#### State of Georgia

**Environmental Protection Division**

### Phase I Large

### Municipal Separate Storm Sewer System

**Annual Report**

**Return to:**

Georgia Environmental Protection Division

Watershed Protection Branch

Nonpoint Source Program

2 Martin Luther King, Jr. Dr., Suite 1462 East

Atlanta, Georgia 30334

 Version: January 2025

**Phase I Large Municipal Separate Storm Sewer System (MS4)**

# Annual Report

## Part 1- General Information

A. Name of Permittee: Click here to enter text.

B. Mailing Address: Click here to enter text.

C. Contact Person: Click here to enter text. Title: Click here to enter text.

D. E-Mail Address: Click here to enter text.

E. Telephone Number: Click here to enter text.

F. Reporting Period (May 1, 20enter year through April 30, 20enter year)

G. List any other party or parties (e.g. Keep America Beautiful affiliates) responsible for implementing the Storm Water Management Program (SWMP) or a program component during this reporting period. If not previously submitted, provide a Memorandum of Agreement: Click here to enter text.

H. Certification Statement:

I certify under penalty of law that this document and all attachments were prepared with 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: Click here to enter text.

Title: Click here to enter text. Date: Click here to enter text.

**Part 2 - Implementation Status of SWMP Components**

1. Structural and Source Control Measures (Section 3.3.1)

**Note**: The permittee must maintain an updated inventory of all permanent control structures. At a minimum, include catch basins, ditches, detention/retention ponds and underground detention, and storm drain lines.

1. MS4 Structure Inventory and Map (Table 3.3.1, Item 1)

* + 1. How many permanent control structures for which the MS4 is responsible were added or deleted during this reporting period? (explain type and number of each) Click here to enter text.
		2. Including the structures added this reporting period, what is the total number of permanent control structures which the permittee is responsible for inspecting and maintaining?

catch basins Click here to enter text.

ditches (miles or linear feet) Click here to enter text.

detention/retention ponds and underground detention Click here to enter text.

storm drain lines (miles or linear feet) Click here to enter text.

c. Are an updated inventory and map of the permanent control structures attached?

 Yes [ ]  No [ ]

2. MS4 Inspection and Maintenance Program (Table 3.3.1, Item 2)

 a. Were inspections of MS4 structures performed using geographical areas or sectors? Yes [ ]  No [ ]

b. How many permanent structures were inspected from 2024-2029?

 **Catch Basins**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number Catch Basins** | **Number Catch Basins Inspected** | **% Inspected** |
| 2024-2025 |  |  |  |
| 2025-2026 |  |  |  |
| 2026-2027 |  |  |  |
| 2027-2028 |  |  |  |
| 2028-2029 |  |  |  |
| **TOTAL** |  |  |  |

 **Ditches**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Ditches****Number or Length****(specify ft. or miles)** | **Number of Ditches or Length Inspected****(specify ft. or miles)** | **% Inspected** |
| 2024-2025 |  |  |  |
| 2025-2026 |  |  |  |
| 2026-2027 |  |  |  |
| 2027-2028 |  |  |  |
| 2028-2029 |  |  |  |
| **TOTAL** |  |  |  |

**Detention/Retention Ponds and Underground Detention**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number of Ponds and Underground Detention** | **Number of Ponds and Underground Detention Inspected** | **% Inspected** |
| 2024-2025 |  |  |  |
| 2025-2026 |  |  |  |
| 2026-2027 |  |  |  |
| 2027-2028 |  |  |  |
| 2028-2029 |  |  |  |
| **TOTAL** |  |  |  |

 **Storm Drain Lines**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Storm Drain Lines** **Number or Length****(specify ft. or miles)**  | **Number of Storm Drain Lines or Length Inspected****(specify ft. or miles)** | **% Inspected** |
| 2024-2025 |  |  |  |
| 2025-2026 |  |  |  |
| 2026-2027 |  |  |  |
| 2027-2028 |  |  |  |
| 2028-2029 |  |  |  |
| **TOTAL** |  |  |  |

* + 1. Documentation of each inspection performed must be attached as an addendum to this report. Is documentation attached? Yes [ ]  No [ ]
		2. How many permanent structures were maintained during this reporting period?

catch basins Click here to enter text.

ditches (miles or linear feet) Click here to enter text.

detention/retention ponds and underground detention Click here to enter text.

storm drain lines (miles or linear feet)Click here to enter text.

e. Documentation of each maintenance activity performed must be attached as an addendum to this report. Is documentation attached? Yes [ ]  No [ ]

3. Planning Procedures (Table 3.3.1, Item 3)

a. Does your municipality have a comprehensive planning document (e.g. Master Plan), which in part addresses stormwater? Yes [ ]  No [ ]

b. If the answer to A.3.a was “yes”, describe any changes made to the stormwater portion of the comprehensive planning document during the reporting period: Click here to enter text.

