

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: Public Works Department, P.O. Box 145 Watkinsville, GA 30677
3. Contact Person: Jody B. Woodall, PE
4. E-Mail Address: jwoodall@oconee.ga.us
5. Telephone Number: 706-769-2937
6. Reporting Year (January 1–December 31): 2021

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: 2/15/2022

Public Education and Outreach
Minimum Control Measure
(Table 4.2.1)

1. **BMP # 1**
2. **BMP Title:** Educational booklet distribution to school-age children
3. **Provide the measurable goal from SWMP:** A minimum of 30 booklets will be distributed each year.
 - A. Did you comply with the measurable goal? Yes ☒ No ☐
 - B. If not, explain why you did not comply with the measurable goal: Click here to enter text.
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
 - B. If not, please explain why: Click here to enter text.
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Educational packets including storm water booklets were distributed to 125 children through the 4H program.
 - B. Date(s) for any BMP activities completed during this reporting period: April and May 2021
 - 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 material maintained on the County website
3. **Provide the measurable goal from SWMP:** Information on the website will be updated a minimum of two 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: Links were updated on the website as needed to provide current information.
 - B. Date(s) for any BMP activities completed during this reporting period: January, April, July, and October 2021
 - 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

3. **Provide the measurable goal from SWMP:** Social media posts regarding storm water pollution prevention and related issues will be included on the Keep Oconee Beautiful Commission's Facebook page at least three 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: KOBC maintained an active Facebook page with multiple posts regarding pollution prevention. Screen grabs of several posts from the year are included for documentation.

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**

2. **BMP Title:** Distribute brochures and/or flyers with information about storm water pollution prevention issues at various events attended by the Keep Oconee Beautiful Commission.

3. **Provide the measurable goal from SWMP:** Educational information will be distributed at a minimum of one event each year. The date and location of the event(s) will be reported.

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

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

4. **Documentation**

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

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

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: Volunteers from Keep Oconee Beautiful had a booth at the Oconee Fall Festival and distributed educational material to festival attendees.

B. Date(s) for any BMP activities completed during this reporting period: October 16, 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.](#)

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 63 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 cleanup event

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: 10 volunteers from Keep Oconee Beautiful participated in a river cleanup event along 8 miles of the Oconee River. They removed 880 lbs of litter and debris and seven tires from the river.

B. Date(s) for any BMP activities completed during this reporting period: September 2021

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 solid waste/recycling collection sites will operate four days per week (Monday, Wednesday, Friday, and Saturday), and the amount of material collected 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: The five collection sites were operated four days per week. The number of citizen visits and amount of material collected was tracked by site attendants.
 - 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**
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 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 participated in one main event and other dirty dozen litter pickups on County roads as part of the Great American Cleanup.

B. Date(s) for any BMP activities completed during this reporting period: March 20, 2021 to June 21, 2021

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

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

6. **BMP Effectiveness**

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

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

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

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

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

1. **BMP # 1 (Table 4.2.3, BMP #1)**

2. **BMP Title: Legal Authority**

3. **Provide the measurable goal from the Permit and/or approved SWMP:** Evaluate, and if necessary, modify the existing ordinance.
- A. Did you comply with the measurable goal? Yes ☒ No ☐
- B. If not, explain why you did not comply with the measurable goal: Click here to enter text.
4. **Ordinance Status**
- A. Did you adopt or revise the ordinance during the reporting period? Yes ☐ No ☒
- B. If yes, provide the date of adoption: 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 existing ordinance was 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 2021
- 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 updated inventory and map to include any outfalls added during the reporting period will be provided 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. **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: Outfall inventory and map are maintained and 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 # 3 (Table 4.2.3, BMP #3)**
2. **BMP Title: IDDE Plan**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Inspect 100% of the total outfalls within the five-year permit term, with location, date, and inspection results recorded. Implement investigative procedures on 100% of the outfalls where flow is identified. Ensure that 100% of the identified illicit discharges are eliminated.

