

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: P.O. Box 145, Watkinsville, GA, 30677
3. Contact Person: Jody Woodall
4. E-Mail Address: jwoodall@oconee.ga.us
5. Telephone Number: (706) 769-2937
6. Reporting Year (January 1–December 31): 2022

Part 2. Status of Stormwater Management Program:

1. Has your stormwater management program to comply with the 2017 NPDES Permit been approved? Yes ☒ No ☐
2. If yes, provide the approval date: April 15, 2019
3. If no, provide the date of the last submittal: Click here to enter text.

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: 02-15-2023

Public Education and Outreach
Minimum Control Measure
(Table 4.2.1)

1. **BMP # 1**
2. **BMP Title:** Educational Booklet Distributed to School-Aged Children
3. **Provide the measurable goal from SWMP:** 30 booklets, minimum, are distributed every years.
 - 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: Educational information, including storm water booklets, are distributed via 4H program to roughly 50 children
 - B. Date(s) for any BMP activities completed during this reporting period: April & May
 - 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:** Educational Materials on County Website
3. **Provide the measurable goal from SWMP:** Information is updated twice a year at minimum
 - 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: Links are updated on website to provide current information.
 - B. Date(s) for any BMP activities completed during this reporting period: April and August
 - 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:** Social Media Program
4. **Provide the measurable goal from SWMP:** 3 times minimum per year, social media posts on storm water pollution prevention and related issues are posted on Keep Oconee Beautiful Commissions Facebook page.
 - C. Did you comply with the measurable goal? Yes☒ No☐
 - D. If not, explain why you did not comply with the measurable goal: Click here to enter text.
4. **Documentation**
 - C. Did you attach documentation of the BMP activities completed during the reporting period? Yes☒ No☐
 - D. If not, please explain why: Click here to enter text.
5. **Implementation Schedule**
 - E. BMP activities completed during this reporting period: The KOBC Facebook posts on pollution prevention, screen grabs of posts are included.
 - F. Date(s) for any BMP activities completed during this reporting period: Ongoing
 - G. Did you comply with the implementation schedule in the SWMP? Yes☒ No☐
 - H. If not, please explain why: Click here to enter text.
6. **BMP Effectiveness**
 - E. Do you consider this BMP to be effective? Yes☒ No☐
 - F. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue☒ Revise☐
 - G. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes☐ No☒
 - H. If yes, please explain: Click here to enter text.

1. **BMP # 4**
2. **BMP Title:** Distribute brochures and/or flyers with information on storm water pollution prevention at events attended by Keep Oconee Beautiful Commission.
3. **Provide the measurable goal from SWMP:** Information is distributed a minimum one time a year.

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

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

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

F. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**

I. BMP activities completed during this reporting period: Keep Oconee Beautiful Commission distributed materials at the Oconee Fall Festival

J. Date(s) for any BMP activities completed during this reporting period: October 21, 2022

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

L. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**

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

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

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

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

Note: You must complete a BMP annual report page for any additional Public Education BMPs contained in your SWMP. Permittees with a population greater than 10,000 at the time of this permit issuance must complete four (4) BMPs.

Public Involvement/ Participation
Minimum Control Measure
(Table 4.2.2)

1. **BMP # 1**
2. **BMP Title:** Adopt-A-Mile
3. **Provide the measurable goal from SWMP:** The number of litter pick-up events conducted annually with be documented and 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: Citizen groups participated in 3 litter pick-up events for the Adopt-A-Mile program
 - B. Date(s) for any BMP activities completed during this reporting period: Ongoing
 - 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 clean up event
3. **Provide the measurable goal from SWMP:** Hold one annual stream event
 - 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: Volunteers at River Clean removed 32 tires, 1.63 tons of trash, 397 pound of recyclables, and 242 of scrap metal from the Oconee River.
 - B. Date(s) for any BMP activities completed during this reporting period: October 2022
 - 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:** Operate collection sites for recycling and solid waste
3. **Provide the measurable goal from SWMP:** The sites operate 4 days a week (Monday, Wednesday, Friday, Saturday) and materials collected are tracked and reported.

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

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

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

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

E. BMP activities completed during this reporting period: The 5 collection sites were operated 4 days per week. The number of citizen visits and materials are tracked and reported.

F. Date(s) for any BMP activities completed during this reporting period: Ongoing

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

H. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**

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

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

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

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

1. **BMP # 4**
2. **BMP Title:** Participate in the Great American Cleanup Program
3. **Provide the measurable goal from SWMP:** Volunteers working with Keep Oconee Beautiful will participate in at least one event per year.

