

**Phase II Municipal Separate Storm Sewer System (MS4)**  
**Annual Report Form**

Cover Page

**Part 1. General Information:**

1. Permittee Name: Oconee County
2. Mailing Address: 7635 Macon Hwy. Watkinsville, GA 30677
3. Contact Person: Jody B. Woodall, PE
4. E-Mail Address: jwoodall@oconee.ga.us
5. Telephone Number: 706-769-2937
6. Reporting Year (January 1–December 31): 2023

**Part 2. Status of Stormwater Management Program:**

1. Has your stormwater management program to comply with the 2022 NPDES Permit been approved? Yes ☐ No ☒
2. If yes, provide the approval date: [Click here to enter text.](#)
3. If no, provide the date of the last submittal: February 9, 2024

**Part 3. Certification Statement:**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: \_\_\_\_\_

Printed Name: John Daniell

Title: Chairman Board of Commissioners Date: \_\_\_\_\_

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Signature: \_\_\_\_\_

Printed Name: John Danell

Title: Chairman Board of Commissioners Date: 2-13-24

**Public Education and Outreach**  
**Minimum Control Measure**  
**(Table 4.2.1)**

1. **BMP # 1**

- A. Do you have a website? Yes ☒ No ☐
- i. If yes, you are required to post the most updated SWMP to the website. Has the most updated SWMP been posted? Yes ☒ No ☐
- ii. If not, explain why not: [Click here to enter text.](#)

2. **BMP Title:** Storm Water Awareness in School Aged Children

3. **Provide the measurable goal from SWMP:** A minimum of 30 booklets will be distributed each year

- A. Did you comply with the measurable goal? Yes ☒ No ☐
- B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)

4. **Documentation**

- A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
- B. If not, please explain why: [Click here to enter text.](#)

5. **Implementation Schedule**

- A. BMP activities completed during this reporting period: 3<sup>rd</sup> Grade Ag Day. 36 teacher resource boxes included two water booklets and a water brochure were distributed. 840 3<sup>rd</sup> grade students were educated using an Enviroscape tool for demonstration and instruction.
- B. Date(s) for any BMP activities completed during this reporting period: March 31, 2023
- C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
- D. If not, please explain why: [Click here to enter text.](#)

6. **BMP Effectiveness**

- A. Do you consider this BMP to be effective? Yes ☒ No ☐

- B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue ☒ Revise ☐
- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
- D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 2**
2. **BMP Title:** Storm Water Awareness Through On-Line Resources
3. **Provide the measurable goal from SWMP:** Information on the website will be updated a minimum of two (2) times per year.
  - A. Did you comply with the measurable goal? Yes ☐ No ☒
  - B. If not, explain why you did not comply with the measurable goal: The website was reviewed by the County Communications Director and Executive Director of Keep Oconee County Beautiful Commission at least twice during the year. The information on the website was deemed to be the most appropriate at the time and did not need updating.
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: The County website is reviewed twice annually for resource content and updated as needed.
  - B. Date(s) for any BMP activities completed during this reporting period: March 1, 2023 and September 1, 2023
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☐ Revise ☒
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☒ No ☐
  - D. If yes, please explain: The County plans to revise the BMP measurable goal to “The County will review the information on the website a minimum of twice per year and

update as needed.” The documentation description of the SWMP for this BMP would be revised to “Documentation would include dates and personnel of the website review, and/or documentation of any updates made during the reporting period.”

1. **BMP # 3**
2. **BMP Title:** Storm Water Awareness Through Social Media
3. **Provide the measurable goal from SWMP:** Social media posts regarding storm water pollution prevention and related issues will be included on the Keep Oconee Beautiful Commission's Facebook page at least three (3) times per year.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Original content and share material are shared on social media throughout the year.
  - B. Date(s) for any BMP activities completed during this reporting period: February 8, 2023, April 11, 2023, and June 1, 2023
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 4**
2. **BMP Title:** Storm Water Education
3. **Provide the measurable goal from SWMP:** Storm water information will be distributed at a minimum of one event each year. The date and location of the event(s) will be reported.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: In addition to 3<sup>rd</sup> grade Ag Day, we also shared Storm Water Education at the Athens Academy Earth Day Celebration. We saw 200 students with their families at the station. All took water booklets.
  - B. Date(s) for any BMP activities completed during this reporting period: April 27, 2023
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
  - D. If yes, please explain: [Click here to enter text.](#)



