

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): 2019

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: 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: _____

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: An educational program was presented and booklets were given out to 640 school children at the 3rd Grade Ag Day event.
 - B. Date(s) for any BMP activities completed during this reporting period: March 28, 2019
 - 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: Links were updated on the website to provide current information.
 - B. Date(s) for any BMP activities completed during this reporting period: 1/29/2019 & 4/25/2019
 - 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 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 & location of the event(s) 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**
 - I. BMP activities completed during this reporting period: Volunteers from Keep Oconee Beautiful had a booth at the Oconee Fall Festival & distributed educational material to festival goers. The event is usually very successful, but this year not many people attended due to heavy rain.
 - J. Date(s) for any BMP activities completed during this reporting period: October 19, 2019
 - K. Did you comply with the implementation schedule in the SWMP? Yes No
 - L. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - I. Do you consider this BMP to be effective? Yes No
 - J. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
 - K. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - L. If yes, please explain: [Click here to enter text.](#)

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 38 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 two river cleanup events. On September 23, 2019, 17 volunteers removed 1660lbs of trash (including 44 tires) from 8 miles of the Oconee River. In addition, volunteers participated in a Rivers Alive cleanup at McNutts Creek on October 5, 2019.
 - B. Date(s) for any BMP activities completed during this reporting period: September & October 2019
 - 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 and 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:** 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.
 - 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 21 events as part of the Great American Cleanup.
 - J. Date(s) for any BMP activities completed during this reporting period: March, April, May & June 2019
 - 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: 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 2019
 - 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:** An 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 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 5-year permit term, with location, date & 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: 46
- B. What percentage of the total number of outfalls were inspected during the reporting period? 16
- 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			
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 were inspected and inspection results were recorded.
- B. Date(s) for any BMP activities completed during this reporting period: March & October 2019
- C. Did you comply with the implementation schedule in the SWMP? Yes No
- D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

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

1. **BMP # 4 (Table 4.2.3, BMP #4)**
2. **BMP Title: Education**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Inspect 100% of the education storm drain markers within the 5-year permit term. Missing markers will be replaced 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: February, March, April & October 2019
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 5 (Table 4.2.3, BMP #5)**
2. **BMP Title: Complaint Response**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Investigate 100% of complaints received within 3 working days 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 & maintains a log according to the 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:** Evaluated, and if necessary, modify the existing ordinance.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **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: 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 2019

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 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: 20
Number of plans reviewed: 20
Number of plans approved: 16
Number of plans denied: 4
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 in order to ensure that proper E&S control 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 staff.
 - B. Date(s) for any BMP activities completed during this reporting period: ongoing
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 5 (Table 4.2.4, BMP #5)**
2. **BMP Title: Complaint Response**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Code Enforcement staff will respond to 100% if 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 were received, investigated, 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:** 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: 4 Level 1A, 4 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: The existing ordinance was 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 2019

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: 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 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	5	1	20
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	10	2	20
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: Storm water control structures were inspected in order to ensure long-term maintenance & operation.

B. Date(s) for any BMP activities completed during this reporting period: April 2019

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 & 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 (no new structures were approved within the permit area during the 2019 reporting year). Publicly-owned structures were 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 & 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: 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.](#)
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: [Click here to enter text.](#)
6. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: A GI/LID program was developed & is included with this annual report for EPD review.
 - B. Date(s) for any BMP activities completed during this reporting period: ongoing pending EPD approval
 - 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 5-year permit term in order 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. **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 took place during the reporting period.
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: [Click here to enter text.](#)
 - B. Date(s) for any BMP activities completed during this reporting period: [Click here to enter text.](#)
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

