explain in Remarks)<br>____ Sparsely Vegetated Concave Surface (B8) | <u>Secondary Indicators</u> (minimum of two required)<br>____ Surface Soil Cracks (B6)<br>____ Drainage Patterns (B10)<br>____ Moss Trim Lines (B16)<br>____ Dry-Season Water Table (C2)<br>____ Crayfish Burrows (C8)<br>____ Saturation Visible on Aerial Imagery (C9)<br>____ Stunted or Stressed Plants (D1)<br>____ Geomorphic Position (D2)<br>____ Shallow Aquitard (D3)<br>____ Microtopographic Relief (D4)<br>____ FAC-Neutral Test (D5) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                               |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>Field Observations:</b><br>Surface Water Present? Yes _____ No _____ Depth (inches): _____<br>Water Table Present? Yes _____ No _____ Depth (inches): _____<br>Saturation Present? Yes _____ No _____ Depth (inches): _____<br>(includes capillary fringe) | <b>Wetland Hydrology Present?</b> Yes _____ No _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|

Describe Recorded Data (stream gauge, monitoring well, aerial photos, previous inspections), if available:

Remarks:  
Stream/watercourse appears to have been rerouted on Site.

Sampling Point: SS1

| Tree Stratum (Plot size: _____)                                                                                                                 |                     | Absolute % Cover   | Dominant Species? | Indicator Status | <b>Dominance Test worksheet:</b><br><br>Number of Dominant Species That Are OBL, FACW, or FAC: _____ (A)<br><br>Total Number of Dominant Species Across All Strata: _____ (B)<br><br>Percent of Dominant Species That Are OBL, FACW, or FAC: _____ (A/B)                                                                                                                                                                                                                                                                                                                        |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|-------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------|-------------------|-------------|--------------------|-------------|-------------------|-------------|--------------------|-------------|-------------------|-------------|----------------------|---------------------|--------------------------------|--|
| 1.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 2.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 3.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 4.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 5.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 6.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 7.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
|                                                                                                                                                 |                     | _____ =Total Cover |                   |                  | <b>Prevalence Index worksheet:</b><br><br><table border="0"> <tr> <td>Total % Cover of:</td> <td>Multiply by:</td> </tr> <tr> <td>OBL species _____</td> <td>x 1 = _____</td> </tr> <tr> <td>FACW species _____</td> <td>x 2 = _____</td> </tr> <tr> <td>FAC species _____</td> <td>x 3 = _____</td> </tr> <tr> <td>FACU species _____</td> <td>x 4 = _____</td> </tr> <tr> <td>UPL species _____</td> <td>x 5 = _____</td> </tr> <tr> <td>Column Totals: _____</td> <td>(A) _____ (B) _____</td> </tr> <tr> <td colspan="2">Prevalence Index = B/A = _____</td> </tr> </table> | Total % Cover of: | Multiply by: | OBL species _____ | x 1 = _____ | FACW species _____ | x 2 = _____ | FAC species _____ | x 3 = _____ | FACU species _____ | x 4 = _____ | UPL species _____ | x 5 = _____ | Column Totals: _____ | (A) _____ (B) _____ | Prevalence Index = B/A = _____ |  |
| Total % Cover of:                                                                                                                               | Multiply by:        |                    |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| OBL species _____                                                                                                                               | x 1 = _____         |                    |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| FACW species _____                                                                                                                              | x 2 = _____         |                    |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| FAC species _____                                                                                                                               | x 3 = _____         |                    |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| FACU species _____                                                                                                                              | x 4 = _____         |                    |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| UPL species _____                                                                                                                               | x 5 = _____         |                    |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| Column Totals: _____                                                                                                                            | (A) _____ (B) _____ |                    |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| Prevalence Index = B/A = _____                                                                                                                  |                     |                    |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| <b>Sapling/Shrub Stratum (Plot size: _____)</b>                                                                                                 |                     |                    |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 1.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 2.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 3.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 4.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 5.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 6.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 7.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
|                                                                                                                                                 |                     | _____ =Total Cover |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| <b>Herb Stratum (Plot size: _____)</b>                                                                                                          |                     |                    |                   |                  | <b>Hydrophytic Vegetation Indicators:</b><br>_____ 1 - Rapid Test for Hydrophytic Vegetation<br>_____ 2 - Dominance Test is >50%<br>_____ 3 - Prevalence Index is ≤3.0 <sup>1</sup><br>_____ 4 - Morphological Adaptations <sup>1</sup> (Provide supporting data in Remarks or on a separate sheet)<br><br>_____ Problematic Hydrophytic Vegetation <sup>1</sup> (Explain)<br><br><sup>1</sup> Indicators of hydric soil and wetland hydrology must be present, unless disturbed or problematic.                                                                                |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 1.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 2.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 3.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 4.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 5.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 6.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 7.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 8.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 9.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 10.                                                                                                                                             | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 11.                                                                                                                                             | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 12.                                                                                                                                             | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
|                                                                                                                                                 |                     | _____ =Total Cover |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| <b>Woody Vine Stratum (Plot size: _____)</b>                                                                                                    |                     |                    |                   |                  | <b>Definitions of Vegetation Strata:</b><br><br><b>Tree</b> – Woody plants 3 in. (7.6 cm) or more in diameter at breast height (DBH), regardless of height.<br><br><b>Sapling/shrub</b> – Woody plants less than 3 in. DBH and greater than or equal to 3.28 ft (1 m) tall.<br><br><b>Herb</b> – All herbaceous (non-woody) plants, regardless of size, and woody plants less than 3.28 ft tall.<br><br><b>Woody vines</b> – All woody vines greater than 3.28 ft in height.                                                                                                    |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 1.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 2.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 3.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| 4.                                                                                                                                              | _____               | _____              | _____             | _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
|                                                                                                                                                 |                     | _____ =Total Cover |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| <b>Hydrophytic Vegetation Present?</b> <b>Yes</b> _____ <b>No</b> _____                                                                         |                     |                    |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |
| Remarks: (Include photo numbers here or on a separate sheet.)<br>Vegetation in and around sampling location has been impacted by fill material. |                     |                    |                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |              |                   |             |                    |             |                   |             |                    |             |                   |             |                      |                     |                                |  |