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

F. If not, explain why you did not comply with the measurable goal: Click here to enter text.
4. **Documentation**

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

F. If not, please explain why: Click here to enter text.
5. **Implementation Schedule**

I. BMP activities completed during this reporting period: KOBC participated in one event

J. Date(s) for any BMP activities completed during this reporting period: 12/10/2022

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

L. If not, please explain why: Click here to enter text.
6. **BMP Effectiveness**

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

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

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

L. If yes, please explain: Click here to enter text.

Note: You must complete a BMP annual report page for any additional Public Involvement/Participation BMPs contained in your SWMP. Permittees with a population greater than 10,000 at the time of this permit issuance must complete four (4) BMPs.

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 when 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: 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: ongoing
 - 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:** An updates inventory and map to include and outfalls during the reporting period will be provided with 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. **Outfall Inventory**
 - A. Provide the number of outfalls added or deleted from the inventory during the reporting period:
Number added:0
Number deleted: 0
 - B. Provide the total number of outfalls identified to date: 291
 - C. Is the outfall mapping completed? Yes ☒ No ☐
 - D. If not, explain the reason why, and provide the status of the mapping: Click here to enter text.
 - E. 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 maintained and updated when needed.
 - B. Date(s) for any BMP activities completed during this reporting period: Ongoing
 - 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 outfalls over permit (5 years) iteration and document report/results. Implement investigative procedure on 100% if the outfalls where flow is identified and 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: [Click here to enter text.](#)

4. **IDDE Plan Status**

A. Provide the number of outfalls inspected during the reporting period: 106

B. What percentage of the total number of outfalls were inspected during the reporting period? $106/291 = 36\%$

C. Provide the status of the outfall screening from 2018-2022:

Year	Total Number of Outfalls	Number of Outfalls Screened	% Screened
2018	291	58	20
2019	291	46	16
2020	291	13	5
2021	291	68	23
2022	291	106	36
Total	291	291	100

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

Yes ☐ No ☒

1. If yes, provide the total number of stream miles within your jurisdiction: [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.](#)

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

1. If yes, explain the reason: [Click here to enter text.](#)

2. Provide the number of stream miles walked during the reporting period: [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: Outfalls were inspected and inspection results were recorded

B. Date(s) for any BMP activities completed during this reporting period: January 2022 – June 2022

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:** Inspect 100% of the education storm drain markers within the 5-year permit term. Missing markers will be replaced.
 - 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: As part of MCM BMP#2, storm drains with missing markers will be replaced asap.
 - B. Date(s) for any BMP activities completed during this reporting period: January 2022-June 2022
 - 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 3 working days and following procedures in SWMP.
 - 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: 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: ongoing
 - 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:** Evaluated, 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 ☐
 - 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: January 2023
 - 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 the ordinance during the reporting period? Yes ☐ No ☒
 - D. 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 ☐

- E. If yes, provide the date of adoption: December 19, 2017
- F. If the ordinance was adopted or revised during the reporting period, is a copy of the adopted ordinance attached? Yes ☐ No ☐
- G. 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: 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 # 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 ES&PC plans for sites at or over 1 acre are reviewed per SWPM
 - 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 received: 24
Number of plans reviewed: 24
Number of plans approved: 20
Number of plans denied: 4
 2. A list or table of the site plans received, reviewed, approved, and/or denied during the reporting period should be provided. Is the information attached?
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: Information on plan reviews included in documentation.
6. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: ES&PC plans are reviewed prior to land disturbing activities
 - B. Date(s) for any BMP activities completed during this reporting period: ongoing
 - 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 per GSWCC/GAR permit 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. 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: ongoing
 - 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 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. 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: ongoing
 - 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:** Code Enforcement and Bureau Veritas respond to 100% of complaints received and log them for reporting
 - 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: Complaints were received, investigated, and tracked by Code Enforcement and Bureau Veritas
 - B. Date(s) for any BMP activities completed during this reporting period: ongoing
 - 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 GSWCC Red Card certified.
 - 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: All MS4 staff GSWCC Red Card certified
 - B. Date(s) for any BMP activities completed during this reporting period: ongoing
 - 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 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: 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 2016 GSMM?
Yes ☒ No ☐
 - E. Is the MS4 located within the Metropolitan North Georgia Water Planning District (MNGWPD)? Yes ☐ No ☒

If yes, then have you completed adoption of the MNGWPD 2019 Post-Construction ordinance? Yes ☐ No ☐ NA ☒