**Public Involvement/ Participation**  
**Minimum Control Measure**  
**(Table 4.2.2)**

1. **BMP # 1**
2. **BMP Title:** Adopt-A-Mile Program
3. **Provide the measurable goal from SWMP:** Each sponsor of each Adopt-A-Mile segment will conduct a minimum of one roadside pickup event per year.
  - A. Did you comply with the measurable goal? Yes☒ No☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes☒ No☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Sixty six forms for litter pick-ups throughout the year are attached.
  - B. Date(s) for any BMP activities completed during this reporting period: On-going
  - C. Did you comply with the implementation schedule in the SWMP? Yes☒ No☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes☒ No☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue☒ Revise☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes☐ No☒
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 2**
2. **BMP Title:** River Cleanup
3. **Provide the measurable goal from SWMP:** Hold one stream event annually.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: We partnered with our neighboring county to conduct a Rivers Alive program in Athens-Clarke County using GivePulse signup. We had 165 volunteers at 28 various sites who picked up 33 tires, 1920 pounds of trash and 560 pounds of scrap metal. Our second Rivers Alive Cleanup was in Oconee County and 5 4H students picked up 7 bags of trash litter from the Middle Oconee River on November 6, 2023. Sign-in attached.
  - B. Date(s) for any BMP activities completed during this reporting period: November 6, 2023
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 3**
2. **BMP Title:** County Wide Recycling
3. **Provide the measurable goal from SWMP:** The solid waste/recycling sites will operate four (4) days a week (Monday, Wednesday, Friday, and Saturday).
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: The County's collection sites operated four (4) days each week during 2023 except for observed holidays.
  - B. Date(s) for any BMP activities completed during this reporting period: On-going all year.
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 4**
2. **BMP Title:** Great American Cleanup
3. **Provide the measurable goal from SWMP:** Volunteer with Keep Oconee County Beautiful Commission will organize and participate in at least one event each year as part of the Great American Cleanup program.
  - A. Did you comply with the measurable goal? Yes☒ No☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes☒ No☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Our Annual Great American Cleanup dates were March 21-June 19 and included events for Litter Pickup, Recycling Education and Collection, multiple Beautification projects including free seed, seedling, sapling, and plant giveaways. In partnership with Community Service Workers and our own volunteers, we removed 660 bags of litter from our roadways during this time.
  - B. Date(s) for any BMP activities completed during this reporting period: March 21-June 19, 2023.
  - C. Did you comply with the implementation schedule in the SWMP? Yes☒ No☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes☒ No☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue☒ Revise☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes☐ No☒

D. If yes, please explain: [Click here to enter text.](#)

**Illicit Discharge Detection and Elimination**  
**Minimum Control Measure**  
**(Table 4.2.3)**

1. **BMP # 1 (Table 4.2.3, BMP #1)**
2. **BMP Title: Legal Authority**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Evaluate, and if necessary, modify the existing ordinance.
  - A. Did you comply with the measurable goal? Yes☒ No☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Ordinance Status**
  - A. Did you adopt or revise the ordinance during the reporting period? Yes☐ No☒
  - B. If yes, provide the date of adoption or revision: [Click here to enter text.](#)
  - C. If the ordinance was adopted or revised during the reporting period, is a copy of the adopted ordinance attached? Yes☐ No☐
  - D. If the ordinance was adopted or revised during the reporting period and a copy is not attached, explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: The ordinance was reviewed for completeness and compliance for local, state, and federal regulations.
  - B. Date(s) for any BMP activities completed during this reporting period: On-going
  - C. Did you comply with the implementation schedule in the SWMP? Yes☒ No☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes☒ No☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue☒ Revise☐

- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
- D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 2 (Table 4.2.3, BMP #2)**
2. **BMP Title: Outfall Map and Inventory**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Annually update the map and inventory to include any outfalls added during the reporting period.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Outfall Inventory and Map**
  - A. Provide the number of outfalls added or deleted from the inventory during the reporting period:  
Number added:0
  - B. Provide the total number of outfalls on the inventory during the reporting period: 319
  - C. Is the inventory attached? Yes ☒ No ☐
  - D. Is the map attached? Yes ☒ No ☐
  - E. Is the outfall mapping completed? Yes ☒ No ☐
    - E. If not, explain the reason why, and provide the status of the mapping: [Click here to enter text.](#)
    - F. If not, provide the projected completion date: [Click here to enter a date.](#)
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Inventory was maintained and updated as needed. The map was updated to reflect the current inventory.
  - B. Date(s) for any BMP activities completed during this reporting period: On-going
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐



D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes☒ No☐

B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue☒ Revise☐

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes☐ No☒

D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 3 (Table 4.2.3, BMP #3)**
2. **BMP Title: IDDE Plan**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Inspect 100% of the total outfalls within the 5-year permit term, minimum of 5% per year, with location, date, and inspection results recorded. Implement investigative procedures on 100% of the outfalls where flow is identified. Ensure that 100% of the identified illicit discharges are eliminated.

A. Did you comply with the measurable goal? Yes ☐ No ☒

B. If not, explain why you did not comply with the measurable goal: The County contracts with a consulting firm for inspections. The consulting firm had staffing challenges during 2023. The main employee conducting inspections was billing for inspections but not completing the work. This employee is no longer with this firm. The firm is committed to completing the inspections billed for and catching up the inspections. The County anticipates completing approximately 40% of inspections during 2024 and completing approximately 20% the remaining years of the permit term to complete 100% of inspections.