## SOIL

Sampling Point SS1

[illegible]

**VEGETATION Continued** – Use scientific names of plants.

 Sampling Point: SS1

| <u>Tree Stratum</u>          | Absolute<br>% Cover | Dominant<br>Species? | Indicator<br>Status | <b>Definitions of Vegetation Strata:</b><br><br><b>Tree</b> – Woody plants 3 in. (7.6 cm) or more in diameter at breast height (DBH), regardless of height.<br><br><b>Sapling/shrub</b> – Woody plants less than 3 in. DBH and greater than or equal to 3.28 ft (1 m) tall.<br><br><b>Herb</b> – All herbaceous (non-woody) plants, regardless of size, and woody plants less than 3.28 ft tall.<br><br><b>Woody vines</b> – All woody vines greater than 3.28 ft in height. |
|------------------------------|---------------------|----------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8. _____                     | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 9. _____                     | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 10. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 11. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 12. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 13. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 14. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| _____ =Total Cover           |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <u>Sapling/Shrub Stratum</u> |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 8. _____                     | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 9. _____                     | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 10. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 11. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 12. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 13. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 14. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| _____ =Total Cover           |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <u>Herb Stratum</u>          |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 13. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 14. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 15. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 16. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 17. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 18. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 19. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 20. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 21. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 22. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 23. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 24. _____                    | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| _____ =Total Cover           |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <u>Woody Vine Stratum</u>    |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 5. _____                     | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 6. _____                     | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 7. _____                     | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 8. _____                     | _____               | _____                | _____               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| _____ =Total Cover           |                     |                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

Remarks: (Include photo numbers here or on a separate sheet.)

