

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

Cover Page

Part 1. General Information:

1. Permittee Name: Jackson County
2. Mailing Address: 67 Athens Street, Jefferson, GA 30549
3. Contact Person: Gina Roy
4. E-Mail Address: groy@jacksoncountygov.com
5. Telephone Number: 706.367.5908
6. Reporting Year (January 1–December 31): 2018

Part 2. Status of Storm Water Management Program:

Has your storm water management program to comply with the 2017 NPDES Permit been approved? Yes No

1. If yes, provide the approval date: [Click here to enter text.](#)
2. 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: Gina Roy

Title: Director, Jackson County Public Development Date: 02.13.19

Public Education and Outreach
Minimum Control Measure
(Table 4.2.1)

1. **BMP # 1**

2. **BMP Title: Stormwater Website and Social Media**

3. **Provide the measurable goal from SWMP:** 1: A minimum of two updates per year to website. 2: Number of hits to website

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: Five documents and two videos uploaded to stormwater website. Website received 292 page views and 201 unique visits. See Attachment for detail.

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

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:** Brochure Distribution
3. **Provide the measurable goal from SWMP:** 1: Number of brochures distributed to physical sites. 2: Number of documents uploaded to Keep Jackson Beautiful website, Jackson County Facebook Page, and Twitter.
 - A. Did you comply with the measurable goal? Yes X 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 X No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Distributed five brochures to five public sites in Jackson County to include Public Development, Historic Courthouse/Welcome Center, Tag Office, Chamber of Commerce, and Environmental Health. Number of brochures varied by site. See Attachment. Brochures also uploaded to Facebook and Twitter. See Attachment.
 - B. Date(s) for any BMP activities completed during this reporting period: various, as needed.
 - C. Did you comply with the implementation schedule in the SWMP? Yes X 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 X No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue X Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No X

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

1. **BMP # 3**
2. **BMP Title:** Local Festivals
3. **Provide the measurable goal from SWMP:** 1) Number of festivals. 2) Variety of brochures distributed.

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: Distributed five brochures at the following three festivals: Hoschton Fall Festival; Bands, Brews, and BBQ on Main Street (Commerce); Jackson County Government and City of Jefferson Employee Health Fair. See attachment for list of brochures.

F. Date(s) for any BMP activities completed during this reporting period: Various. See Attachment for date(s) of fairs.

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:** Targeted Educational Presentations
3. **Provide the measurable goal from SWMP:** 1) Number of presentations. 2) Number of attendees.

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

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

5. **Implementation Schedule**

I. BMP activities completed during this reporting period: Stormwater education presentation made to five groups: Georgia Soil and Water Conservation Card Recertification; Commerce Kiwanis Club, Jackson County Board of Commissioners retreat, Builders, and Four Seasons Garden Club. Copies of the Power Point program were distributed to attendees at the Four Seasons Garden Club. No handouts were presented at other identified presentations. Note: The presentation at Kiwanis concerned a cleanup partnership between Habit for Humanity and Keep Jackson County Beautiful. The presentation focused, in part, on how the cleanup directly impacts stormwater and the MS4 program in general. No minutes or meeting agenda are attached as Kiwanis does not take meeting minutes or develop specific meeting agenda.

J. K. Date(s) for any BMP activities completed during this reporting period: Various. See Attachment.

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

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

6. **BMP Effectiveness**

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

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

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

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

BMP # 5

2. **BMP Title:** Enviroscope

3. **Provide the measurable goal from SWMP:** 1) Number of schools/programs that utilize Enviroscope. 2) Number of school-aged persons and adults viewing Enviroscope.

G. Did you comply with the measurable goal? Yes X No

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

4. **Documentation**

G. Did you attach documentation of the BMP activities completed during the reporting period? Yes X No

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

5. **Implementation Schedule**

N. BMP activities completed during this reporting period: Enviroscope presented at Farm Bureau's Elementary School Agricultural Day. 628 5th grade students and 42 teachers participated. See attachment for photos and number of participants.

