

**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: Amy Morrison
4. E-Mail Address: amorrison@oconee.ga.us
5. Telephone Number: 706-769-2937
6. Reporting Year (January 1–December 31): 2018

**Part 2. Status of Storm Water Management Program:**

1. Has your storm water management program to comply with the 2017 NPDES Permit been approved? Yes  No
2. If yes, provide the approval date: [Click here to enter text.](#)
3. If no, provide the date of the last submittal: June 4, 2018

**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: \_\_\_\_\_

**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 program and booklets given out to 730 school children at 3<sup>rd</sup> Grade Ag Day event
  - B. Date(s) for any BMP activities completed during this reporting period: March 29 & 30, 2018
  - 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 county website
3. **Provide the measurable goal from SWMP:** Information on the website will be updated a minimum of 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: Updated website to include links for storm water educational material, annual reports, storm water permit and storm water management plan
  - B. Date(s) for any BMP activities completed during this reporting period: February 9 & September 26, 2018
  - 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 3 times per year
  - C. Did you comply with the measurable goal? Yes  No
  - D. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - C. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - E. BMP activities completed during this reporting period: The KOBC maintained an active Facebook page with multiple posts regarding pollution prevention. Screen grabs of several posts from the year are included for documentation.
  - F. Date(s) for any BMP activities completed during this reporting period: ongoing
  - G. Did you comply with the implementation schedule in the SWMP? Yes  No
  - H. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - E. Do you consider this BMP to be effective? Yes  No
  - F. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue  Revise
  - G. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes  No
  - H. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 4**
2. **BMP Title:** Distribute brochures and/or flyers with information about storm water issues at various events attended by the Keep Oconee County Beautiful Commission
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 events will be 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**
  - A. BMP activities completed during this reporting period: Keep Oconee Beautiful group had a booth at the Oconee Fall Festival & distributed educational material to festival goers, including the brochure *Nonpoint Source Pollution in Georgia*.
  - B. Date(s) for any BMP activities completed during this reporting period: October 20, 2018
  - 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**
  - 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.](#)

**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:** 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 36 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: Keep Oconee Beautiful participated in a Rivers Alive cleanup on McNutts Creek where 34 volunteers removed 16 bags of trash and other debris.
  - B. Date(s) for any BMP activities completed during this reporting period: October 22, 2018
  - 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:** Operate collection sites for recycling and solid waste
3. **Provide the measurable goal from SWMP:** The solid waste/recycling collection sites will operate 5 days a week (Monday, Wednesday, Friday, Saturday & Sunday) and the amount of material collected will be tracked and reported
  - C. Did you comply with the measurable goal? Yes  No
  - D. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - C. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - E. BMP activities completed during this reporting period: The five collection sites were operated 5 days per week. The number of citizen visits & amount of material collected was tracked by site attendants.
  - 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 from the SWMP? Continue  Revise
  - G. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes  No
  - H. If yes, please explain: [Click here to enter text.](#)



1. **BMP # 4**
2. **BMP Title:** The Keep Oconee County Beautiful Commission will participate in the Great American Cleanup program.
3. **Provide the measurable goal from SWMP:** Participate in at least one event annually
  - E. Did you comply with the measurable goal? Yes  No
  - F. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - E. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - F. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - I. BMP activities completed during this reporting period: Keep Oconee Beautiful participated in 20 events as part of the Great American Cleanup
  - J. Date(s) for any BMP activities completed during this reporting period: March - June 2018
  - 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 from 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 2018
  - 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:** Updated inventory & 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 & map 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:** In order to inspect 100% of the total outfalls within the 5-year permit term, an average of 20% of the outfalls will be 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: 58
- B. What percentage of the total number of outfalls were inspected during the reporting period? 20%
- 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			
2020			
2021			
2022			

- D. Did you conduct any stream walks as part of your IDDE program?
  - Yes  No
  1. If yes, provide the total number of stream miles within your jurisdiction: [Click here to enter text.](#)
  2. Provide the number of stream miles walked during the reporting period: [Click here to enter text.](#)
  3. What percentage of the total number of stream miles were walked during the reporting period? [Click here to enter text.](#)
- E. Did you conduct stream walks for a reason other than IDDE? Yes  No

1. If yes, explain the reason: [Click here to enter text.](#)
2. Provide the number of stream miles walked during the reporting period: [Click here to enter text.](#)

5. **Documentation**

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

6. **Implementation Schedule**

- A. BMP activities completed during this reporting period: Outfalls inspected and inspection results recorded
- B. Date(s) for any BMP activities completed during this reporting period: March & April 2018
- 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:** An average of 20% of storm drain markers will be inspected each year so that all markers are inspected during the 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 were replaced as needed.
  - B. Date(s) for any BMP activities completed during this reporting period: March & April 2018
  - 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:** Follow EPD approved procedures for receiving, investigating & tracking the status of illicit discharge complaints and maintain a log of 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? 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.](#)
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.