## AGENCY DISCLOSURE NOTIFICATION

The public reporting burden for this collection of information, OMB Control Number 0710-0024, is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR REQUEST TO THE ABOVE EMAIL.**

## PRIVACY ACT STATEMENT

Authorities: Rivers and Harbors Act, Section 10, 33 USC 403; Clean Water Act, Section 404, 33 USC 1344; Marine Protection, Research, and Sanctuaries Act, Section 103, 33 USC 1413; Regulatory Programs of the Corps of Engineers; Final Rule 33 CFR 320-332. Principal Purpose: Information provided on this form will be used in evaluating the application for a permit. Routine Uses: This information may be shared with the Department of Justice and other federal, state, and local government agencies, and the public and may be made available as part of a public notice as required by Federal law. Submission of requested information is voluntary, however, if information is not provided the permit application cannot be evaluated nor can a permit be issued. One set of original drawings or good reproducible copies which show the location and character of the proposed activity must be attached to this application (see sample drawings and/or instructions) and be submitted to the District Engineer having jurisdiction over the location of the proposed activity. An application that is not completed in full will be returned. System of Record Notice (SORN). The information received is entered into our permit tracking database and a SORN has been completed (SORN #A1145b) and may be accessed at the following website: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570115/a1145b-ce.aspx>