4. Street Maintenance (Table 3.3.1, Item 4)

a. How many miles of streets were swept during the reporting period? (Provide documentation) Click here to enter text.

1. Describe any litter removal activities performed during the reporting period (e.g. dates, people performing litter pickup, etc.)(Provide documentation): Click here to enter text.

5. Flood Management Projects (Table 3.3.1, Item 5)

1. **New** flood management projects

1. Were any new flood management projects (e.g. detention and retention ponds) assessed for water quality impacts during site plan review during the reporting period?

 Yes [ ]  No [ ]

2. If yes, provide the number of plans reviewed where flood management projects were assessed for water quality impacts: Click here to enter text.

1. **Existing** flood management projects
2. Were any existing permittee-owned flood management projects (e.g. detention and retention ponds, ) assessed during the eporting period to determine if retrofitting the project for additional pollutant removal is feasible?

Yes [ ]  No [ ]

1. If yes, provide information on the assessment performed: Click here to enter text.
2. Provide information on any retrofitting activities conducted during the reporting period: Click here to enter text.
3. Were any existing flood management projects assessed prior to this permit’s effective date? Yes [ ]  No [ ]

If yes:

* 1. 2024-2025 annual report: Is both documentation of the assessment and status of the retrofitting activities attached? Yes [ ]  No [ ]
	2. 2025-2026 through 2028-2029 annual reports: Is a table listing the existing flood management structures, the date of assessment, the results of the assessment, and status of any retrofitting activities attached? Yes [ ]  No [ ]

6. Municipal Facilities (Table 3.3.1, Item 6)

* 1. The permittee must maintain and provide a current inventory of municipal facilities with the potential to cause pollution. Is an updated inventory attached to this report?

Yes [ ]  No [ ]

b. Provide the date of the inventory: Click here to enter text.

c. Provide the number and percentage of these municipal facilities inspected from 2024-2029:

|  |  |  |  |
| --- | --- | --- | --- |
|  **Year** | **Total Number of Municipal Facilities** | **Number of Municipal Facilities Inspected** | **% Inspected** |
| 2024-2025 |  |  |  |
| 2025-2026 |  |  |  |
| 2026-2027 |  |  |  |
| 2027-2028 |  |  |  |
| 2028-2029 |  |  |  |
| **TOTAL** |  |  |  |

d. SWMP Compliance

1. Did you comply with the inspection frequency described in the SWMP?

Yes [ ]  No [ ]

1. If not, describe the reason and provide the steps taken to comply with the SWMP during the next reporting period: Click here to enter text.

e. Documentation of each inspection performed must be attached as an addendum to this report. Are completed inspection reports or some other type of documentation attached?

Yes [ ]  No [ ]

1. Describe any problems identified during the inspection(s) and any corrective actions taken: Click here to enter text.
2. Is documentation of follow-up actions attached? Yes [ ]  No [ ]

h. Were any measures to control runoff from municipal facilities implemented during the reporting period?

Yes [ ]  No [ ]

 If yes, provide details: Click here to enter text.

7. Pesticide, Fertilizer, and Herbicide (PFH) Application (Table 3.3.1, Item 7)

a. Provide details for the tasks or programs performed during the reporting period (e.g. educational activities, verification of certification, permitting procedures, etc.) related to pollution reduction by commercial applicators and distributors. Where appropriate, provide date(s) and other specifics: Click here to enter text.

b. Is documentation of program activities of the program to reduce pollution caused by municipal use of pesticides, fertilizers, and herbicides, as described in the SWMP, including applicable certification by the Georgia Department of Agriculture, attached? Yes ☐ No ☐

1. Illicit Discharge Detection and Elimination (IDDE) Program (Section 3.3.2)
	1. Legal Authority (Table 3.3.2, Item 1)

a. Provide the date when the MS4’s illicit discharge ordinance was adopted or last updated: Click here to enter text.

b. If the ordinance was updated during this reporting period, then a copy of the adopted ordinance must be attached to this report. Is a copy of the ordinance attached?