O. Date(s) for any BMP activities completed during this reporting period: 3/13/18.

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

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

6. **BMP Effectiveness**

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

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

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

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-Road Program
3. **Provide the measurable goal from SWMP:** Number and identification of participating organization, length of roadways adopted, volume of trash collected
 - A. Did you comply with the measurable goal? Yes X 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 X No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Thirty-three organizations participated in the Adopt-a-Road Program and collected a total of 3588 pounds. Organizations estimate quality of trash collected based on bag size and report total to Jackson County. Collected refuse is either taken to the Jackson County Transfer Station or deposited in participants individual trash cans for collection by private haulers.
 - B. Date(s) for any BMP activities completed during this reporting period: Various. See attachment.
 - C. Did you comply with the implementation schedule in the SWMP? Yes X 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 X No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue X 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:** Recycling Days
3. **Provide the measurable goal from SWMP:** Tons of recyclable materials and volume of hazardous and e-waste collected.
 - A. Did you comply with the measurable goal? Yes X 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 X No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Two, county-wide recycling events were held during report period. See attachments for photos, sign-in sheets, tonnage collected. Permittee distributed collected materials to appropriate recycling facilities/businesses.
 - B. Date(s) for any BMP activities completed during this reporting period: April 21, 2018 and October 20, 2018.
 - C. Did you comply with the implementation schedule in the SWMP? Yes X 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 X No
 - B. Do you plan to continue with implementation of this BMP or revise it from the SWMP? Continue X Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No X
 - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 3**
2. **BMP Title:** Storm Drain Stenciling Program
3. **Provide the measurable goal from SWMP:** 1) Number of stencils affixed; 2) Number of participants; 3) Outreach to publicize the program and message communicated with stencils.
 - C. Did you comply with the measurable goal? Yes X 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 X No
 - D. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - E. BMP activities completed during this reporting period: Jackson County partnered with Keep Jackson County Beautiful to affix 123 storm drain stencils on catch basins in the MS4. See attachment for photos, sign-in sheet, and outreach documentation.
 - F. Date(s) for any BMP activities completed during this reporting period: November 28, 2018.
 - G. Did you comply with the implementation schedule in the SWMP? Yes X 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 X No
 - F. Do you plan to continue with implementation of this BMP or revise it from the SWMP? Continue X Revise
 - G. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No X
 - H. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 4**
2. **BMP Title:** SWMP and Annual Reports
3. **Provide the measurable goal from SWMP:** Public involvement in development of SWMP.
 - E. Did you comply with the measurable goal? Yes X 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 X No
 - F. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - I. BMP activities completed during this reporting period: 2018 SWMP uploaded to Jackson County stormwater website for public review at <http://www.jacksoncountygov.com/355/Storm-Water-Management>. Notice for public comment was also posted on the Jackson County Facebook Page. No feedback on plan content was received. See attachment for screen copy of Facebook post.
 - J. Date(s) for any BMP activities completed during this reporting period: May 2, 2018.
 - K. Did you comply with the implementation schedule in the SWMP? Yes X 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 X No
 - J. Do you plan to continue with implementation of this BMP or revise it from the SWMP? Continue X Revise
 - K. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No X
 - 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:** Annual evaluation and amendment, if necessary.
 - A. Did you comply with the measurable goal? Yes X 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 X
 - 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: Jackson County determined that no amendments were required to the ordinance.
 - 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 X 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 X No
 - B. Do you plan to continue with implementation of this BMP or revise it from the SWMP? Continue X 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 map and inventory.
 - A. Did you comply with the measurable goal? Yes X 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: Public – 3 added; Private – 3 added
Number deleted: Public – 0 deleted; Private – 0 deleted
 - B. Provide the total number of outfalls identified to date: Public - 34 outfalls; Private – 154 outfalls.
 - C. Is the outfall mapping completed? Yes X No
 - D. If not, explain the reason why, and provide the status of the mapping:
 - 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 X No
 - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Updated outfall mapping as required based on ground survey.
 - B. Date(s) for any BMP activities completed during this reporting period: various
 - C. Did you comply with the implementation schedule in the SWMP? Yes X 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:** 1) Conduct DWS inspection annually on 20% of total outfalls; 2) Implement investigative procedures identified in IDDE plan if DWS indicates a potential illicit discharge; 3) If illicit discharge found, eliminate such discharge.

A. Did you comply with the measurable goal? Yes X 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: Public 12; Private - 44

B. What percentage of the total number of outfalls were inspected during the reporting period? Public – 38%; Private – 21%

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

Year	Total Number of Outfalls	Number of Outfalls Screened	% Screened
2018	Pub-34; Pvt-154	Pub-12; Pvt-44	Pub-38%; Pvt-21%
2019			
2020			
2021			
2022			

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

Yes No X

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: Conducted DWS inspections on 38% of public outfalls and 21 % of private outfalls.