4. **IDDE Plan Status**

A. Provide the status of the outfall screening from 2023-2027:

Year	Total Number of Outfalls	Number of Outfalls Screened	% Screened
2023	319	0	0%
2024			
2025			
2026			
2027			
<b>Total</b>			

B. Did you conduct any stream walks as part of your IDDE program?

Yes ☐ No ☒

1. If yes, provide the total number of stream miles containing or downstream of an MS4 outfall within your permitted area: [Click here to enter text.](#)
2. Provide the number of stream miles walked during the reporting period: [Click here to enter text.](#)
3. What percentage of the total number of stream miles were walked during the reporting period? [Click here to enter text.](#)

C. Did you conduct stream walks for a reason other than IDDE? Yes ☐ No ☒

1. If yes, explain the reason:

2. Provide the number of stream miles walked during the reporting period:

D. Did you use an alternate method of inspecting for illicit discharges?

Yes ☐ No ☒

1. If yes, provide a documentation of the activity completed during the reporting period. [Click here to enter text.](#)

E. If applicable, did you attach documentation of any illicit discharge detection activities and information on any eliminated discharges or on any enforcement actions taken to eliminate illicit discharges? Yes ☒ No ☐

5. **Documentation**

A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☐ No ☐

B. If not, please explain why: [Click here to enter text.](#)

6. **Implementation Schedule**

A. BMP activities completed during this reporting period: [Click here to enter text.](#)

B. Date(s) for any BMP activities completed during this reporting period: On-going

C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐

D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes ☒ No ☐

B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue ☒ Revise ☐

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒

D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 4 (Table 4.2.3, BMP #4)**
2. **BMP Title: Education**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Ensure 100% of storm drains contain storm drain markers.
  - A. Did you comply with the measurable goal? Yes☒ No☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes☒ No☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Storm drains were inspected throughout the reporting period. Missing markers were noted and replaced.
  - B. Date(s) for any BMP activities completed during this reporting period: On-going
  - C. Did you comply with the implementation schedule in the SWMP? Yes☒ No☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes☒ No☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue☒ Revise☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes☐ No☒
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 5 (Table 4.2.3, BMP #5)**
2. **BMP Title: Complaint Response**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Investigate 100% of complaints received within three (3) working days by following the EPD approved procedures for receiving, investigating, and tracking the status of illicit discharge complaints.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach report (e.g. complaint date, type, status) of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Code Enforcement, along with Bureau Veritas, receives, responds, investigates, and maintains log per SWMP
  - B. Date(s) for any BMP activities completed during this reporting period: On-going
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
  - D. If yes, please explain: [Click here to enter text.](#)

**Note:** You must complete a BMP annual report page for any additional Illicit Discharge Detection and Elimination BMPs contained in your SWMP.

**Construction Site Storm Water Runoff Control**  
**Minimum Control Measure**  
**(Table 4.2.4)**

1. **BMP # 1 (Table 4.2.4, BMP #1)**
2. **BMP Title: Legal Authority**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Evaluate, and if necessary, modify the existing ordinance.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Local Issuing Authority Status**
  - A. Are you a Local Issuing Authority (LIA)? Yes ☒ No ☐ If no, skip to #5.
  - B. As an LIA, you are required to submit semi-annual reports to the Georgia Soil and Water Conservation Commission (GSWCC). Did you provide the required reports to GSWCC? Yes ☒ No ☐
  - C. Provide the dates that the semi-annual reports were submitted to the GSWCC: July 31, 2023 and January 31, 2024.
  - D. Provide copies of the semi-annual GSWCC reports. Are the GSWCC reports attached? Yes ☒ No ☐
5. **Ordinance Status**
  - A. Is the construction waste requirement addressed in either your E&S or litter ordinance? Yes ☒ No ☐
  - B. If yes, which one? Other
  - C. Did you adopt or revise either the E&S ordinance or the ordinance containing the construction waste requirement during the reporting period? Yes ☐ No ☒
  - D. If yes, which one? [Click here to enter text.](#)

E. If you are a Local Issuing Authority, you must revise your E&S Ordinance to comply with the latest revisions to the E&S Act (2015). The ordinance revision was to be completed by December 31, 2016. Have you completed the ordinance revisions?

Yes ☒ No ☐

F. If yes, provide the date of adoption or revision: December 19, 2017

G. If the ordinance was adopted or revised during the reporting period, is a copy of the adopted ordinance attached? Yes ☐ No ☐

H. If the ordinance was adopted or revised during the reporting period and a copy is not attached, explain why: [Click here to enter text.](#)

6. **Implementation Schedule**

A. BMP activities completed during this reporting period: The ordinance was reviewed for completeness and compliance for local, state, and federal regulations.

B. Date(s) for any BMP activities completed during this reporting period: On-going

C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐

D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes ☒ No ☐

B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue ☒ Revise ☐

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒

D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 2 (Table 4.2.4, BMP #2)**
2. **BMP Title: Site Plan Review Procedures**
3. **Provide the measurable goal from the Permit and/or approved SWMP: 100% of plans for sites one acre or greater disturbed are reviewed.**
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Site Plan Review Status**
  - A. Are you a Local Issuing Authority? Yes ☒ No ☐
    1. If yes, provide the following information for the reporting period:  
Number of plans reviewed: 70  
Number of plans approved: 60  
Number of plans denied: 35
    2. A list of the site plans received during the reporting period must be provided. Is the information attached?  
Yes ☒ No ☐
    3. Provide the total number of LDA permits issued during the reporting period: The land disturbance component is incorporated into the approved site development plans which must include the approved soil erosion plans.
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Site plans were reviewed to ensure compliance with applicable federal, state, and local laws
  - B. Date(s) for any BMP activities completed during this reporting period: On-going
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐



D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes☒ No☐

B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue☒ Revise☐

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes☐ No☒

D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 3 (Table 4.2.4, BMP #3)**
2. **BMP Title: Inspection Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** 100% of active construction sites will be inspected in accordance with the GSWCC requirements.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Provide a list or table of active construction sites and the number and dates of inspections conducted on each of the sites during the reporting period. Did you attach documentation of the BMP activities completed during the reporting period? ☐ Yes ☐ No
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Construction sites were inspection by Code Enforcement and Bureau Veritas to ensure site compliance.
  - B. Date(s) for any BMP activities completed during this reporting period: On-going
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 4 (Table 4.2.4, BMP #4)**
2. **BMP Title: Enforcement Procedures**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Ensure enforcement is taken for 100% of the noted violations.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Provide documentation of any enforcement actions taken during the reporting period, including the number, type, status, and amount of any assessed penalties. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Code Enforcement actions are tracked on the inspection log by staff.
  - B. Date(s) for any BMP activities completed during this reporting period: On-going
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 5 (Table 4.2.4, BMP #5)**
2. **BMP Title: Complaint Response**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Respond to 100% of complaints received. The number of complaints received and investigated will be tracked and included in the annual report.
  - A. Did you comply with the measurable goal? Yes☒ No☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach information of the BMP activities completed during the reporting period? Yes☒ No☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Complaints were received, investigated, and tracked by Code Enforcement and Bureau Veritas.
  - B. Date(s) for any BMP activities completed during this reporting period: On-going
  - C. Did you comply with the implementation schedule in the SWMP? Yes☒ No☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes☒ No☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue☒ Revise☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes☐ No☒
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 6 (Table 4.2.4, BMP #6)**
2. **BMP Title: Certification**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Ensure that 100% of MS4 staff involved in construction site management are certified by the Georgia Soil and Water Conservation Commission.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Provide documentation of current certifications held by MS4 staff. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: All MS4 staff hold current GSWCC certifications, as applicable.
  - B. Date(s) for any BMP activities completed during this reporting period: On-going
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
  - D. If yes, please explain: [Click here to enter text.](#)

**Note:** You must complete a BMP annual report page for any additional Construction Site Management BMPs contained in your SWMP.

**Post- Construction Storm Water Management**  
**in New Development and Redevelopment**  
**Minimum Control Measure**  
**(Table 4.2.5)**

1. **BMP # 1 (Table 4.2.5, BMP #1)**
2. **BMP Title: Legal Authority**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Evaluate, and if necessary, modify the ordinance.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Ordinance Status**
  - A. Did you adopt or revise the ordinance during the reporting period? Yes ☐ No ☒
  - B. If yes, provide the date of adoption or revision: [Click here to enter text.](#)
  - C. Does the ordinance require development in accordance with the Georgia Stormwater Management Manual (GSMM), a local design manual, and/or the Coastal Stormwater Supplement? Yes ☒ No ☐
  - D. Does the ordinance adopt the performance standards in the latest edition of the GSMM? Yes ☒ No ☐
  - E. If the ordinance was adopted or revised during the reporting period, is a copy of the adopted ordinance attached? Yes ☐ No ☐
  - F. If the ordinance was adopted or revised during the reporting period and a copy is not attached, explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: The ordinance was reviewed for completeness and compliance for local, state, and federal regulations.
  - B. Date(s) for any BMP activities completed during this reporting period: On-going
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)

6. **BMP Effectiveness**

- A. Do you consider this BMP to be effective? Yes ☒ No ☐
- B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue ☒ Revise ☐
- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
- D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 2 (Table 4.2.5, BMP #2)**
2. **BMP Title: Inventory**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Annually updated inventory will include information on the number, type of structures, and ownership (public, private, or publicly owned by other entities).
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Inventory Status**
  - A. Provide information on the number of structures added to the inventory during the reporting period:
    1. Number of publicly-owned post-construction structures added: 1
    2. Number of privately-owned post-construction structures added: 0
    3. Number of publicly-owned structures owned by other entities added: 0
  - B. Provide information on the number of structures identified to date:
    1. Total number of publicly-owned post-construction structures: 6
    2. Total number of privately-owned post-construction structures: 13
    3. Total number of publicly-owned by other entities post-construction structures: 0
  - C. New permittees: Provide the status of the inventory development: [Click here to enter text.](#)
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Inventory was maintained and updated as needed. The map was updated to reflect the current inventory.
  - B. Date(s) for any BMP activities completed during this reporting period: On-going



C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐

D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes ☒ No ☐

B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue ☒ Revise ☐

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒

D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 3 (Table 4.2.5, BMP #3)**
2. **BMP Title: Inspection Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** A minimum of 5% of structures will be inspected annual to ensure 100% of structures are inspected within the five-year permit term.
 

A. Did you comply with the measurable goal? Yes ☒ No ☐

B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Provide the status of inspections performed between 2022-2027:**

**Publicly-Owned Post-Construction Structures**

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2023	6	1	17
2024			
2025			
2026			
2027			
<b>Total</b>	6		

**Privately-Owned Post-Construction Structures**

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2023	13	2	15
2024			
2025			
2026			
2027			
<b>Total</b>	13		

**Publicly-Owned by Other Entities Post-Construction Structures**

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2023	0	0	
2024			
2025			
2026			

2027			
<b>Total</b>	0		

5. **Documentation**

A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐

B. If not, please explain why: [Click here to enter text.](#)

6. **Implementation Schedule**

A. BMP activities completed during this reporting period: Storm water control structures were inspected in order to ensure long-term maintenance and operations.