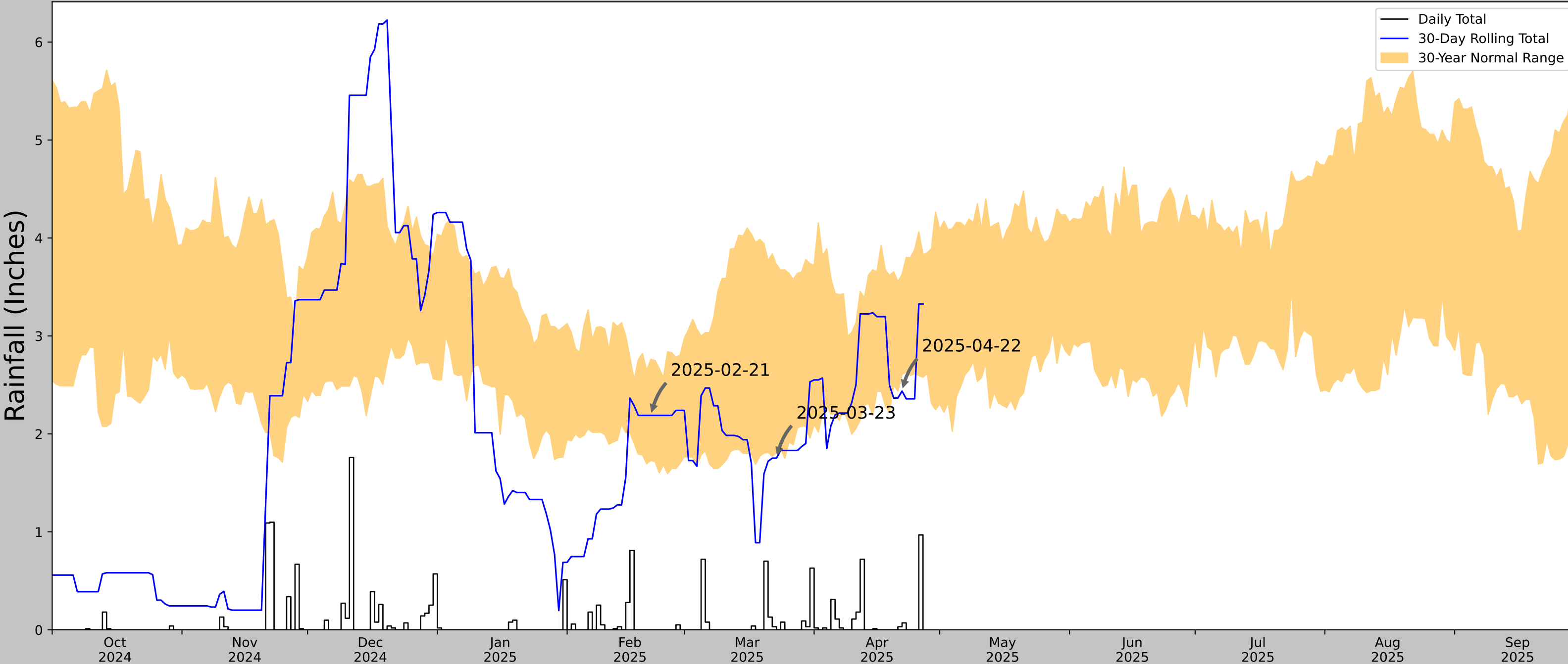
## Site Visit Sign-in Sheet

**Site:** TWIN POND ENTERPRISES  
2007 ROUTE 9W MILTON NY

**Date:** 4/22/2025

[illegible]

Antecedent Precipitation vs Normal Range based on NOAA's Daily Global Historical Climatology Network



|                                  |                            |
|----------------------------------|----------------------------|
| Coordinates                      | 41.67037, -73.96260        |
| Observation Date                 | 2025-04-22                 |
| Elevation (ft)                   | 188.473                    |
| Drought Index (PDSI)             | Moderate drought (2025-03) |
| WebWIMP H <sub>2</sub> O Balance | Wet Season                 |

| 30 Days Ending | 30 <sup>th</sup> %ile (in) | 70 <sup>th</sup> %ile (in) | Observed (in) | Wetness Condition | Condition Value | Month Weight | Product               |
|----------------|----------------------------|----------------------------|---------------|-------------------|-----------------|--------------|-----------------------|
| 2025-04-22     | 2.607087                   | 3.627165                   | 2.437008      | Dry               | 1               | 3            | 3                     |
| 2025-03-23     | 1.807087                   | 3.727953                   | 1.751969      | Dry               | 1               | 2            | 2                     |
| 2025-02-21     | 1.728347                   | 2.761811                   | 2.188976      | Normal            | 2               | 1            | 2                     |
| Result         |                            |                            |               |                   |                 |              | Drier than Normal - 7 |

| Weather Station Name      | Coordinates       | Elevation (ft) | Distance (mi) | Elevation Δ | Weighted Δ | Days Normal | Days Antecedent |
|---------------------------|-------------------|----------------|---------------|-------------|------------|-------------|-----------------|
| POUGHKEEPSIE AP           | 41.6258, -73.8817 | 152.887        | 5.189         | 35.586      | 2.52       | 8817        | 90              |
| POUGHKEEPSIE 5.3 S        | 41.6195, -73.9131 | 168.963        | 1.679         | 16.076      | 0.783      | 3           | 0               |
| WAPPINGERS FALLS 1.6 ESE  | 41.588, -73.8922  | 230.971        | 2.667         | 78.084      | 1.408      | 1           | 0               |
| POUGHKEEPSIE 4.7 ESE      | 41.6634, -73.8419 | 369.094        | 3.312         | 216.207     | 2.206      | 1           | 0               |
| POUGHKEEPSIE              | 41.7269, -73.9203 | 250.984        | 7.264         | 98.097      | 3.981      | 2303        | 0               |
| HOPEWELL JUNCTION 2.4 SSE | 41.5535, -73.7863 | 278.871        | 7.018         | 125.984     | 4.042      | 1           | 0               |
| GLENHAM                   | 41.5167, -73.9333 | 274.934        | 7.996         | 122.047     | 4.574      | 102         | 0               |
| ROSENDALE 2 E             | 41.8481, -74.0472 | 122.047        | 17.571        | 30.84       | 8.449      | 117         | 0               |
| MILLBROOK 3 W             | 41.7858, -73.7422 | 413.058        | 13.191        | 260.171     | 9.368      | 1           | 0               |
| W PT                      | 41.3906, -73.9608 | 319.882        | 16.758        | 166.995     | 10.34      | 7           | 0               |



US Army Corps  
of Engineers®

Figures and tables made by the  
Antecedent Precipitation Tool  
Version 2.0

Developed by:  
U.S. Army Corps of Engineers and  
U.S. Army Engineer Research and  
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