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

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:** 1) Number of high risk potential contamination sources contacted; number of hits on the County's stormwater website; Information posted to County's stormwater website.
 - A. Did you comply with the measurable goal? Yes X 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 X No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: An Illicit Discharge Brochure was included with 702 Occupation Tax renewals received in report year. These businesses are located in unincorporated Jackson County, which includes the MS4. This mailing included high risk potential contamination sources that operate in unincorporated Jackson County and its MS4. The brochure was also uploaded to the Jackson County Stormwater website and included 292 page views and 201 unique visits. See attachment for copy of brochure, list of businesses contacted, and statistics for website page views.
 - B. Date(s) for any BMP activities completed during this reporting period: November 2, 2018.
 - C. Did you comply with the implementation schedule in the SWMP? Yes X 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 X No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue X 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:**
Implementation of EPD-approved complaint response procedures.
 - A. Did you comply with the measurable goal? Yes X 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 X
 - B. If not, please explain why: No complaints received; therefore, no response procedures implemented.
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: None.
 - 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 X 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 X No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue X Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No X
 - 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:** Amend Erosion and Sedimentation ordinance, if necessary. Amend Solid Waste Management Ordinance, if necessary.
 - A. Did you comply with the measurable goal? Yes X 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 X No
 - B. If yes, which one? Litter
 - C. Did you adopt or revise the ordinance during the reporting period?
Yes No X
 - 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 X No
 - E. If yes, provide the date of adoption: December 18, 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: No ordinance amendment was deemed necessary.

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 # 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:** 1) Implementation of site plan review procedures in accordance with GWSCC requirements; 2) Development of list of site plans received and number of plans reviewed, approved, or denied during the report period.
 - A. Did you comply with the measurable goal? Yes X 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 X No
 1. If yes, provide the following information for the reporting period:

Number of plans received: 338. Of the 338, 84 were in MS4.
Number of plans reviewed: 84
Number of plans approved: 60
Number of plans denied: 24
5. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes X No
 - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Reviewed 84 site plans. A representative sample of the complete checklists is found in the Attachments.
 - B. Date(s) for any BMP activities completed during this reporting period: Various. See Attachment.
 - C. Did you comply with the implementation schedule in the SWMP? Yes X 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:** Construction site inspections occur on all construction sites before initial work begins, during active construction, and after final stabilization of 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: Construction site inspections before initial work begins, during active construction, and after final stabilization.
 - B. Date(s) for any BMP activities completed during this reporting period: Varies. See Attachment.
 - 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:**
Implementation of enforcement procedures for E&S violations documented at construction site in accordance with ERP.
 - A. Did you comply with the measurable goal? Yes X 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 X No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: 16 sites reported with violations. All violations addressed and reports closed. See attachment.
 - B. Date(s) for any BMP activities completed during this reporting period: Varies. See Attachment.
 - C. Did you comply with the implementation schedule in the SWMP? Yes X 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 X No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue X Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No X
 - 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:** Implement EPD-approved complaint, investigation, response, and tracking procedures.
 - A. Did you comply with the measurable goal? Yes X 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 X No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Four complaints received, investigated, and resolved.
 - B. Date(s) for any BMP activities completed during this reporting period: Varies. See Attachment.
 - C. Did you comply with the implementation schedule in the SWMP? Yes X 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 X No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue X Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes X 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:** Staff involved in construction activity oversight receive required certification.
 - A. Did you comply with the measurable goal? Yes X 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 X No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: All staff certifications are current.
 - B. Date(s) for any BMP activities completed during this reporting period: Varies. See Attachment.
 - C. Did you comply with the implementation schedule in the SWMP? Yes X 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 X No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue X Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No X
 - 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:** Annual ordinance evaluation and amendment, if necessary, to comply with, at a minimum, the GSWCC.
 - A. Did you comply with the measurable goal? Yes X 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 X

 - 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 X No

 - D. Does the ordinance adopt the performance standards in the 2016 GSMM?
Yes X 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: Ordinance evaluated and no amendments were necessary.

