

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

Cover Page

Part 1. General Information:

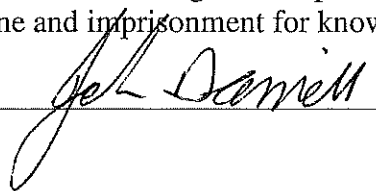
1. Permittee Name: Oconee County
2. Mailing Address: P.O. Box 145, Watkinsville, Georgia 30677
3. Contact Person: Amy Morrison
4. E-Mail Address: amorrison@oconee.ga.us
5. Telephone Number: 706-769-2937
6. Reporting Year (January 1–December 31): 2017

Part 2. Status of Storm Water Management Program:

1. Has your storm water management program to comply with the 2012 NPDES Permit been approved? Yes ☒ No ☐
2. If yes, provide the approval date: December 2013
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: 2-15-2018

Public Education and Outreach
Minimum Control Measure
(Table 4.2.1)

1. **BMP # 1**
2. **BMP Title:** "Discover Storm Water" booklet distribution
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: Approximately 100 booklets were given out at the Keep Oconee Beautiful booth during the Oconee Fall Festival and at the Oconee Farmers Market
 - B. Date(s) for any BMP activities completed during this reporting period: October 2017
 - 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 information included on Oconee County website
3. **Provide the measurable goal from SWMP:** Information updated 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: 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 county website set up with Storm Water Management section, updated to include outline of Storm Water Management Plan.
 - B. Date(s) for any BMP activities completed during this reporting period: May & October 2017
 - 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:** Educational outreach through County offices frequented by the public
3. **Provide the measurable goal from SWMP:** Place 25 brochures at each of the 3 County offices (Utility Department, Courthouse, Parks & Recreation)

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: Informational brochures distributed to County offices for the public to pick up, tracked number picked up & restocked

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: We propose that this BMP be deleted from the SWMP. Only a few brochures were picked up, so it does not seem to be effective. People may casually look at brochures if they're waiting in the offices, but not many people actually take them.

1. **BMP # 4**
2. **BMP Title:** Educational outreach through school website
3. **Provide the measurable goal from SWMP:** Storm water information will be distributed to the school system once 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: Distribution of educational material took place through school system website. An electronic copy of the flyer was posted in each elementary school's parent information section. A hard copy is printed and made available at each school for parents that may not have access to the website. The enrollment for each elementary school is as follows: Oconee Elementary – 411, Rocky Branch Elementary – 797, Colham Ferry Elementary – 560, Malcom Bridge Elementary – 641, High Shoals Elementary - 539
 - B. Date(s) for any BMP activities completed during this reporting period: April 21, 2017
 - 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 schools have gone back to an actual folder containing information for parents that goes home with students on Friday afternoons, so the BMP will need to be revised with the SWMP that will be submitted in 2018. Most likely actual flyers will be printed and given to the schools to include in the student Friday folders.

1. **BMP # 5**
2. **BMP Title:** Educational material distributed by Keep Oconee Beautiful group
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 event(s) will be 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: Keep Oconee Beautiful group had a booth at the Oconee Fall Festival & distributed approximately 200 packets of educational material to festival goers. The packet included the brochure *Nonpoint Source Pollution in Georgia*.

F. Date(s) for any BMP activities completed during this reporting period: October 21, 2017

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.

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 will be tracked 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 39 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 by Keep Oconee Beautiful group
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: Keep Oconee Beautiful held a river clean-up event at McNutt Creek with 38 volunteers
 - B. Date(s) for any BMP activities completed during this reporting period: September 30, 2017
 - 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 from 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:** Collection sites for solid waste & recycling
3. **Provide the measurable goal from SWMP:** Operate the 5 solid waste / recycling collection sites 5 days a week (Monday, Wednesday, Friday, Saturday & Sunday). The amount of material collected will be tracked and reported.

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: The five collection sites were operated 5 days per week. The number of citizen visits & amount of material collected was tracked by site attendants.