Yes [ ]  No [ ]

2. Outfall Inventory and Map (Table 3.3.2, Item 2)

a. The permittee must maintain a current inventory and map showing the location ooutfalls from the MS4 and the names and location of all waters of the State that receive discharges from those outfalls. How many outfalls, owned or operated by the permittee, were added during the reporting period? Click here to enter text.

b. The permittee must submit an updated inventory with each annual report. Is the inventory attached?

Yes [ ]  No [ ]

3. IDDE Plan (Table 3.3.2, Item 3)

a. Provide the status of the outfall inspections conducted from 2024-2029:

|  |  |  |  |
| --- | --- | --- | --- |
|  **Year** | **Total Number of Outfalls** | **Number of Outfalls Inspected** | **% Inspected** |
| 2024-2025 |  |  |  |
| 2025-2026 |  |  |  |
| 2026-2027 |  |  |  |
| 2027-2028 |  |  |  |
| 2028-2029 |  |  |  |
| **TOTAL** |  |  |  |

b. Did you comply with the inspection frequency described in the SWMP?

 Yes [ ]  No [ ]

c. If not, describe the reason and provide the steps taken to comply with the SWMP during the next reporting period: Click here to enter text.

d. Of the outfalls screened during the reporting period, how many of the outfalls had flow? Click here to enter text.

e. Attach completed outfall inspection forms for all outfalls inspected during the reporting period. Are inspection forms attached?

 Yes [ ]  No [ ]

f. For those outfalls with dry weather flow detected, provide information on the results of source identification activities. If laboratory testing was performed in order to verify a pollutant identity, then complete the last column of the table (attach additional sheets if necessary):

|  |  |  |
| --- | --- | --- |
| **Outfall Designation (number or location)** | **Date Field Screening Performed** | **Date Laboratory Testing Performed** |
|  |  |  |
|  |  |  |

g. For those outfalls with dry weather flow identified, describe the source tracing activities taken to identify the source, the identified source, (attach additional sheets if necessary): Click here to enter text.

h. Provide information, using a spreadsheet or table, on any eliminated discharges or on any enforcement actions taken for illicit discharges during the reporting period: Click here to enter text.

i. Stream Walks

1. Were any stream walks conducted during the reporting period?

Yes [ ]  No [ ]  NA [ ]

2. If the stream walks were performed for a reason other than part of the dry weather outfall screening, explain the reason, provide the miles of stream walked, and documentation of the activity (e.g. stream walk form, photographs, etc.): Click here to enter text.

3. Were the stream walks performed in conjunction with dry weather outfall screening? Yes [ ]  No [ ]

. If yes, provide the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Stream Miles** | **Number of Stream Miles Walked** | **% Walked** |
| 2024-2025 |  |  |  |
| 2025-2026 |  |  |  |
| 2026-2027 |  |  |  |
| 2027-2028 |  |  |  |
| 2028-2029 |  |  |  |
| **TOTAL** |  |  |  |

4. Spill Response Procedures (Table 3.3.2, Item 4)

a. Provide documentation on spill occurrences that may discharge to the MS4 Provide information on any spill incidents which occurred during the reporting period, in which a substance entered the storm sewer system (e.g. sanitary sewer overflows, HAZMAT incidents, etc.) (attach additional sheets if necessary):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Spill Date** | **Spill Location** | **Party Responsible for Spill** | **Substance(s) Spilled** | **Amount Spilled** |
|   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

5. Public Reporting Procedures (Table 3.3.2, Item 5)

1. Is documentation of any activities to promote, publicize, and facilitate public reporting of illicit discharges, including at least one formal notification to the public of methods available to report an observed illicit discharge, attached? Yes [ ]  No [ ]

b. Provide information on each complaint related to an illicit discharge received during the reporting period, including the nature of the complaint, investigatory actions, and the status of resolution: Click here to enter text.

6. Proper Management and Disposal (Table 3.3.2, Item 6)

a. Describe any activities performed during this reporting period to facilitate the proper management and disposal of used oil and toxic materials, including educational activities, household waste collection programs, etc. (provide details where appropriate, such as dates). Provide details, including the date(s), of at least one activity being performed: Click here to enter text.