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:** The inventory & map will be maintained and updated annually.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Inventory and Map Status**
 - A. Provide the number of structures inventoried and mapped during the reporting period:
 1. Number of catch basins added: 0
 2. Number of ditches added (state if miles or linear feet): 0
 3. Number of publicly-owned detention/retention ponds added: 0
 4. Number of storm drain lines added (state if miles or linear feet): 0
 - B. Provide the number of structures inventoried and mapped to date:
 1. Total number of catch basins: 1125 (removed one item that was incorrectly listed on previous inventory)
 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 & 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 inspection will be tracked & included in the annual report. 100% of structures will be inspected within a 5-year period.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. Provide the status of inspections performed between 2018-2022:

Catch Basins

Year	Total Number Catch Basins	Number Catch Basins Inspected	% Inspected
2018	1126	227	20
2019	1125	185	16
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 ft.	16
2019	110,946 ft.	11,804 ft.	11
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	126.3	*need to develop inspection form per 10/16/19 EPD audit	-----
2020			
2021			
2022			

Publicly-Owned Detention/Retention Ponds

Year	Total Number Structures	Number Structures Inspected	% Inspected
2018	5	1	20
2019	5	1	20
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 of MS4 control structures: 1 publicly-owned pond, 175 inlets & corresponding pipes (11,804 ft.) inspected. *Road Department staff inspects all county road ditches for drainage problems each year on an ongoing basis; however, we did not include any ditch inspections for the 2019 reporting year because an inspection form for documentation needs to be developed to facilitate a more detailed inspection of ditches going forward.
- B. Date(s) for any BMP activities completed during this reporting period: February, March, April & October 2019
- 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 the 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. **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 staff performed MS4 maintenance and tracked the man-hours and number of 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.](#)
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 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: A new contract to expand the monthly street sweeping is currently out for bid. The number of curb miles swept each month will be increased due to development of new commercial areas. An updated BMP description and measurable goal will be submitted to EPD once the contract is finalized.

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 and informational flyers were provided for each department to distribute to employees.
 - B. Date(s) for any BMP activities completed during this reporting period: December 2019
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 6 (Table 4.2.6, BMP #6)**
2. **BMP Title: Waste Disposal**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Ensure proper disposal of all waste removed from an MS4 maintenance site: material from catch basin cleaning will be hauled to the inert landfill & 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 44 tons of waste material to the inert landfill as part of catch basin cleaning & hauled 95 bags of litter & other large debris to a sanitation collection site during road/ditch litter pick-up. The Oconee County Sheriff's Office operated a Litter Patrol in partnership with Keep Oconee Beautiful and removed 2221 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:** 100% of plans will be reviewed to ensure they comply with the GSMM.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Plans were reviewed to ensure project design meets the performance standards required by the GSMM. The Planning Department maintains a log of all project plans submitted to them for review for potential development.
 - 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:
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 5-year period.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: 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: April 8, 2019
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 9 (Table 4.2.6, BMP #9)**
2. **BMP Title: Municipal Facilities**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** An inventory of municipal facilities with the potential to cause pollution will be maintained and updated annually. Ensure that 100% of facilities are inspected within a 5-year period.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Inventory and Inspection**
 - A. Inventory
 1. Was an inventory of municipal facilities with the potential to cause pollution updated during the reporting period? Yes No
 2. A copy of the inventory must be submitted with the annual report. Is the inventory attached? Yes No
 3. If the inventory is not attached, explain why: [Click here to enter text.](#)
 - B. Inspection
 1. Provide the total number of municipal facilities on the inventory: 14
 2. Provide the number of municipal facilities inspected during the reporting period: 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 municipal facilities was maintained & one facility was inspected to identify potential pollution problems.
 - B. Date(s) for any BMP activities completed during this reporting period: December 27, 2019
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

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

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

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

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

Enforcement Response Plan
Section 4.3

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

Impaired Waters
Section 4.4

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

 Impaired Waters Plan
 Monitoring and Implementation Plan

2. For existing permittees, you were required to submit the relevant Plan to EPD by February 15, 2015. For new permittees (designated on March 7, 2014), you 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