B. Date(s) for any BMP activities completed during this reporting period: On-going

C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐

D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes ☒ No ☐

B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒

D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 4 (Table 4.2.5, BMP #4)**
2. **BMP Title: Maintenance Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Maintain 100% of permittee owned structures as needed, require maintenance agreements for all newly constructed post-construction structures that are privately owned or publicly owned by other entities and notify 100% of owners of privately owned and publicly owned by other entities storm water structures of needed maintenance.  
  
A. Did you comply with the measurable goal? Yes ☒ No ☐  
  
B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**  
  
A. Did you attach documentation of the BMP activities completed during the reporting period for the following:  
  
1. Maintenance of permittee-owned structures, including a list of structures maintained, the type of maintenance performed, and documentation: Yes ☒ No ☐  
  
2. Maintenance conducted by permittee on privately-owned structures or publicly-owned by other entities, including a list of structures maintained, the type of maintenance performed, and documentation: Yes ☐ No ☐ NA ☒  
  
3. Summary list of maintenance agreements and documentation of any activities taken to ensure maintenance: Yes ☒ No ☐  
  
4. If you address these in your SWMP, maintenance of privately-owned structures and other public entity-owned structures constructed prior to December 6, 2012, including a list of structures maintained, type of maintenance performed, and documentation: Yes ☒ No ☐  
  
B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**  
  
A. BMP activities completed during this reporting period: [Click here to enter text.](#)  
  
B. Date(s) for any BMP activities completed during this reporting period: [Click here to enter text.](#)  
  
C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐

D. If not, please explain why: [Click here to enter text.](#)

6. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes☒ No☐

B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue☒ Revise☐

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes☐ No☒

D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 5 (Table 4.2.5, BMP #5)**
2. **BMP Title: GI/LID Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Annually evaluate the GI/LID program. If the program is revised, the revised program will be submitted to EPD for review.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Program Development**
  - A. Has the GI/LID Program development been completed? Yes ☒ No ☐

Note: For existing permittees, the deadline was February 15, 2020. For new permittees, the deadline is within 3 years of designation.
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: The program was evaluated to determine if updates were needed. Minor updates to the background section are included in the revised program attached to the annual report.
  - B. Date(s) for any BMP activities completed during this reporting period: On-going
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
7. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐

- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
- D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 6 (Table 4.2.5, BMP #6)**
2. **BMP Title: GI/LID Structure Inventory**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Inventory of GI/LID structures will be maintained and updated to include any new structures each year.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Inventory Status**
  - A. Provide information on the number of structures inventoried during the reporting period:
    1. Number of permittee-owned GI/LID structures added: 0
    2. Number of publicly-owned GI/LID structures owned by other entities added: 0
    3. Number of privately-owned non-residential GI/LID structures added: 0
  - B. Provide information on the number of structures identified to date:
    1. Total number of permittee-owned GI/LID structures: 0
    2. Total number of publicly-owned GI/LID structures owned by other entities: 0
    3. Total number of privately-owned non-residential GI/LID structures: 1
  - C. New permittees: Provide the status of the inventory development: [Click here to enter text.](#)
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Inventory was maintained and updated as needed. The map was updated to reflect the current inventory.
  - B. Date(s) for any BMP activities completed during this reporting period: On-going
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☐ No ☐



D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes☒ No☐

B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue☒ Revise☐

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes☐ No☒

D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 7 (Table 4.2.5, BMP #7)**
2. **BMP Title: GI/LID Inspection Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** A minimum of 5% of structures will be inspected to ensure 100% of GI/LID structures are inspected during the permit period.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Provide the status of inspections performed between 2023-2027:**

**Permittee-Owned GI/LID Structures**

Year	Total Number GI/LID Structures	Number GI/LID Structures Inspected	% Inspected
2023	0	0	0
2024			
2025			
2026			
2027			
<b>Total</b>			

**Publicly-Owned By Other Entities GI/LID Structures**

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2023	0	0	0
2024			
2025			
2026			
2027			
<b>Total</b>			

**Privately-Owned Non-residential GI/LID Structures**

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2023	1	0	0
2024			
2025			
2026			

2027			
<b>Total</b>			

5. **Documentation**

- A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
- B. If not, please explain why: [Click here to enter text.](#)

6. **Implementation Schedule**

- A. BMP activities completed during this reporting period: [Click here to enter text.](#)
- B. Date(s) for any BMP activities completed during this reporting period: [Click here to enter text.](#)
- C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
- D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