1. Sanitary Sewer Infiltration (Table 3.3.2, Item 7)

a. Does the MS4 permittee own/operate the sanitary sewer system? If no, skip to Section C. Describe any activities performed during this reporting period, including the dates, to detect and eliminate seepage from municipal sanitary sewers to the storm sewer system: Click here to enter text.

C. Industrial Facility Stormwater Discharge Control (Section 3.3.3)

1. Industrial Facility Inventory (Table 3.3.3, Item 1)
	1. The permittee must maintain a current inventory of industrial facilities that discharges to the MS4. Is an updated inventory attached to this report?

Yes [ ]  No [ ]

* 1. Provide the date of the inventory: Click here to enter text.
1. Inspection Program (Table 3.3.3, Item 2)

a. Were any inspections of industrial facilities conducted during the reporting period? Yes [ ]  No [ ]

b. If inspections of industrial facilities were performed, then a copy of each completed inspection report form or other documentation must be attached as an addendum to this report. **(Note: The MS4 should ensure that the inspection report addresses stormwater issues, not just industrial pretreatment requirements).** Are any industrial facility inspection reports attached?

Yes [ ]  No [ ]

c. Provide the number and percentage of the total number of industrial facilities inspected from 2024-2029:

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number of Facilities** | **Number of Facilities Inspected** | **% Inspected** |
| 2024-2025 |  |  |  |
| 2025-2026 |  |  |  |
| 2026-2027 |  |  |  |
| 2027-2028 |  |  |  |
| 2028-2029 |  |  |  |
| **TOTAL** |  |  |  |

d. SWMP Compliance

1. Did you comply with the inspection frequency described in the SWMP?

Yes [ ]  No [ ]

2. If not, describe the reason and the steps taken to comply with the SWMP during the next reporting period: Click here to enter text.

e. Monitoring (Table 3.3.3, Item 2)

1. Did the permittee determine that any facilities are a substantial pollutant loading to the MS4?

Yes [ ] No [ ]

2. Was any monitoring of the stormwater runoff from facilities conducted by the permittee or were monitoring results requested and received from the industrial facility during the reporting period?

Yes [ ]  No [ ]  NA [ ]

3. The results of any monitoring performed should be attached as an addendum to this report. Are monitoring results attached?

 Yes [ ]  No [ ]

1. Enforcement Procedures (Table 3.3.3, Item 3)

a. Were any enforcement actions taken against industrial facilities for stormwater violations during the reporting period?

Yes [ ]  No [ ]

b. If yes, provide documentation: Click here to enter text.

4. Educational Activities (Table 3.3.3., Item 4)

a. Describe the educational activities performed during the reporting period which targeted industrial facilities. Provide documentation that at least one educational activity targeting industrial facilities was performed: Click here to enter text.

D. Construction Site Management (Section 3.3.4)

1. Legal Authority (Table 3.3.4, Item 1)

a. Are you a Local Issuing Authority? Yes [ ]  No [ ]

b. When was the permittee’s ordinance to control soil erosion and sediment adopted or last updated? Click here to enter text.

c. If the ordinance was adopted or updated during this reporting period, then a copy of the adopted ordinance must be attached as an addendum to this report. Is a copy of the ordinance attached? Yes [ ]  No [ ]

2. Site Plan Review Procedures (Table 3.3.4, Item 2):

1. Number of site plans received: Click here to enter text.

b. Number of site plans reviewed: Click here to enter text.

c. Number of site plans approved: Click here to enter text.

d. Number of site plans denied: Click here to enter text.

e. Other (please describe): Click here to enter text.

f. A list of site plans received during the reporting period should be provided. Is this information attached?

 Yes [ ]  No [ ]

g. Number of land disturbing activity (LDA) permits issued: Click here to enter text.

3. Inspection Program (Table 3.3.4, Item 3)

a. How many active construction sites were inspected during the reporting period? Click here to enter text.

b. Was each active construction site inspected at least once during the reporting period? Yes [ ]  No [ ]

c. A list or table of active sites and the number and dates of inspections conducted on each of these sites should be provided. Is this information attached?

Yes [ ]  No [ ]

4. Enforcement Procedures (Table 3.3.4, Item 4)

* 1. Is documentation of any enforcement actions, including the number, type (Notice of Violation, Stop Work Order, etc.) and the amount of any assessed penalties attached? Yes [ ]  No [ ]

5. Certification (Table 3.3.4, Item 5)

a. MS4 staff involved in construction activities must be trained and certified in accordance with the rules adopted by the Georgia Soil and Water Conservation Commission (GSWCC). Provide documentation of each current certification (e.g. copies of certification cards, printouts from GSWCC website). Is the documentation attached? Yes [ ]  No [ ]

E. Highly Visible Pollutant Sources (HVPS) (Section 3.3.5):

1. HVPS Facility Inventory (Table 3.3.5, Item 1)

a. The permittee must maintain a current inventory of HVPS facilities that discharge to the MS4. Is an updated inventory attached?