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

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.](#)

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: 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: Ordinance evaluated to determine effectiveness to provide legal authority to prohibit, detect, and address non-storm water discharges to the storm sewer system
 - B. Date(s) for any BMP activities completed during this reporting period: November 2017
 - 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 from 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:** Completed inventory & map will be submitted with the 2014 annual report. Updated inventory & map will be submitted with subsequent annual reports.
 - 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 identified to date: 291
 - B. Is the outfall mapping completed? Yes☒ No☐
 - C. If not, explain the reason why, and provide the status of the mapping: Click here to enter text.
 - D. 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: Outfall inventory & map maintained and updated
 - 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: 25% of the outfalls inspected each year with location, date & inspection results recorded; investigative & enforcement procedures are followed for all detected discharges**
 - 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: 57
 - B. What percentage of the total number of outfalls were inspected during the reporting period? 20% - inspected all remaining outfalls that had not previously been inspected during this permit term
 - C. 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.
 - D. 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 inspected and inspection results recorded
- B. Date(s) for any BMP activities completed during this reporting period: September & October 2017
- 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:** 200 drains will be marked in 2014, then 100 drains marked 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: Educational markers placed on 129 storm drains
 - B. Date(s) for any BMP activities completed during this reporting period: November 2017
 - 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: All storm drains within the MS4 permit area have now been marked. The new SWMP submitted in 2018 will revise this BMP in order to inspect (and replace if needed) existing markers.

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:** Follow approved procedures for receiving, investigating, and tracking the status of illicit discharge complaints & provide a report on each complaint received & investigated
 - 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 staff receives complaints, investigates & maintains a log according to the approved procedure
 - 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.

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. **Ordinance Status**
 - A. Is the construction waste requirement addressed in either your E&S or litter ordinance? Yes☒ No☐
 - B. If yes, which one? E&S
*Article 11, Section 1114.01(b) of Oconee County's Unified Development Code
 - 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.

5. **Implementation Schedule**

- A. BMP activities completed during this reporting period: Ordinance evaluated to ensure legal authority to require construction site operators to control waste at the site. Adopted revisions to Article 11 of the County's Unified Development Code in order to comply with the latest revisions to the E&S Act.
- B. Date(s) for any BMP activities completed during this reporting period: November & December 2017
- 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 4.2.4, 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 are reviewed in order to ensure proper E&S control
 - 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: 23
Number of plans reviewed: 23
Number of plans approved: 14
Number of plans denied: 13
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: Erosion control plans reviewed
 - 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 sites are inspected following installation of initial BMPs, during active construction, and after final stabilization
 - 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 inspected by Code Enforcement staff in order to ensure proper E&S control procedures are 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.
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:** The number of enforcement actions will be tracked for each construction 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: Enforcement actions are tracked & noted on inspection log by Code Enforcement 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 staff will respond to 100% of complaints received. The number of complaints received & responded to will be tracked and included with 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 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 received, responded to, and tracked by Code Enforcement 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 # 6 (Table 4.2.4, BMP #6)**
2. **BMP Title: Certification**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Number and type of current certifications held by MS4 staff will be included with 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 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: Appropriate GSWCC certifications held by MS4 staff: 8 Level 1A, 2 Level 1B, 3 Level II
 - 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.

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 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. The adoption of the performance standards in the 2016 GSMM is required by January 2, 2017. If the adoption has not occurred by this deadline date, explain why and provide the projected completion date: 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: Existing ordinance evaluated to ensure legal authority to address post-construction runoff from new development or redevelopment projects & that the ordinance adopts the latest revisions to the GSMM

