

**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): 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: August 8, 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: Gina Roy

Title: Director, Jackson County Public Development

Date: \_02.14.2020

**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:** A minimum of two updates per year to website; 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: Two documents, “What is Stormwater?” and “Car Maintenance” uploaded to website; 373 total website views, 237 unique views.
  - 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: `

1. **BMP # 2**
2. **BMP Title:** Brochure Distribution
3. **Provide the measurable goal from SWMP:** Number of brochures distributed to physical sites; number of documents uploaded to Keep Jackson Beautiful website, Jackson County Facebook page, and Twitter.
  - 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: 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 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  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.](#)

- . **BMP # 3**
2. **BMP Title:** Local Festivals
3. **Provide the measurable goal from SWMP:** Number of festivals; variety of brochures distributed.
- 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: Distributed five brochures at Jackson County Government and City of Jefferson Employee Health Fair. See attachment.
- B. Date(s) for any BMP activities completed during this reporting period: August 22, 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.](#)

**BMP # 4**

2. **BMP Title:** Targeted Educational Presentations

3. **Provide the measurable goal from SWMP:** Number of presentations; number of attendees.

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.](#)

**4. Implementation Schedule**

A. BMP activities completed during this reporting period:

- i. Strategic Navigation Work Session. Planning and Development staff participated in Strategic Navigation Work Session for Jackson County School Superintendent, Jackson County Board of Directors, and Jackson County Board of Commission Members, and county staff. Part of the presentation and discussion at the retreat was the problems noted during MS4 inspections with the detention ponds on the school property. Permittee has no jurisdiction over these ponds but continues to discuss the issues of concern with the Board of Education (BOE) and potential solutions including a joint mitigation initiative. Also, discussed was stormwater standards that will be required at the site of the planned new school.
- ii. Online Portal Trainings. In preparation for implementation of its online application for submission of all permit related documents, permittee conducted trainings for builders that reviewed permit requirements and submission procedures to comply with Erosion and Sedimentation requirements and the Georgia Stormwater Management Manual.

B. Date(s) for any BMP activities completed during this reporting period: September 30 – October 1, 2019; December 3, 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.](#)

## **BMP # 5**

2. **BMP Title:** Enviroscope
3. **Provide the measurable goal from SWMP:** Number of schools/programs that utilize Enviroscope; number of school-aged persons and adults viewing Enviroscope.
  - 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: Jackson County Agricultural Day, 624 students, 28 teachers; West Jackson Elementary School, 158 students, 6 teachers; Community Care Pre-K Event, 44 students, 46 teachers, 68 parents. See attachment.
  - B. Date(s) for any BMP activities completed during this reporting period: .various. See attachments.
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes  No
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue  Revise
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes  No
  - D. If yes, please explain: [Click here to enter text.](#)

**Public Involvement/ Participation**  
**Minimum Control Measure**  
**(Table 4.2.2)**

1. **BMP # 1**
2. **BMP Title:** Adopt-a-Road
3. **Provide the measurable goal from SWMP:** Number and identification of participating organizations, length of roadways adopted, volume of trash collected.
  - 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: 29 organizations registered to participated; 5 registered at end of report year and therefore did not pick up any trash during year. 42.54 road miles is covered by participating organizations. In report year, 2339 pounds of trash were removed. Organizations estimate quality of trash collected based on bag size and report total to Jackson County. Collected trash is either taken to the Jackson County Transfer Station for Transport to the Banks County Landfill or deposited in participants individual garbage cans for pickup by private haulers. 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  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:** 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  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: Two, county-wide recycling events were held during report period. See attachment 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 13, 2019 and September 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 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.](#)

### **BMP # 3**

2. **BMP Title:** Storm Drain Stenciling Program
3. **Provide the measurable goal from SWMP:** Number of stencils affixed; number of participants; outreach to publicize the program and message communicated with stencils.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: Permittee had scheduled stenciling events on three separate occasions but, each was rained out. To comply with its SWMP as far a total number of stencils applied during the permit period, permittee will apply 200 decals in 2020.
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: Stenciling event was not held as noted in 3B, above. Memorandum from permittee is included in the Attachments detailing to reason the event was not held.
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: None.
  - B. Date(s) for any BMP activities completed during this reporting period:
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: See 3B, above.
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.](#)

## **BMP # 4**

2. **BMP Title:** SWMP and Annual Reports
3. **Provide the measurable goal from SWMP:** Public involvement in development of 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. **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: 2018 Revised SWMP uploaded to Jackson County stormwater website for public review and comment. Availability of plan and request for comments was published in March 6, 2019 issue of The Jackson Herald. No comment was received. 2018 Annual Report uploaded to Jackson County stormwater website. See Attachment.
  - 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 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.](#)