If the MNGWPD 2019 Post-Construction ordinance has not yet been adopted, explain the reason: Click here to enter text.
 - F. If the ordinance was adopted or revised during the reporting period, is a copy of the adopted ordinance attached? Yes ☐ No ☐
 - G. 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 existing ordinance was reviewed to ensure compliance with GSMM
- B. Date(s) for any BMP activities completed during this reporting period: ongoing
- 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 and type of structures and ownership (public and private)
 - 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 publicly-owned post-construction structures added: 1
 2. Number of privately-owned post-construction structures 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: 10
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: An updated inventory of storm water management structures was maintained
 - B. Date(s) for any BMP activities completed during this reporting period: ongoing
 - 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: 100% of structures will be inspected within 5 year permit iteration**
 - 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 2018-2022:**

Publicly-Owned Post-Construction Structures

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2018	5	1	20
2019	5	1	20
2020	5	2	40
2021	5	0	0
2022	5	1	20
Total	5	5	100

Privately-Owned Post-Construction Structures

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2018	10	2	20
2019	10	2	20
2020	10	0	0
2021	10	0	0
2022	11	6	60
Total	11	10	100

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: January -June
- 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:** All new privately-owned structures will have a maintenance agreement in place. All publicly-owned structures are maintained annually and a record is retained.
 - 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?:
 1. Maintenance of permittee-owned structures: Yes ☒ No ☐
 2. Maintenance conducted by permittee on privately-owned structures or publicly-owned by other entities: Yes ☐ No ☐ NA ☒
 3. Summary list of maintenance agreements: Yes ☒ No ☐
 - B. If not, please explain why: Click here to enter text.
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Maintenance agreements are required by code for any new privately owned structure. Public owned structures are maintained by the county.
 - B. Date(s) for any BMP activities completed during this reporting period: ongoing
 - 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 Structure Inventory**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** An inventory of GI/LID structures will be maintained and updated.
 - 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: 1
 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: 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: An updated inventory of GI/LID was maintained.
 - B. Date(s) for any BMP activities completed during this reporting period: ongoing
 - 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 Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP: GI/LID program developed and submitted to EPD within proper time frame**
 - 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 is 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: Review GI/LID program to ensure SWMP is followed.
 - B. Date(s) for any BMP activities completed during this reporting period: ongoing
 - 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 and Maintenance Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** 100% of the GI/LID will be inspected within the 5 year permit iteration
 - 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 2020-2022:**

Permittee-Owned GI/LID Structures

Year	Total Number GI/LID Structures	Number GI/LID Structures Inspected	% Inspected
2020	1	1	100
2021	0	0	
2022	0	0	
Total	0	0	100

Publicly-Owned By Other Entities GI/LID Structures

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2020	0	0	
2021	0	0	
2022	0	0	
Total	0	0	

Privately-Owned Non-residential GI/LID Structures

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2020	0	0	
2021	0	0	
2022	0	0	
Total	0	0	

5. **Provide information on maintenance performed on permittee-owned GI/LID structures.**
 - A. Provide the total number of permittee-owned GI/LID structures: 1

B. Provide the number of GI/LID structures maintained 0

C. Provide the percentage of GI/LID structures maintained 0

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 structures to inspect for 2022 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 MS4 population >10,000 on December 6, 2017)

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 ☐
2. If an evaluation was completed during the reporting period, is documentation of the activity attached to this annual report? Yes ☒ No ☐ NA ☐
3. Based on the results of the evaluation, did the MS4 determine that revisions to the ordinances, codes, and regulations were necessary? Yes ☐ No ☒ NA ☐
4. 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.
5. If revisions have not yet been completed, provide the status of the document revisions and a projected completion date:

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 Control Structure Inventory and Map**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The inventory & 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 added: 0
 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: 1125
 2. Total number of ditches (state if miles or linear feet): 126.3
 3. Total number of publicly-owned detention/retention ponds: 5
 4. Total number of storm drain lines (state if miles or linear feet): 110,946 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: Maintained and updated inventory and map of MS4 control structures
 - B. Date(s) for any BMP activities completed during this reporting period: ongoing
 - 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: Click here to enter text.**
 - 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 2018-2022:

Catch Basins

Year	Total Number Catch Basins	Number Catch Basins Inspected	% Inspected
2018	1126	227	20
2019	1125	185	16
2020	1125	51	5
2021	1125	200	18
2022	1125	462	41
Total	1125	1125	100