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

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

4. **IDDE Plan Status**

A. Provide the number of outfalls inspected during the reporting period: 0

B. What percentage of the total number of outfalls were inspected during the reporting period? 0

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	0	0
2022			
Total			

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: [No inspections were conducted during the reporting period.](#)

6. **Implementation Schedule**

- A. BMP activities completed during this reporting period: No inspections were conducted during the reported period.
- 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 # 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 five-year permit term. Missing markers will be replaced as needed.
 - A. Did you comply with the measurable goal? Yes ☒ No ☐
 - B. If not, explain why you did not comply with the measurable goal: Click here to enter text.
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
 - B. If not, please explain why: Click here to enter text.
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Storm drain markers were checked during catch basin inspections as part of the Pollution Prevention Minimum Control Measure, BMP #2. Missing markers will be replaced as soon as possible in 2022.
 - B. Date(s) for any BMP activities completed during this reporting period: October, November, December 2021.
 - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
 - D. If not, please explain why: Click here to enter text.
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes ☒ No ☐
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
 - D. If yes, please explain: Click here to enter text.
1. **BMP # 5 (Table 4.2.3, BMP #5)**

2. **BMP Title:** Complaint Response
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Investigate 100% of complaints received within three business days by following the procedures in the SWMP for receiving, investigating, and tracking the status of illicit discharge complaints.
- A. Did you comply with the measurable goal? Yes ☒ No ☐
- B. If not, explain why you did not comply with the measurable goal: Click here to enter text.
4. **Documentation**
- A. Did you attach 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, and maintains a log according to approved procedures.
- 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, 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: July 31, 2021 and January 31, 2022
 - 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: The ordinance was evaluated to ensure legal authority to require construction site operators to control waste at the site.
- B. Date(s) for any BMP activities completed during this reporting period: November 2021
- 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 E&SC plans for sites one acre or greater are reviewed per the procedure in the 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. **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: 37
Number of plans reviewed: 37
Number of plans approved: 36
Number of plans denied: 1
 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: Click here to enter text.
6. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Erosion control plans were reviewed prior to land disturbing activity permit 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.
7. **BMP Effectiveness**

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

1. **BMP # 3 (Table 4.2.4, BMP #3)**
2. **BMP Title: Inspection Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** 100% of active construction sites will be inspected in accordance with the GSWCC requirements.
 - A. Did you comply with the measurable goal? Yes☒ No☐
 - B. If not, explain why you did not comply with the measurable goal: Click here to enter text.
4. **Documentation**
 - A. 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 inspected by Code Enforcement staff to ensure that proper E&SC procedures were 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:** Ensure enforcement is taken for 100% of the noted violations.
 - A. Did you comply with the measurable goal? Yes☒ No☐
 - B. If not, explain why you did not comply with the measurable goal: Click here to enter text.
4. **Documentation**
 - A. 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 and noted on the inspection log by Code Enforcement personnel.
 - 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 and investigated will be tracked and included in the annual report.
 - A. Did you comply with the measurable goal? Yes☒ No☐
 - B. If not, explain why you did not comply with the measurable goal: Click here to enter text.
4. **Documentation**
 - A. Did you attach 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.
 - 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 100% of MS4 staff involved in construction site management are certified by GSWCC.
 - 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: Level 1A - 4, Level 1B - 4, Level II - 3
 - 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. 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 evaluated to ensure legal authority to address post-construction runoff from new development or re-redevelopment projects and that the ordinance adopts the latest revisions to the GSMM.

B. Date(s) for any BMP activities completed during this reporting period: November 2021

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 or 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: 0
 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: 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: 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 the five year permit term.
 - A. Did you comply with the measurable goal? Yes ☒ No ☐
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)

4. **Provide the status of inspections performed between 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			
Total			

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	13	0	0
2022			
Total			

5. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☐ No ☒
 - B. If not, please explain why: No inspections were completed during the reporting period.

6. **Implementation Schedule**

- A. BMP activities completed during this reporting period: No inspections were completed during the reporting period.
- B. Date(s) for any BMP activities completed during this reporting period: No inspections were completed during the reporting period.
- 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 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?:
 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 structures. Publicly owned structures are 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 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 to include any new structures each year.
 - A. Did you comply with the measurable goal? Yes ☒ No ☐
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Inventory Status**
 - A. Provide information on the number of structures inventoried during the reporting period:
 1. Number of permittee-owned GI/LID structures added: 0
 2. Number of publicly-owned GI/LID structures owned by other entities added: 0
 3. Number of privately-owned non-residential GI/LID structures added: 1
 - B. Provide information on the number of structures identified to date:
 1. Total number of permittee-owned GI/LID structures: 0
 2. Total number of publicly-owned GI/LID structures owned by other entities: 0
 3. Total number of privately-owned non-residential GI/LID structures: 1
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 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 # 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:** The GI/LID program was approved by EPD on July 12, 2021.
 - 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: No inspections were completed during the reporting period.
6. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: The GI/LID program was developed and approved during the reporting period.
 - B. Date(s) for any BMP activities completed during this reporting period: May-July 2021
 - 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 structures will be inspected within the five year permit term to ensure proper 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 inspections performed between 2020-2022:**

Permittee-Owned GI/LID Structures

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

Publicly-Owned By Other Entities GI/LID Structures

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

Privately-Owned Non-residential GI/LID Structures

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2020	1	0	0
2021	1	0	0
2022			
Total	1		

5. **Provide information on maintenance performed on permittee-owned GI/LID structures.**

- A. Provide the total number of permittee-owned GI/LID structures: 0
- 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 inspections were completed during the reporting period.