**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.
  - 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: No amendments required.
  - 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 from the SWMP? Continue  Revise

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

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

1. **BMP # 2 (Table 4.2.3, BMP #2)**
2. **BMP Title: Outfall Map and Inventory**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Updated map and inventory.
  - 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: Private, 10; Public, 0.  
Number deleted: Private, 0; Public, 0.
  - B. Provide the total number of outfalls identified to date: Private, 164; Public, 34
  - C. Is the outfall mapping completed? Yes  No
  - D. If not, explain the reason why, and provide the status of the mapping: **Mapping is ongoing as field work identifies outfalls associated with previously inactive and/or inaccessible detention ponds now coming on line as well as mapping errors. Outfalls will be added as they are located.**
  - E. If not, provide the projected completion date: **Ongoing**
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: Updated outfall mapping as required based on field work.
  - 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.](#)

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:** a. Conduct DWS inspection annually on 20% of total outfalls; b. implement investigative procedures identified in IDDE plan if DWS indicates a potential illicit discharge; c. if illicit discharge found, eliminate such discharge and, if necessary, implement Enforcement Response Plan.

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: 52

B. What percentage of the total number of outfalls were inspected during the reporting period? 26

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

Year	Total Number of Outfalls	Number of Outfalls Screened	% Screened
2018	188	56	30
2019	198	52	26
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: Conducted DWS inspections on 26% of outfalls. No illicit discharge detected.
- 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.](#)

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:** Number of high-risk potential contamination sources contacted; number of hits on County's stormwater website; information posted to County's stormwater 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: Illicit Discharge brochure mailed with 935 Occupation Tax renewals received in report year. These businesses are located in unincorporated Jackson County, which includes the MS4. The mailing included high risk potential contamination sources that operate in unincorporated Jackson County and its MS4. The brochure is also available on the Jackson County Stormwater website and included 373 page views and 237 unique views. 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: Various, as Occupation Tax renewals were processed.
  - 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:**  
Implementation of EPD-approved complaint response procedures.
  - 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: Permittee did not receive any illicit discharge complaints.
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.](#)

**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 and Solid Waste Management Ordinance, if necessary.
  - 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? Litter
  - 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 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 revision was necessary.

- 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.](#)

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:**  
Implementation of site plan review procedures in accordance with GSWCC requirement;  
Development of list of site plans received and number of plans reviewed, approved, or denied.
  - 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: 76  
Number of plans reviewed: 76  
Number of plans approved: 74  
Number of plans denied: 2
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Received 76 plans for projects in the MS4; 74 approved; 2 denied. See Attachment,
  - 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.](#)
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 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. See Attachment for list of permits and inspection dates.;
  - 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 # 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 sites in accordance with ERP.
  - 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: 15 sites reported, violations addressed, and reports closed. See Attachment.
  - 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 # 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  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: Four complaints received, investigated, and resolved.
  - B. Date(s) for any BMP activities completed during this reporting period: Varies.
  - 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:** Staff involved in construction activity oversight received required certification(s).
  - 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: All staff certifications are current.
  - 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.](#)

**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 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. **Ordinance Status**
  - A. Did you adopt or revise the ordinance during the reporting period? Yes  No
  
  - B. If yes, provide the date of adoption:
  
  - 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: **NA**
  
  - 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 update required..
  
  - B. Date(s) for any BMP activities completed during this reporting period:
  
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No

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

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:** Annual inventory of all publicly-owned stormwater management structures and privately-owned structure designed after December 9, 2008.
  - 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: 0
    2. Total number of privately-owned post-construction structures: 1
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: No publicly- or privately-owned ponds designed after 12/9/2008 were added during the report year. NOTE: There are 45 privately-owned ponds in the MS4; however, only DT00109 was designed after 12/9/2008.
  - 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 # 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 inspection program on 20% of structures annually 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	0	0	0
2019	0	0	0
2020			
2021			
2022			