B. Date(s) for any BMP activities completed during this reporting period: November 2017

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:** Inventory of structures will be updated and submitted with each 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. **Inventory Status**
 - A. Provide information on the number of structures inventoried during the reporting period:
 1. Number of publicly-owned post-construction structures added: 0
 2. Number of privately-owned post-construction structures added: 5
 - B. Provide information on the number of structures identified to date:
 1. Total number of publicly-owned post-construction structures: 5
 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: Maintenance & updating of the inventory of storm water management structures as 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 4.2.5, BMP #3)**
2. **BMP Title: Inspection Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Inspect a minimum of 25% of the structures each year (beginning in 2014) so that all structures are inspected within the 5-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. **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: 4 storm water control structures inspected
 - B. Date(s) for any BMP activities completed during this reporting period: April 2017
 - 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 4.2.5, BMP #4)**
2. **BMP Title: Maintenance Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** All new privately-owned structures have a maintenance agreement in place. All publicly-owned structures are maintained annually & a record of maintenance activities 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? 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 required for privately-owned structures. Publicly-owned structures maintained by county staff or contractors
 - 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 Structures**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Inventory of GI/LID structures will be generated and submitted with the 2014 annual report. The inventory 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. **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: Inventory of GI/LID structures maintained & updated as 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.
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 (Only complete this BMP if population >10,000 on December 6, 2012)**
2. **BMP Title: GI/LID Ordinance Review (Section 4.2.5.2)**
3. **Provide the measurable goal from the Permit and/or SWMP:** Evaluation will be submitted with the 2014 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. **Ordinance Review**
 - A. Has an evaluation of the MS4's ordinances, codes, and regulations been completed to ensure they do not prohibit or impede the use of GI/LID practices? Yes☒ No☐

Note: For existing permittees, the deadline was February 15, 2015. For new permittees, the deadline was March 7, 2016.
 - B. If the evaluation has been completed, did the MS4 determine that revisions to the ordinances, codes, and regulations were necessary? Yes☐ No☒
 - C. 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.
 - D. If revisions have not yet been completed, provide the status of the document revisions and a projected completion date: Click here to enter text.

Note: For existing permittees, the deadline for document revision is December 6, 2016. For new permittees, the deadline is March 7, 2018, and the revised documents should be attached to this annual report.
5. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes☐ No☒
 - B. If not, please explain why: Evaluation report previously submitted to EPD with the 2014 annual report as required
6. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: n/a
 - B. Date(s) for any BMP activities completed during this reporting period: n/a

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.](#)

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:** Completed inventory & map will be submitted with the 2014 annual report. An updated inventory, including the number of structures added each year and the total number of structures, will be provided with subsequent annual reports.
 - 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: 1122
 2. Total number of ditches (state if miles or linear feet): 126.3 miles
 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: Inventory & map of MS4 control structures maintained & updated as 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 # 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 & the results of the inspection will be tracked and included in the annual report. Beginning in 2014, when the inventory has been completed, 25% of the structures will be inspected for the next 4 years in order to complete 100% of inspections.
 - 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: Inspection & maintenance of MS4 control structures: 252 inlets inspected & corresponding pipes inspected, 126.3 miles of ditches inspected during annual road rating project
 - 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 # 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:** The number of each type of structure maintained will be tracked with software used by the Road Department
 - 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: MS4 maintenance performed, man-hours & number of structures tracked
 - 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 4.2.6, 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 7.9 curb miles will be swept 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 conducted in the commercialized areas of 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:** Training will be held at least once per year. The number of employees receiving training will be tracked.
 - 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: Employee training took place & informational flyers were provided for each department to distribute to employees
 - B. Date(s) for any BMP activities completed during this reporting period: December 2017
 - 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:** All waste is removed from the maintenance site and properly disposed of in a landfill
 - 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: Proper disposal of material collected during MS4 maintenance 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.
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:** All new County-owned storm water control structures are designed using the *Georgia Stormwater Management Manual* to address water quality. The number of plans reviewed will be tracked 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: No new municipal storm water control structures were designed during the reporting period.
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period:
 - 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:** Each of the 5 structures will be assessed every two 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: Structures were not scheduled to be assessed during this reporting period
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: n/a
 - B. Date(s) for any BMP activities completed during this reporting period: n/a
 - 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:** Updated inventory and inspection results: 100% of municipal facilities will be inspected at least once during the 5-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. **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 total number of municipal facilities on the inventory: 14
 2. Provide the number of municipal facilities inspected during the reporting period:
2
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: municipal facilities inspected, updated inventory list maintained
 - B. Date(s) for any BMP activities completed during this reporting period: December 2017
 - 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.](#)

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 are 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.

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 intergovernmental agreement. Was an agreement included with the SWMP? Yes ☐ No ☐