Yes [ ]  No [ ]

b. If any new HVPS were identified during the reporting period, what type(s) of facility were they? Click here to enter text.

c. Provide the date of the updated inventory: Click here to enter text.

1. Inspection Program (Table 3.3.5, Item 2)

a. Were any inspections performed on HVPS during the reporting period?

Yes [ ]  No [ ]

b. Are copies of completed inspection forms or other documentation attached?

Yes [ ]  No [ ]

c. Provide the number and percentage of the total number of HVPS facilities inspected from 2024-2029:

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number of Facilities** | **Number of Facilities Inspected** | **% Inspected** |
| 2024-2025 |  |  |  |
| 2025-2061 |  |  |  |
| 2026-2027 |  |  |  |
| 2027-2028 |  |  |  |
| 2028-2029 |  |  |  |
| **TOTAL** |  |  |  |

d. Did you comply with the inspection frequency described in the SWMP?

Yes [ ]  No [ ]

e. If not, describe the reason and the steps taken to comply with the SWMP during the next reporting period: Click here to enter text.

3. Enforcement Procedures (Table 3.3.5, Item 3)

a. For those HVPS facilities inspected during the reporting period at which the permittee identified a stormwater violation, provide details as to any enforcement action taken by the MS4:

|  |  |  |
| --- | --- | --- |
| **Facility Name** | **Facility Location** | **Action Taken by permittee** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

b. Provide documentation. Is documentation on any enforcement actions attached? Yes [ ]  No [ ]

4. Educational Activities (Table 3.3.5, Item 4)

a. Describe the educational activities performed during the reporting period that targeted HVPS facilities. Provide documentation that at least one educational activity targeting HVPS facilities was performed: Click here to enter text.

1. Enforcement Procedures (Table 3.3.5, Item 3)
	1. Is documentation on any enforcement actions attached? Yes [ ]  No [ ]
2. Educational Activities (Table 3.3.5, Item 4)
	1. Is documentation of any educational activities attached? Yes [ ]  No [ ]

**Part 3 - Changes to the SWMP (Section 4.1)**

A. Update of MS4 areas

1. Were any additional areas added to the MS4 system? Yes [ ]  No [ ]

a. If yes, was it through development of a previously undeveloped area?

Yes [ ]  No [ ]

b. If yes, was it through annexation of an area? Yes [ ]  No [ ]

1. Are an inventory and map of the MS4 permanent control structures in the additional areas attached? Yes [ ]  No [ ]

B. Staffing

1. How many full-time equivalents were dedicated to implementing the SWMP during the reporting period? Click here to enter text.

2. Did the amount of full-time equivalents dedicated to implementing the SWMP during this reporting period differ from the previous reporting period either by an increase or decrease in numbers? Yes [ ]  No [ ]

If yes, please explain whether it was a decrease or increase and the reason for the man-hour differences: Click here to enter text.

C. Are there any changes to the SWMP proposed for the upcoming reporting period? If so, please describe: Click here to enter text.

**Part 4 - Enforcement Response Plan (ERP) (Section 3.3.6)**

1. The permittee was required to develop an ERP describing the action to be taken for violations associated with the IDDE, industrial, construction, HVPS, and other SWMP programs. Has an ERP been completed?

 Yes [ ]  No [ ]

1. The ERP must be reviewed each reporting period and revised as necessary.
2. Was the ERP reviewed? Yes [ ]  No [ ]
3. Was the ERP revised? Yes [ ]  No [ ]

a. Is a revised ERP attached? Yes [ ]  No [ ]  N/A [ ]

**Part 5 - Impaired Waters (Section 3.3.7)**

A. Provide the following information for any impaired waters located within your jurisdictional area that are included on the latest approved 305(b)/303(d) list, which contain MS4 outfalls or are within one linear mile downstream of MS4 outfalls and within the same watershed:

|  |  |
| --- | --- |
| **Name of Water** | **Pollutant of Concern** |
|  |  |
|  |  |
|  |  |
|  |  |

1. Was a new water added to the 305(b)/303(d) list during **this** reporting period?

 Yes [ ]  No [ ]

a. If yes, then you must develop an Impaired Waters Plan (IWP). As part of the IWP, you must:

* + 1. Provide a map showing the impaired waters, all MS4 outfalls occurring on these waters or within one linear mile upstream and within the same watershed, and sampling location(s). Is the map attached?