**Privately-Owned Post-Construction Structures**

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2018	1	1	100
2019	0	0	0
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: Permittee has one privately-owned pond and it was inspected in 2018 and included in the Annual Report for that year.
- 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 # 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 publicly- and privately-owned 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. **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: Permittee does not own any public ponds.
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Private pond maintenance to include vegetation cutting, scraping, revegetation, and sediment removal. See Attachment.
  - 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 # 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 of GI/LID structures to include total number and type of structures, and structure ownership.
  - 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 GI/LID structures presently existing 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  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:** Development and implement program describing GI/LID practices to be implemented by permittee.
  - 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
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: Developed GI/LID program and adopted necessary ordinance amendments..
  - B. Date(s) for any BMP activities completed during this reporting period: October 21, 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 # 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:** Conduct inspection on GI/LID structures in accordance with GI/LID program inspection schedule; conduct maintenance on permittee-owned structures; implement maintenance procedures 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: No GI/LID structures exist 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  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: Unified Development Code Articles 1, 3, and 11. Adoption Date: October 21, 2019
  
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  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: Private, 0; Public, 0
2. Number of ditches added (state if miles or linear feet): Private, 0.23 miles; Public, 0 miles
3. Number of publicly-owned detention/retention ponds added: 0
4. Number of storm drain lines added (state if miles or linear feet): Private, 0.18 miles; Public, 0

B. Provide the number of structures inventoried and mapped to date:

1. Total number of catch basins: Private, 29, Public, 740
2. Total number of ditches (state if miles or linear feet): Private, 2.69 miles; Public, 20.54 miles
3. Total number of publicly-owned detention/retention ponds: 0
4. Total number of storm drain lines (state if miles or linear feet): Private, 5.01 miles; Public, 20.13 miles

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: Updated inventory.

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.](#)

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 inspection annually on 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	Pvt – 29; Pub - 740	Pvt – 12; Pub - 152	Pvt – 41%, Pub – 21%
2019	Pvt – 29; Pub - 740	Pvt – 1, Pub - 155	Pvt – 3%, Pub – 21%
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	Pvt – 36575 l.f.; Pub - 14845 l.f.	Pvt - 456 l.f.; Pub – 14845 l.f.	Pvt – 3%; Pub – 32%
2019	Pvt – 26461 l.f.; Pub – 106287 l.f.	Pvt – 1668 l.f. Pub – 11,180 l.f.	Pvt – 7%; Pub – 25%
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	Pvt – 13352 l.f. Pub - 107189 l.f.	Pvt – 13352 l.f. Pub – 107189 l.f..	Pvt – 100% Pub – 100%
2019	Pvt – 14194 l.f. Pub – 108429 l.f.	Pvt – 14194 l.f. Pub – 108429 l.f.	Pvt – 100% Pub – 100%

2020			
2021			
2022			

**Publicly-Owned Detention/Retention Ponds**

Year	Total Number Structures	Number Structures Inspected	% Inspected
2018	0	0	0
2019	0	0	0
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. See attachments
- 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.](#)

**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:** Maintained 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. **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: Performed maintenance on identified catch basins, performed maintenance on ditches to include mowing, and scraping.
  - 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 # 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 to Jackson County Transfer Station for final disposal in the Banks County Landfill.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: 6,972.86 pounds of trash/litter removed from identified road segments. See attachment for list of roads and trash volume removed as well as Work Activity Reports. Permittee does not own street cleaning equipment and does not sweep streets; however, permittee removed debris adjacent to streets in road segments identified during ditch inspections. 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
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes  No
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue  Revise
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes  No

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

1. **BMP # 5 (Table 4.2.6, BMP #5)**
2. **BMP Title: Employee Training**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Annual employee training program.[Click here to enter text.](#)
  - 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 attended presentation of two videos, “The Importance of Road Drainage”, and “Permeable Paving”. Public Development staff attended the NE GA Stormwater Roundtable and the Urban Hydrology and Green Stormwater Infrastructure Webinar.
  - B. Date(s) for any BMP activities completed during this reporting period: March 5, 2019; August 29, 2019; June 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.](#)
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:** Waste collected by County staff and taken to Jackson County Transfer station for transportation to Banks County Landfill.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: 6,972.86 pounds of trash/litter removed from publicly-maintained ditches identified during ditch inspections. See attachment for list of roads where ditches located and trash volume removed as well as Work Activity Reports.
  - 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 # 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  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 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  No
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes  No
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue  Revise
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes  No
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 8 (Table 4.2.6, BMP #8)**
2. **BMP Title: Existing Flood Management Projects**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Assessment of existing permittee-owned flood management projects to address water quality impacts and conduct any retrofitting activities.
  - 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: Permittee does not own any flood management projects.
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.](#)

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  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: **Permittee does not own any municipal facilities in the MS4.**
  - B. Inspection
    1. Provide the total number of municipal facilities on the inventory: **0**
    2. Provide the number of municipal facilities inspected during the reporting period: **0**
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: Permittee does not own any municipal facilities in the MS4.
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.](#)

**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
  - 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: 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  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