7. **Implementation Schedule**

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

8. **BMP Effectiveness**

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

GI/LID Ordinance Review (Section 4.2.5.3)

(Only complete this section if the 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: Previously completed evaluation included in documentation

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 and map will be maintained and updated annually.
 - A. Did you comply with the measurable goal? Yes ☒ No ☐
 - B. If not, explain why you did not comply with the measurable goal: Click here to enter text.
4. **Inventory and Map Status**
 - A. Provide the number of structures inventoried and mapped during the reporting period:
 1. Number of catch basins added: 0
 2. Number of ditches added (state if miles or linear feet): 0
 3. Number of publicly-owned detention/retention ponds 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 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: Maintained an 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:** The number of structures inspected each year and the results of the inspections will be tracked and included in the annual report. 100% of structures will be inspected within the five year permit term.
 - A. Did you comply with the measurable goal? Yes ☒ No ☐
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. Provide the status of inspections performed between 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	679	60
2022			
Total	1125	1142	101

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.	63,239.22 ft.	57
2022			
Total			

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		
2020	126.3		
2021	126.3	50.96	40

2022			
Total	126.3	50.96	40

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			
Total			

5. **Documentation**

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

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

6. **Implementation Schedule**

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

B. Date(s) for any BMP activities completed during this reporting period: November and December 2021.

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): This information will be tracked for 2022.
- B. The number of ditches maintained (miles or linear feet): This information will be tracked for 2022.
- C. The number of detention/retention ponds maintained: 5
- D. The number of storm drain lines maintained (miles or linear feet): This information will be tracked for 2022.
5. **Documentation**
- A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
- B. If not, please explain why: Click here to enter text.
6. **Implementation Schedule**
- A. BMP activities completed during this reporting period: Road Department staff performed MS4 maintenance and tracked man-hours.
- 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:** A minimum of 32.55 curb miles will be swept monthly and a minimum of 4.6 miles of curb will be swept quarterly.
 - 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 and quarterly street sweeping was 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 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: The Environmental Coordinator left Oconee County for other employment in October 2021 prior to completing employee training activities.
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☐ No ☒
 - B. If not, please explain why: Training was not conducted 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: Click here to enter text.
 - C. Did you comply with the implementation schedule in the SWMP? Yes ☐ No ☒
 - D. If not, please explain why: Training was not conducted in 2021 due to personnel changes. The Environmental Coordinator responsible for training left the County for other employment. The position has not been filled to date. Training will occur in 2022.
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 a 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: Road Department personnel hauled waste material to the inert landfill as part of the catch basin, pipe, and box culvert cleaning. Tonnage for the debris disposal is on the work orders. The Oconee County Sheriff's Office operated a litter patrol in partnership with Keep Oconee Beautiful to remove litter and other debris from roadsides. All material was hauled to a Sanitation collection site for proper disposal.

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: Development plans were reviewed to ensure project design meets the performance standards required by the GSM prior to approval. The engineering firm contracted by the County for plan review maintains a log of project plans submitted.
 - 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 100% of structures are assessed within a five 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: No structures were assessed during the reporting period. The remaining structures will be assessed during 2022.
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: No structures were assessed during the reporting period. The remaining structures will be assessed during 2022.
 - B. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
 - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
 - D. If not, please explain why: Click here to enter text.
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes ☒ No ☐
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
 - D. If yes, please explain: Click here to enter text.

1. **BMP # 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 five 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: No inspections were performed in 2021. The remaining structures will be inspected in 2022.

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			
Total			

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: N/A

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
Barber Creek	Fecal Coliform
Calls Creek	Fecal Coliform
McNutt Creek	Fecal Coliform
Middle Oconee River	Fecal Coliform

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	Fecal Coliform	April/October 2021
Calls Creek	Fecal Coliform	April/October 2021
McNutt Creek	Fecal Coliform	April/October 2021
Middle Oconee River	Fecal Coliform	April/October 2021

- 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: [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 ☐