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

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

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

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

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:** Annual inventory of all publicly-owned post-construction stormwater management structures and privately-owned structures designed after December 9, 2008.
 - A. Did you comply with the measurable goal? Yes X 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: Catch Basins – 0; Pipes – 12; Ditches – 62; Ponds - 0.
 2. Number of privately-owned post-construction structures added: Catch Basins – 2; Pipes – 3; Ditches – 0; Ponds – 0..
 - B. Provide information on the number of structures identified to date:
 1. Total number of publicly-owned post-construction structures: 2551
 2. Total number of privately-owned post-construction structures: 36
5. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes X No
 - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Updated inventory of public structures and private structures designed after December 9, 2008.
 - B. Date(s) for any BMP activities completed during this reporting period: Annually
 - C. Did you comply with the implementation schedule in the SWMP? Yes X 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: Implement annual inspection program on 20% of structures identified in BMP #2.**
 - 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	2551	1112	43.6
2019			
2020			
2021			
2022			

Privately-Owned Post-Construction Structures

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2018	54	11	20.4
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: Inspected public and private facilities.

B. Date(s) for any BMP activities completed during this reporting period: Various. See Inspection reports. NOTE: Inspection forms are for all facilities inspected and include pre-December 9, 2008 private structures.

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

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

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

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:** Structure maintenance on publically- and privately-owned structures.
 - A. Did you comply with the measurable goal? Yes X 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 X No
 2. Maintenance conducted by permittee on privately-owned structures or publicly-owned by other entities: Yes No NA X
 3. Summary list of maintenance agreements: Yes X No
 - B. If not, please explain why:
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Permittee conducted maintenance on various ditches, primarily mowing. See attachment for copies of work activity reports.
 - B. Date(s) for any BMP activities completed during this reporting period: Various. See attachment.
 - C. Did you comply with the implementation schedule in the SWMP? Yes X 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 X No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue X Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No X

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:** Annual update to GI/LID inventory to include: 1) total number of structures; 2) type of GI/LID structures; 3) structure ownership.
 - A. Did you comply with the measurable goal? Yes X 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 X
 - B. If not, please explain why: There are no GI/LID structures located in MS4 owned by permittee, public entity other than permittee, or privately-owned non residential.
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: NA
 - B. Date(s) for any BMP activities completed during this reporting period: NA
 - C. Did you comply with the implementation schedule in the SWMP? Yes X 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 X No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue X Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No X
 - 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:** Development and implementation of GI/LID program.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: Program submittal not required until February 15, 2020.
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: Program submittal not required until February 15, 2020.
6. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: NA
 - B. Date(s) for any BMP activities completed during this reporting period: NA
 - 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:** 1) Conduct inspection on GI/LID structures in accordance with inspection schedule identified in GI/LID program; 2) Conduct maintenance on permittee-owned GI/LID structures; 3) Implement maintenance procedures in accordance with GI/LID program for all GI/LID structures, 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: There are no permittee-owned GI/LID structures located in the MS4.
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: NA
 - B. Date(s) for any BMP activities completed during this reporting period: NA
 - 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:** Annual update of map and inventory.
 - A. Did you comply with the measurable goal? Yes X 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: Public – 0; Private - 2
 2. Number of ditches added (state if miles or linear feet): Public – 8291.76 lf; Private – 31.80 lf.
 3. Number of publicly-owned detention/retention ponds added: Public – 0; Private - 0.
 4. Number of storm drain lines added (state if miles or linear feet): Public – 1257.88 lf; Private – 539.74 lf.
 - B. Provide the number of structures inventoried and mapped to date:
 1. Total number of catch basins: Public – 740; Private – 29.
 2. Total number of ditches (state if miles or linear feet): Public – 107,189.07 lf; Private – 13,351.82 lf.
 3. Total number of publicly-owned detention/retention ponds: Public – 0; Private – 45.
 4. Total number of storm drain lines (state if miles or linear feet): Public – 96,156.53; Private – 36,574.54.
5. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes X No
 - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**

- A. BMP activities completed during this reporting period: Update public and private structure inventory and mapping, as appropriate.
- B. Date(s) for any BMP activities completed during this reporting period: Monthly throughout 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 # 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:** Conduct inspections annually of a minimum of 20% of MS4 control structures.
 - 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	Pub – 740; Pvt - 29	Pub – 152; Pvt - 12	Pub – 21%; Pvt 41%
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	Pub – 1260, Pvt - 393	Pub – 409; Pvt - 13	Pub – 32%; Pvt – 3%
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	Pub – 551; Pvt - 52	Pub – 551; Pvt - 52	Pub - 100%, Pvt – 100%
2019			
2020			
2021			
2022			

Publicly-Owned Detention/Retention Ponds

Year	Total Number Structures	Number Structures Inspected	% Inspected
2018	Pub – 0; Pvt – 45	Pub – 0; Pvt – 9	Pub – 0%; Pvt 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: Inspected public and private MS4 control structures.