- A. Do you consider this BMP to be effective? Yes ☒ No ☐
- B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
- D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 8 (Table 4.2.5, BMP #8)**
2. **BMP Title: GI/LID Maintenance Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** 100% of the GI/LID structures are inspected and properly maintained within a 5-year period.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Provide information on maintenance performed on permittee-owned GI/LID structures.**
  - A. Provide the number of GI/LID structures maintained 0
  - B. Did you provide documentation of maintenance performed? Yes ☐ No ☐
5. **Provide information on maintenance for publicly-owned by other entities and privately-owned non-residential GI/LID structures**
  - A. Did you provide a summary list of maintenance agreements finalized after December 6, 2017? Yes ☐ No ☒
  - B. If you did not provide a summary list of maintenance agreements, explain the reason:  
There are no publicly owned by other entities structures in the inventory.
  - C. Did you provide documentation of any activities taken to ensure maintenance? Yes ☐ No ☒
6. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☐ No ☒
  - B. If not, please explain why: No activities were performed during the reporting period.
7. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: [Click here to enter text.](#)
  - B. Date(s) for any BMP activities completed during this reporting period: [Click here to enter text.](#)
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐

D. If not, please explain why: [Click here to enter text.](#)

8. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes ☒ No ☐

B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue ☒ Revise ☐

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒

D. If yes, please explain: [Click here to enter text.](#)

**GI/LID Ordinance Review (Section 4.2.5.3)**

**(Only complete this section if the permittee population is >10,000 according to Appendix B for existing permittees, or at the time of designation for new permittees)**

1. You are required to continue to review and revise, where necessary, building codes, ordinances, and other regulations to ensure they do not prohibit or impede the use of GI/LID practices. Was an evaluation of the MS4's ordinances, codes, and regulations conducted during the reporting period? Yes ☒ No ☐

A. Existing permittees:

1. For the 2023 reporting period, the evaluation must be comprehensive:
  - i. Was the comprehensive evaluation performed? Yes ☒ No ☐
  - ii. If yes, is documentation of the evaluation attached? Yes ☒ No ☐
  - iii. If not, explain the reason the evaluation was not performed [Click here to enter text.](#)
2. For the 2024-2027 reporting period, you must either conduct an annual comprehensive evaluation or certify that the evaluation is not needed.
  - i. Is documentation of a comprehensive evaluation attached? Yes ☐ No ☐
  - ii. If a comprehensive evaluation was not performed this reporting period:
    - a. Date of last comprehensive evaluation: [Click here to enter text.](#)
    - b. Is a certification attached stating additional revisions to the codes and ordinances are not required? Yes ☐ No ☐
3. If an evaluation was completed during the reporting period
4. Did the MS4 determine that revisions to the ordinances, codes, and regulations were necessary? Yes ☐ No ☒ NA ☐
  - i. If revisions to the document(s) were required, provide the name of the document(s) and the date(s) of adoption: [Click here to enter text.](#)
  - ii. If revisions have not yet been completed, provide the status of the document revisions and a projected completion date: [Click here to enter text.](#)
  - iii. If revisions were not required this reporting period, were any codes, ordinances, and other regulations determined to need revision in a previous reporting period? Yes ☐ No ☐
    - a. If yes, state which reporting period: [Click here to enter text.](#)

B. New permittees:

1. The evaluation must be completed within two years of designation.
  - i. Was an evaluation completed during the reporting period? Yes ☐ No ☐

- a. If not, explain when the evaluation was or will be conducted: [Click here to enter text.](#)
  - ii. Is a written report attached? Yes ☐ No ☐
    - a. If not, explain why not: [Click here to enter text.](#)
2. Adopted ordinances must be submitted within four years of designation.
- i. Are the adopted ordinances attached? Yes ☐ No ☐
    - a. If not, explain why they are not: [Click here to enter text.](#)

**Pollution Prevention/ Good Housekeeping**  
**for Municipal Operations**  
**Minimum Control Measure**  
**(Table 4.2.6)**

1. **BMP # 1 (Table 4.2.6, BMP #1)**
2. **BMP Title: MS4 Structure Inventory and Map**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Inventory and map will be maintained and updated annually.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Inventory and Map Status**
  - A. Provide the number of structures inventoried and mapped during the reporting period:
    1. Number of catch basins added: 0
    2. Number of ditches added (state if miles or linear feet): 0
    3. Number of publicly-owned detention/retention ponds and underground detention added: 1
    4. Number of storm drain lines added (state if miles or linear feet): 0
  - B. Provide the number of structures inventoried and mapped to date:
    1. Total number of catch basins: 867
    2. Total number of ditches (state if miles or linear feet): 87.9 miles
    3. Total number of publicly-owned detention/retention ponds and underground detention: 5
    4. Total number of storm drain lines (state if miles or linear feet): 132,268 ft
  - C. New permittees: Provide the status of the inventory development: [Click here to enter text.](#)
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**



- A. BMP activities completed during this reporting period: The inventory and map of storm sewer system control structures are updated as needed.
- B. Date(s) for any BMP activities completed during this reporting period: On-going
- C. Did you comply with the implementation schedule in the SWMP? Yes☒ No☐
- D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

- A. Do you consider this BMP to be effective? Yes☒ No☐
- B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue☒ Revise☐
- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes☐ No☒
- D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 2 (Table 4.2.6, BMP #2)**
2. **BMP Title: MS4 Inspection Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The number of structures inspected each year and the results of the inspection will be tracked and included in the annual report. 100% of structures will be inspected within a 5-year period.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. Provide the status of inspections performed between 2023-2027:

#### **Catch Basins**

<b>Year</b>	<b>Total Number Catch Basins</b>	<b>Number Catch Basins Inspected</b>	<b>% Inspected</b>
2023	867	281	32%
2024			
2025			
2026			
2027			
<b>Total</b>			

#### **Pipes**

<b>Year</b>	<b>Total Pipes Number or Length (specify ft. or miles)</b>	<b>Number of Pipes or Length Inspected (specify ft. or miles)</b>	<b>% Inspected</b>
2023	132,267.72 ft.	29,955 ft.	23%
2024			
2025			
2026			
2027			
<b>Total</b>			

#### **Ditches**

<b>Year</b>	<b>Total Ditches Number or Length (specify ft. or miles)</b>	<b>Number of Ditches or Length Inspected (specify ft. or miles)</b>	<b>% Inspected</b>
2023	87.88 miles	44 miles	50%
2024			
2025			
2026			

2027			
<b>Total</b>			

**Publicly-Owned Detention/Retention Ponds and Underground Detention**

Year	Total Number Structures	Number Structures Inspected	% Inspected
2023	5	1	20%
2024			
2025			
2026			
2027			
<b>Total</b>			

**5. Documentation**

- A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
- B. If not, please explain why: [Click here to enter text.](#)

**6. Implementation Schedule**

- A. BMP activities completed during this reporting period: Dry weather screening, catch basin inspections, storm water infrastructure inspections, road side ditch inspections, storm water pond inspections.
- B. Date(s) for any BMP activities completed during this reporting period: On-going
- C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
- D. If not, please explain why: [Click here to enter text.](#)

**7. BMP Effectiveness**

- A. Do you consider this BMP to be effective? Yes ☒ No ☐
- B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
- D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 3 (Table 4.2.6, BMP #3)**
2. **BMP Title: MS4 Maintenance Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP: Conduct maintenance on 100% of submitted maintenance work orders.**
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Provide the status of maintenance performed on MS4 structures during the reporting period:**
  - A. The number of catch basins maintained (including cleaning): 116
  - B. The number of ditches maintained (miles or linear feet): 33 miles
  - C. The number of detention/retention ponds and underground detention maintained: 6
  - D. The number of storm drain lines maintained (miles or linear feet): 2,463 ft
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Road Department completed all maintenance as needed for 2023.
  - B. Date(s) for any BMP activities completed during this reporting period: On-going
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
7. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐

- B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue ☒ Revise ☐
- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
- D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 4 (Table 4.2.6, BMP #4)**
2. **BMP Title: Street and Parking Lot Cleaning**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** A minimum of 32.25 miles of curb will be swept monthly.
  - A. Did you comply with the measurable goal? Yes☒ No☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes☒ No☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Monthly street sweeping is conducted in the County.
  - B. Date(s) for any BMP activities completed during this reporting period: On-going
  - C. Did you comply with the implementation schedule in the SWMP? Yes☒ No☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes☒ No☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue☒ Revise☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes☐ No☒
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 5 (Table 4.2.6, BMP #5)**
2. **BMP Title: Employee Training**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Training will be held at least once per year. The number of employees receiving training will be tracked and reported.
  - A. Did you comply with the measurable goal? Yes x No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes x No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Training for employees to help improve water quality related to County facilities.
  - B. Date(s) for any BMP activities completed during this reporting period: December 2024
  - C. Did you comply with the implementation schedule in the SWMP? Yes x No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 6 (Table 4.2.6, BMP #6)**
2. **BMP Title: Waste Disposal**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The County will ensure 100% of waste removed during MS4 maintenance activities will be disposed of at the appropriate location.
  - A. Did you comply with the measurable goal? Yes☒ No☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes☒ No☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Waste removed during MS4 maintenance activities was properly disposed of.
  - B. Date(s) for any BMP activities completed during this reporting period: On-going
  - C. Did you comply with the implementation schedule in the SWMP? Yes☒ No☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes☒ No☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue☒ Revise☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes☐ No☒
  - D. If yes, please explain: [Click here to enter text.](#)



1. **BMP # 7 (Table 4.2.6, BMP #7)**
2. **BMP Title: New Flood Management Projects**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Review 100% of submitted plans as required by the permit.
  - A. Did you comply with the measurable goal? Yes☒ No☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes☒ No☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: New development projects were reviewed to ensure compliance with GSWMM.
  - B. Date(s) for any BMP activities completed during this reporting period: On-going
  - C. Did you comply with the implementation schedule in the SWMP? Yes☒ No☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes☒ No☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue☒ Revise☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes☐ No☒
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 8 (Table 4.2.6, BMP #8)**
2. **BMP Title: Existing Flood Management Projects**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** At least one structure will be assessed annually to ensure 100% of structures are assessed during the permit term.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Status of previously assessed projects**

Structure	Date of Assessment	Results of Assessment	Status of Retrofitting
Jail/EOC	9/6/2023	No retrofit warranted	Re-evaluate next cycle

5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Assessed permittee owned ponds to determine if the structure needs retrofitting to improve water quality.
  - B. Date(s) for any BMP activities completed during this reporting period: September 6, 2023
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
7. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐

- B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue ☒ Revise ☐
- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
- D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 9 (Table 4.2.6, BMP #9)**
2. **BMP Title: Municipal Facilities**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Inventory updated annually. An average of 20% of the facilities will be inspected each year to ensure that 100% of municipal facilities will be inspected within the permit term.