Pipes

Year	Total Pipes Number or Length (specify ft. or miles)	Number of Pipes or Length Inspected (specify ft. or miles)	% Inspected
2018	110,946 ft	17,573.58 ft	16
2019	110,946 ft	11,804 ft	11
2020	110,946 ft	2,078.98 ft	2
2021	110,946 ft	5,547.3 ft	5
2022	110,946 ft	73,942.14 ft	67
Total	110,946 ft	110,946 ft	100

Ditches

Year	Total Ditches Number or Length (specify ft. or miles)	Number of Ditches or Length Inspected (specify ft. or miles)	% Inspected
2018	126.3	126.3	100
2019	126.3	0	0
2020	126.3	0	0
2021	126.3	0	0
2022	126.3	0	0

Total	126.2	126.3	100
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Publicly-Owned Detention/Retention Ponds

Year	Total Number Structures	Number Structures Inspected	% Inspected
2018	5	1	20
2019	5	1	20
2020	5	2	40
2021	5	0	0
2022	5	1	20
Total	5	5	

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: January - June

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:** Maintain 100% of structures identified as needing 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. **Provide the status of maintenance performed on MS4 structures during the reporting period:**
 - A. The number of catch basins maintained (including cleaning): Click here to enter text.
 - B. The number of ditches maintained (miles or linear feet): Click here to enter text.
 - C. The number of detention/retention ponds maintained: Click here to enter text.
 - D. The number of storm drain lines maintained (miles or linear feet): 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: Documentation with maintenance schedule attached
6. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Road department along with Bureau Veritas completed all maintenance as needed for 2022
 - B. Date(s) for any BMP activities completed during this reporting period: ongoing
 - 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:** 32.25 miles of curb will be swept, at a minimum, each month.
 - 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: ongoing
 - 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:** Yearly training is held and documented
 - 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: training for MS4 permit and inspections
 - B. Date(s) for any BMP activities completed during this reporting period: 02/07/2022
 - 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 4.2.6, BMP #6)**

2. **BMP Title: Waste Disposal**

3. **Provide the measurable goal from the Permit and/or approved SWMP:** Ensure proper disposal of all waste removed from an MS4 maintenance site: material from catch basin cleaning will be hauled to the inert landfill and litter will be taken to the sanitation collection site.

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: All maintenance performed on structures by Roads Department with Bureau Veritas is documented.

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

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:** 100% of plans will be reviewed to ensure they comply with the GSMM
 - 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: Plans were reviewed to ensure compliance with GSMM prior to approval.
 - B. Date(s) for any BMP activities completed during this reporting period: ongoing
 - 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:** Ensure that 100% of structures are assessed 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. **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: All structures are inspected within 5 year permit cycle
 - B. Date(s) for any BMP activities completed during this reporting period: ongoing
 - 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 # 9 (Table 4.2.6, BMP #9)**

2. **BMP Title: Municipal Facilities**

3. **Provide the measurable goal from the Permit and/or approved SWMP:** An inventory of municipal facilities with the potential to cause pollution will be maintained and updated annually. Ensure that 100% of facilities are 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. **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 2018-2022:

Municipal Facilities

Year	Total Number Municipal Facilities	Number Inspected	% Inspected
2018	14	5	36
2019	14	1	7
2020	14	0	0
2021	14	0	0
2022	8	8	100
Total	8	8	100
*Municipal facilities were reviewed in 2022. Facilities not in the permitted area were removed from the inventory. Inspections were conducted for all facilities in the permitted area.			

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: An updated inventory of municipal facilities was maintained

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

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: 10/5/2015
3. If no, explain the reason for the delay and provide the status of the ERP development: Click here to enter text.

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, you were required to submit the relevant Plan to EPD by February 15, 2015. For new permittees (designated on March 7, 2014), you were required to submit the relevant Plan by February 15, 2018. Have you completed development of the Plan?
Yes ☒ No ☐

3. If yes, provide the date of submittal to EPD: 11/17/2016

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 the status and the projected date for submittal to EPD: Click here to enter text.

7. For permittees with an Impaired Waters Plan, 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

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	Sampling Frequency
Barber Creek	Coliform Bacteria	Monthly/ to generate a geometric mean

Calls Creek	Coliform Bacteria	Monthly/to generate a geometric mean
McNutt Creek	Coliform Bacteria	Monthly/ to generate a geometric mean
Middle Oconee River	Coliform Bacteria	Monthly/to generate a geometric mean

- B. You are required to provide monitoring data obtained for each pollutant of concern. Is the monitoring data attached? Yes ☒ No ☐ NA ☐
- 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 ☐ NA ☐
- 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 ☐ NA ☐

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: .
6. You must provide a copy of a signed intergovernmental agreement. Was an agreement included with the SWMP? Yes ☐ No ☐