 Yes [ ]  No [ ]

* + 1. If not, provide a schedule for completing the map: Click here to enter text.
		2. Develop a monitoring plan for each pollutant of concern (POC), including the sample type, frequency, any seasonal considerations, and an implementation schedule for starting monitoring and confirming the location of all MS4 outfalls discharging to the segment. Is the monitoring plan attached?

Yes [ ]  No [ ]

2. Was a Sampling and Quality Assurance Plan (SQAP) submitted to EPD?

Yes [ ]  No [ ]  NA [ ]

* 1. If yes, has the SQAP been approved by EPD? Yes [ ] No [ ]

3. Provide a list of best management practices (BMPs) to be implemented to address the POC, including a description of each BMP and a schedule for implementation of the BMPs: Click here to enter text.

B. Was an Impaired Waters Plan developed during a **previous** reporting period? Yes [ ]  No [ ]

1. If yes, then you must:
	1. Attach a copy of the approved Impaired Waters Plan. Is the IWP attached? Yes [ ]  No [ ]

b. Provide monitoring data for each POC. Is the monitoring data attached?

Yes [ ]  No [ ]

c. Provide an assessment of the monitoring data related to water quality (e.g. line graphs, narrative). Is the assessment attached? Yes [ ]  No [ ]

d. If the monitoring data and assessment are not attached, explain the reason: Click here to enter text.

e. Provide an assessment of the effectiveness of each BMP chosen to address the POC. Is the BMP assessment attached: Yes [ ]  No [ ]

f. If an assessment was not performed, explain why: Click here to enter text.

g. If you plan to delete any BMPs, modify any existing BMPs, or use any new BMPs during the next reporting period, submit a revised IWP, and describe the revisions: Click here to enter text.

**Part 6 – Municipal Employee Training, Public Education, and Public Involvement (Sections 3.3.8, 3.3.9, and 3.3.10)**

A. Municipal Employee Training

1. Provide information on any employee training provided during the reporting period:

 Date(s) of Training: Click here to enter text.

 Topic(s) of Training: Click here to enter text.

 Attendees: Click here to enter text.

2. The permittee must provide documentation of the training provided, such as through sign-in sheets, photographs, or other. Is documentation attached?

 Yes [ ]  No [ ]

B. Public Education Program

1. Did you participate in a regional public education program, such as the Clean Water Campaign?

Yes [ ]  No [ ]

If yes, summarize the specific activities performed: Click here to enter text.

2. Did you implement your own public education program? Yes [ ]  No [ ]

3. Describe any SWMP educational activities undertaken during the reporting period, and provide documentation of each activity:

a. Activity #1:

 i. Describe the public education activity: Click here to enter text.

 ii. Provide the measurable goal for the activity: Click here to enter text.

 iii. Did you comply with the measurable goal: Yes [ ]  No [ ]

 iv. If no, describe the reason: Click here to enter text.

 v. You must attach documentation of activity implementation. Is documentation attached? Yes [ ]  No [ ]

b. Activity #2:

 i. Describe the public education activity: Click here to enter text.

 ii. Provide the measurable goal for the activity: Click here to enter text.

 iii. Did you comply with the measurable goal: Yes [ ]  No [ ]

 iv. If no, describe the reason: Click here to enter text.

 v. You must attach documentation of activity implementation. Is documentation attached? Yes [ ]  No [ ]

c. Activity #3:

 i. Describe the public education activity: Click here to enter text.

 ii. Provide the measurable goal for the activity: Click here to enter text.

 iii. Did you comply with the measurable goal: Yes [ ]  No [ ]

 iv. If no, describe the reason: Click here to enter text.

 v. You must attach documentation of activity implementation. Is documentation attached? Yes [ ]  No [ ]

d. Activity #4:

 i. Describe the public education activity: Click here to enter text.

 ii. Provide the measurable goal for the activity: Click here to enter text.

 iii. Did you comply with the measurable goal: Yes [ ]  No [ ]

 iv. If no, describe the reason: Click here to enter text.