B. Date(s) for any BMP activities completed during this reporting period: Monthly throughout year. See attachment.

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:** Number of each structure type maintained; copy of all work orders.
 - A. Did you comply with the measurable goal? Yes X 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 X No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Maintenance performed on 11 public structures. See attachment for structure list and work orders.
 - B. Date(s) for any BMP activities completed during this reporting period: Varies. See Attachment, Work Orders.
 - C. Did you comply with the implementation schedule in the SWMP? Yes X 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 X No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue X Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No X
 - 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:**
Implementation of street and parking lot cleaning procedures by the Jackson County Corrections Department inmate labor and transport trash/litter to Jackson County Transfer Station for final disposal in the Banks County Landfill.
 - A. Did you comply with the measurable goal? Yes X 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 X No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: 1,888 pounds of trash/litter removed for identified road segments. See attachment for list of roads and trash volume removed as well as copies of Work Activity Reports. Permittee does not own any parking lots in the MS4. All parking lots are privately owned and maintained.
 - B. Date(s) for any BMP activities completed during this reporting period: Various. See attachment.
 - C. Did you comply with the implementation schedule in the SWMP? Yes X 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 X No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?
Continue X Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No X
 - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 5 (Table 4.2.6, BMP #5)**
2. **BMP Title: Employee Training**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Annual employee training.
 - A. Did you comply with the measurable goal? Yes X 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 X No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Attended training on MS4 Permit updates; Attended Georgia Urban Forest Council Workshop “Trees as Green Stormwater Infrastructure”.
 - B. Date(s) for any BMP activities completed during this reporting period: April 24, 2018; August 8, 2018
 - C. Did you comply with the implementation schedule in the SWMP? Yes X 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 X No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue X Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No X
 - 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:** Waste collected by County Staff is removed and taken to Jackson County Transfer station for transportation to the Banks County Landfill.
 - A. Did you comply with the measurable goal? Yes X 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 X No
 - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Only trash removed from publically-maintained facilities occurred along road segments. 1,888 pounds of trash/litter was removed by County inmate labor and taken to the Jackson County Transfer Station for transportation to the Banks County Landfill. See attachment.
 - B. Date(s) for any BMP activities completed during this reporting period: Various. See attachment.
 - C. Did you comply with the implementation schedule in the SWMP? Yes X 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 X No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue X Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No X
 - 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:** Proposed management projects will not negatively impact water quality.
 - A. Did you comply with the measurable goal? Yes X 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 X
 - B. If not, please explain why: No projects were submitted for review.
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: NA
 - B. Date(s) for any BMP activities completed during this reporting period: NA
 - C. Did you comply with the implementation schedule in the SWMP? Yes X 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 X No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue X Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No X
 - 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:** Annual assessment of at least one structure, if permittee has less than five structures, assess 100% within five-year permit period.
 - A. Did you comply with the measurable goal? Yes X 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 X
 - B. If not, please explain why: No structures are located in MS4.
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: NA
 - B. Date(s) for any BMP activities completed during this reporting period: NA
 - C. Did you comply with the implementation schedule in the SWMP? Yes X 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 X No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue X Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No X
 - 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:** Update inventory and inspection of 20% of facilities annually.
 - A. Did you comply with the measurable goal? Yes X 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 X No
 2. A copy of the inventory must be submitted with the annual report. Is the inventory attached? Yes X 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: **Outfalls: 34; Catch Basin: 740; Channels: 548; Pipe: 1261.**
 2. Provide the number of municipal facilities inspected during the reporting period: **Outfalls: 13 (26%); Catch Basin: 151 (20%); Channels: 548 (100%); Pipes: 409 (32.4%)**
5. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes X No
 - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Inspected permittee-owned and maintained outfalls, catch basins, channels, and pipes. See attachment of list of facilities, by type. See attachment for IDDE, BMP 3 for Outfall Inspection reports and Post Construction Storm Water Management, BMP 3 for catch basin, channel, and pipe inspection reports.
 - B. Date(s) for any BMP activities completed during this reporting period: Various. See above-identified attachments.

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

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

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

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: 2/15/2015
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
X 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 X No

3. If yes, provide the date of submittal to EPD: 2/15/2015

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 X 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: **No newly impaired waters listed within jurisdiction.**

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