A. Did you comply with the measurable goal? Yes ☒ No ☐

B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)

#### 4. **Inventory and Inspection**

##### A. Inventory

1. Was an inventory of municipal facilities with the potential to cause pollution updated during the reporting period? Yes ☒ No ☐
2. A copy of the inventory must be submitted with the annual report. Is the inventory attached? Yes ☒ No ☐
3. If the inventory is not attached, explain why: [Click here to enter text.](#)

##### B. Inspection

1. Provide the status of inspections performed on municipal facilities between 2023-2027:

##### **Municipal Facilities**

<b>Year</b>	<b>Total Number Municipal Facilities</b>	<b>Number Inspected</b>	<b>% Inspected</b>
2023	7	1	14
2024			
2025			
2026			
2027			
<b>Total</b>			

#### 5. **Documentation**

A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐

B. If not, please explain why: [Click here to enter text.](#)

#### 6. **Implementation Schedule**

- A. BMP activities completed during this reporting period: Assess existing permittee owned structures to determine feasibility of retrofitting structure to improve water quality.
- B. Date(s) for any BMP activities completed during this reporting period: June 1, 2023
- C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
- D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

- A. Do you consider this BMP to be effective? Yes ☒ No ☐
- B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
- D. If yes, please explain: [Click here to enter text.](#)

**Note:** You must complete a BMP annual report page for any additional Pollution Prevention/Good Housekeeping BMPs contained in your SWMP.

**Enforcement Response Plan**  
**Section 4.3**

1. You were required to develop an Enforcement Response Plan (ERP) and submit the document to EPD. Have you completed ERP development? Yes ☒ No ☐
2. If yes, provide the date of submittal to EPD: 10/1/2014
3. If no, explain the reason for the delay and provide the status of the ERP development: [Click here to enter text.](#)
4. Was the ERP updated during the reporting period? Yes ☐ No ☒
  - i. If yes, is a copy attached? Yes ☐ No ☐

**Impaired Waters**  
**Section 4.4**

1. You are required to develop either an Impaired Waters Plan (population <10,000) or a Monitoring and Implementation Plan (population >10,000). Check which one you are required to develop:

- ☐ Impaired Waters Plan  
☒ Monitoring and Implementation Plan

2. For existing permittees, including those permittees designated on March 7, 2014, you were required to submit the relevant Plan by a previous deadline date. (Note: newly designated permittees must submit a plan within 4 years of designation). Have you completed development of the Plan?

Yes ☒ No ☐

3. If yes, provide the date of submittal to EPD: 5/1/2016

4. If no, provide the status of the Plan development: [Click here to enter text.](#)

5. You are required to check the latest 305(b)/303(d) list to determine if newly listed waters are within your jurisdiction. Have you reviewed this list? Yes ☒ No ☐

6. If newly listed waters have been identified, you must revise your Plan. If a Plan revision is required, provide a copy of the completed Plan. If the Plan has not yet been completed, provide the status and the projected date for submittal to EPD: [Click here to enter text.](#)

7. For permittees with an Impaired Waters Plan:

- A. Provide the following for each impaired water located within the MS4 jurisdictional area that are located on the latest 303(d) list:

Name of Water	Pollutant of Concern

- B. You are required to provide an assessment of the effectiveness of the best management practices chosen to address each pollutant of concern. Is the assessment attached?

Yes ☐ No ☐

8. For permittees with a Monitoring and Implementation Plan:

- A. Provide the following information for each impaired water located within the MS4 jurisdictional area that are included on the latest 305(b)/303(d) list:

Name of Water	Pollutant of Concern	Monitoring Location	Sampling Frequency
Barber Creek	Fecal Coliform	Upstream/Downstream	Semi-annual
Calls Creek	Fecal Coliform	Upstream/Downstream	Semi-annual
McNutt Creek	Fecal Coliform	Upstream/Downstream	Semi-annual
Middle Oconee River	Fecal Coliform	Upstream/Downstream	Semi-annual

- B. You are required to provide monitoring data obtained for each pollutant of concern. Is the monitoring data attached? Yes ☒ No ☐
- C. You are required to provide an assessment of the data trends over time for each pollutant of concern regarding the status of the water quality. Is the assessment attached? Yes ☒ No ☐
- D. You are required to provide an assessment of the effectiveness of the best management practices chosen to address each pollutant of concern. Is the assessment attached? Yes ☒ No ☐



**Sharing Responsibility**  
**Section 4.5**

1. Are you sharing responsibility for implementation of any part of the SWMP with another entity? Yes ☐ No ☒
2. If yes, provide the name of the entity: [Click here to enter text.](#)
3. Are you performing tasks for another entity? Yes ☐ No ☒
4. Is another entity is performing tasks on your behalf? Yes ☐ No ☒
5. If you answered “Yes” to either question #3 or #4, describe what tasks are being performed by which entity: [Click here to enter text.](#)
6. You must provide a copy of a signed written agreement. Was an agreement included with the SWMP? Yes ☐ No ☐