 v. You must attach documentation of activity implementation. Is documentation attached? Yes [ ]  No [ ]

C. Public Involvement

1. Did you implement a public involvement program?

 Yes [ ]  No [ ]

2. Describe any SWMP activities performed during the reporting period to involve the public in the program (e.g. Adopt-A-Stream, Adopt-A-Road, storm drain stenciling, Rivers Alive). Provide details such as the nature of the activity, the date(s), the number of volunteers, etc.:

a. Activity #1:

 i. Describe the public involvement activity: Click here to enter text.

 ii. Provide the measurable goal for the activity: Click here to enter text.

 iii. Did you comply with the measurable goal: Yes [ ]  No [ ]

 iv. If no, describe the reason: Click here to enter text.

 v. You must attach documentation of activity implementation. Is documentation attached? Yes [ ]  No [ ]

b. Activity #2:

 i. Describe the public involvement activity: Click here to enter text.

 ii. Provide the measurable goal for the activity: Click here to enter text.

 iii. Did you comply with the measurable goal: Yes [ ]  No [ ]

 iv. If no, describe the reason: Click here to enter text.

 v. You must attach documentation of activity implementation. Is documentation attached? Yes [ ]  No [ ]

c. Activity #3:

 i. Describe the public involvement activity: Click here to enter text.

 ii. Provide the measurable goal for the activity: Click here to enter text.

 iii. Did you comply with the measurable goal: Yes [ ]  No [ ]

 iv. If no, describe the reason: Click here to enter text.

 v. You must attach documentation of activity implementation. Is documentation attached? Yes [ ]  No [ ]

d. Activity #4:

 i. Describe the public involvement activity: Click here to enter text.

 ii. Provide the measurable goal for the activity: Click here to enter text.

 iii. Did you comply with the measurable goal: Yes [ ]  No [ ]

 iv. If no, describe the reason: Click here to enter text.

 v. You must attach documentation of activity implementation. Is documentation attached? Yes [ ]  No[ ]

3. Do you have a website? Yes [ ]  No[ ]

 a. If yes, is the SWMP, as well as any updates, posted on the website? Yes [ ]  No[ ]

**Part 7- Post-Construction (Section 3.3.11)**

A. Section 3.3.11(a)(1)

1. Provide the date when the MS4 post-construction ordinance(s) was adopted or, if revised, the date when it was most recently revised: Click here to enter text.

2. If the ordinance was revised during this reporting period, then a copy of the adopted ordinance must be attached. Is a copy of the ordinance attached?

Yes [ ]  No [ ]

3. Does the ordinance include the adoption and implementation of the Georgia Stormwater Management Manual or an equivalent local design manual?

Yes [ ]  No [ ]

4. Provide either the date the design manual was adopted or a schedule for completing adoption: Click here to enter text.

B. Section 3.3.11(a)(2)

The permittee was required to implement the Stormwater Runoff Quality/Reduction performance standard contained in the 2016 Georgia Stormwater Management Manual by no later than December 10, 2020. Provide the status of the implementation of this standard: Click or tap here to enter text.

C. Section 3.3.11(a)(3)

Has a Linear Transportation Feasibility Program been developed? Yes [ ]  No [ ]

 1. If yes, has the program been submitted by EPD? Yes [ ]  No [ ]

D. Legal Authority (Table 3.3.11(b)(2), Item 1)

 Each reporting period, the permittee is required to review and revise, where necessary, its ordinances, building codes, and other regulations to ensure they do not prohibit or impede the use of GI/LID practices.

* 1. For the 2024-2025 reporting period, the evaluation must be comprehensive. Was the comprehensive evaluation completed? Yes [ ]  No [ ]
		+ 1. If yes, were revisions to the ordinances and codes necessary? Yes ☐ No ☐

i. If yes, is a report on any proposed revisions, including a schedule, attached? Yes ☐ No ☐

* + - 1. If not, explain the reason the evaluation was not performed Click here to enter text.

2. For the 2025-2026 through 2028-2029 reporting periods, the permittee should either complete a comprehensive evaluation or reference the first year evaluation and certify that additional revisions to the codes and ordinances are not necessary.

a. Was a comprehensive evaluation completed? Yes [ ]  No [ ]

b. If a comprehensive evaluation was not completed this reporting period:

1. Reporting period of last comprehensive evaluation: Click here to enter text.

ii. Is a certification attached stating additional revisions to the codes and ordinances are not required? Yes [ ]  No[ ]

3. Were any revisions to the ordinances, codes, or regulations completed during this reporting period?

 Yes [ ]  No [ ]

4. If any ordinances were revised to remove obstacles to GI/LID during this reporting period, then a copy of the adopted document(s) must be attached to this report. Is a copy of any modified ordinance attached?