B. Date(s) for any BMP activities completed during this reporting period: November 2018

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
  - 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: 21  
Number of plans reviewed: 24 (includes 3 pending from previous year)  
Number of plans approved: 18  
Number of plans denied: 16 (most resubmitted & were subsequently approved)
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 taken (Notice of Violation, Stop Work Order, etc.) 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:** Respond to 100% of complaints received – the number of complaints received & 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 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 & type of current certifications held by MS4 staff**
  - 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, 3 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 was 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 2018

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

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

6. **BMP Effectiveness**

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

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

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

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

1. **BMP # 2 (Table 4.2.5, BMP #2)**
2. **BMP Title: Inventory**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Annually updated inventory will include information on the number & type of structures and ownership (publicly-owned or privately-owned)
  - 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: Maintained an updated inventory of storm water management 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 # 3 (Table 4.2.5, BMP #3)**
2. **BMP Title: Inspection Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** An average of 20% of the structures will be inspected each year so that 100% 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. 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			
2020			
2021			
2022			

**Privately-Owned Post-Construction Structures**

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2018	10	2	20
2019			
2020			
2021			
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: 20% of the inventory of storm water control structures inspected
- B. Date(s) for any BMP activities completed during this reporting period: February, April & May 2018
- 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 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 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 Structure Inventory**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Inventory of GI/LID structures will be maintained and updated to include any new structures each year
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **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 (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 will be submitted to EPD for approval by February 15, 2020
  - 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: not applicable – program not yet developed
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.](#)

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 GI/LID structures are inspected and properly maintained within the 5-year permit period
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: not applicable – program implementation not until 2020
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.](#)

**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: 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:** Inventory & map will be maintained and updated annually
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Inventory and Map Status**
  - A. Provide the number of structures inventoried and mapped during the reporting period:
    1. Number of catch basins added: 4
    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: 1126
    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 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 # 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. An average of 20% of the structures will be inspected each year so that 100% 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. 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			
2020			
2021			
2022			

**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	16
2019			
2020			
2021			
2022			

**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			
2020			
2021			
2022			

**Publicly-Owned Detention/Retention Ponds**

<b>Year</b>	<b>Total Number Structures</b>	<b>Number Structures Inspected</b>	<b>% Inspected</b>
2018	5	1	20
2019			
2020			
2021			
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: Inspection and maintenance of MS4 control structures: 1 publicly-owned pond, 227 inlets & corresponding pipes (17,573.58 ft.) inspected, 126.3 miles of ditches inspected during annual road rating project (also checked during rain event for drainage problems by Road Department)

B. Date(s) for any BMP activities completed during this reporting period: February, March, April & May 2018

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:** The number of each type of structure maintained will be tracked & submitted 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: 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: The number of curb miles swept each month will be increased due to development of new commercial areas.

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: [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 19 & 20, 2018
  - 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:** 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 approximately 24 tons of waste material to the inert landfill as a part of catch basin cleaning & hauled at least 185 bags of litter to a sanitation collection site during road/ditch litter pick-up. In addition, the Oconee County Sheriff's Office began a partnership with Keep Oconee Beautiful for a Litter Patrol Division in October 2018 & they removed 108 bags of litter from roadsides and hauled it to a sanitation collection site.
  - 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: 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 # 8 (Table 4.2.6, BMP #8)**
2. **BMP Title: Existing Flood Management Projects**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** At least 1 structure will be assessed annually so that 100% of structures are assessed 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. **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: One existing structure was assessed using the procedure described in the SWMP to determine potential retrofitting to address water quality impacts
  - B. Date(s) for any BMP activities completed during this reporting period: May 29, 2018
  - 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:** Inventory will be maintained and updated annually. An average of 20% of the facilities will be inspected each year so that 100% 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. **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:  
5
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Maintained updated list of municipal facilities, 35% of facilities inspected to identify potential pollution problems
  - B. Date(s) for any BMP activities completed during this reporting period: October 2018
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

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

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

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

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

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

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

1. You were required to develop an Enforcement Response Plan (ERP) and submit the document to EPD. Have you completed ERP development? Yes  No
2. If yes, provide the date of submittal to EPD: 10/5/2015
3. If no, explain the reason for the delay and provide the status of the ERP development: [Click here to enter text.](#)

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

1. You are required to develop either an Impaired Waters Plan (population <10,000) or a Monitoring and Implementation Plan (population >10,000). Check which one you are required to develop:  
  
 Impaired Waters Plan  
 Monitoring and Implementation Plan
  
2. For existing permittees, you were required to submit the relevant Plan to EPD by February 15, 2015. For new permittees (designated on March 7, 2014), you were required to submit the relevant Plan by February 15, 2018. Have you completed development of the Plan?  
Yes  No
  
3. If yes, provide the date of submittal to EPD: 11/17/2016
  
4. If no, provide the status of the Plan development: [Click here to enter text.](#)
  
5. You are required to check the latest 305(b)/303(d) list to determine if newly listed waters are within your jurisdiction. Have you reviewed this list? Yes  No
  
6. If newly listed waters have been identified, you must revise your Plan. If a Plan revision is required, provide the status and the projected date for submittal to EPD: [Click here to enter text.](#)

**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