Yes [ ]  No [ ]

1. If revisions were necessary in a previous reporting year, is a status report on the ordinance revisions and/or any adopted ordinances attached?

Yes [ ]  No [ ]

E. GI/LID Program (Table 3. 3.11(b)(2), Item 2)

1. The permittee was required to develop a program for implementing GI/LID practices. Has the program been submitted to EPD?

Yes [ ]  No [ ]

If yes, has the program been approved by EPD? Yes [ ]  No [ ]

2. Were any revisions made to the GI/LID program during the reporting period?

Yes [ ]  No [ ]

If yes, then the revised program must be submitted to EPD for review. Is the revised GI/LID program attached? Yes [ ]  No [ ]

F. GI/LID Structure Inventory (Table 3.3.11(b)(2), Item 3)

1. The permittee must maintain an inventory of permittee-owned, publicly-owned by other entities, and privately-owned non-residential water quality-related GI/LID structures within the permittee’s jurisdiction. Is an updated inventory attached to this report? Yes [ ]  No [ ]

2. Provide the total number of GI/LID structures included on the inventory:

 Permittee-owned: Click here to enter text.

 Publicly-owned by other entities: Click here to enter text.

Privately-owned non-residential: Click here to enter text.

G. GI/LID Structure Inspection and Maintenance (Table 3.3.11(b)(2), Item 4)

1. Were any inspections of GI/LID structures conducted during the reporting period?

Yes [ ]  No [ ]  NA [ ]

2. If inspections of GI/LID structures were performed, then documentation must be attached to this report. Is documentation attached? Yes [ ]  No [ ]

3. Provide the number and percentage of the total number of GI/LID structures inspected from 2024-2029:

 **Permittee-Owned Structures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number GI/LID Structures** | **Number Inspected** | **% Inspected** |
| 2024-2025 |  |  |  |
| 2025-2026 |  |  |  |
| 2026-2027 |  |  |  |
| 2027-2028 |  |  |  |
| 2028-2029 |  |  |  |
| **TOTAL** |  |  |  |

 **Publicly-Owned by Other Entities Structures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number GI/LID Structures** | **Number Inspected** | **% Inspected** |
| 2024-2025 |  |  |  |
| 2025-2026 |  |  |  |
| 2026-2027 |  |  |  |
| 2027-2028 |  |  |  |
| 2028-2029 |  |  |  |
| **TOTAL** |  |  |  |

 **Privately-Owned Non-Residential Structures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number GI/LID Structures** | **Number Inspected** | **% Inspected** |
| 2024-2025 |  |  |  |
| 2025-2026 |  |  |  |
| 2026-2027 |  |  |  |
| 2027-2028 |  |  |  |
| 2028-2029 |  |  |  |
| **TOTAL** |  |  |  |

4. How many permittee-owned GI/LID structures were maintained during the reporting period? Attach documentation of the activities: Click here to enter text.

5. For publicly-owned structures owned by other entities and privately-owned non-residential GI/LID structures, is:

1. an updated summary list of maintenance agreements attached? Yes [ ]  No [ ]
2. documentation of any activities taken to ensure maintenance attached? Yes [ ]  No [ ]

**Part 8 - Assessment of Controls/Fiscal Analysis (Section 4.1)**

A. Assessment of Controls

1. Are revisions to the assessment of controls included in the approved SWMP necessary?

Yes [ ]  No [ ]

2. If yes, describe the necessary revisions: Click here to enter text.

B. Fiscal Analysis

 1. Reporting Period Expenditures

a. What was the funding source(s) for this reporting period’s expenditures? Click here to enter text.

b. A summary of the expenditures for the SWMP during the reporting period must be attached as an addendum to this report. Is a copy of the reporting period’s expenditures attached? Yes [ ]  No [ ]

 2. Next Reporting Period’s Budget

a. What will be the funding source for the next reporting period’s budget? Click here to enter text.

b. A summary of the proposed budget for the SWMP for the next reporting period must be attached as an addendum to this report. Is a copy of the proposed budget for the next reporting period attached? Yes [ ]  No [ ]