#### State of Georgia

**Environmental Protection Division**

### Phase I Medium

### 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: February 2021

**Phase I Medium 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 (April 1, 20      through March 31, 20     )

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 storm drain lines.

1. Structural Controls (Table 3.3.1, Item 1)

* + 1. How many permanent control structures for which the MS4 is responsible were added 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 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 Inspections and Maintenance (Table 3.3.1, Item 2)

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

b. How many permanent control structures were inspected?

 **Catch Basins**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number Catch Basins** | **Number Catch Basins Inspected** | **% Inspected** |
| 2017-2018 |       |       |       |
| 2018-2019 |       |       |       |
| 2019-2020 |       |       |       |
| 2020-2021 |       |       |       |
| 2021-2022 |       |       |       |
| **TOTAL** |       |       |       |

 **Pipes**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Pipes** **Number or Length****(specify ft. or miles)**  | **Number of Pipes or Length Inspected****(specify ft. or miles)** | **% Inspected** |
| 2017-2018 |       |       |       |
| 2018-2019 |       |       |       |
| 2019-2020 |       |       |       |
| 2020-2021 |       |       |       |
| 2021-2022 |       |       |       |
| **TOTAL** |       |       |       |

 **Ditches**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Ditches****Number or Length****(specify ft. or miles)** | **Number of Ditches or Length Inspected****(specify ft. or miles)** | **% Inspected** |
| 2017-2018 |       |       |       |
| 2018-2019 |       |       |       |
| 2019-2020 |       |       |       |
| 2020-2021 |       |       |       |
| 2021-2022 |       |       |       |
| **TOTAL** |       |       |       |

**Detention/Retention Ponds**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number of Ponds** | **Number of Ponds Inspected** | **% Inspected** |
| 2017-2018 |       |       |       |
| 2018-2019 |       |       |       |
| 2019-2020 |       |       |       |
| 2020-2021 |       |       |       |
| 2021-2022 |       |       |       |
| **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 control 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 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 [ ]

f. Describe any tasks associated with control structure inspection and maintenance (e.g. repairs), not addressed in the questions above: Click here to enter text.

3. Master Plan (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.), including the amount of debris removed (e.g., pounds, number of bags, or area cleaned) (e.g., miles of streets, areas) (Provide documentation): Click here to enter text.
2. Describe any practices for maintaining streets that were not addressed in the questions above (deicing practices, road repair procedures, etc.) that reduce pollution from stormwater runoff: 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. wet or dry retention ponds, water quality vaults, channels) assessed for water quality impacts during site plan review during the reporting period?

 Yes [ ]  No [ ]

2. If yes, provide the number of new projects where water quality assessments were performed: Click here to enter text.

3. Provide the number of projects that resulted in a new detention/retention structure: Click here to enter text

1. **Existing** flood management projects
2. Were any existing permittee-owned structural flood control devices (e.g. wet or dry retention basins, water quality vaults, channels) evaluated during the reporting period to determine if retrofitting the device for additional pollutant removal is feasible?

Yes [ ]  No [ ]

2. If yes, please provide details on the location of any existing flood management project(s), the evaluation performed (date, what did evaluation consist of, outcome), and documentation of any retrofitting activities: Click here to enter text.

6. Municipal Facilities with the Potential to Cause Pollution (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 the municipal facilities inspected:

|  |  |  |  |
| --- | --- | --- | --- |
|  **Year** | **Total Number of Municipal Facilities** | **Number of Municipal Facilities Inspected** | **% Inspected** |
| 2017-2018 |       |       |       |
| 2018-2019 |       |       |       |
| 2019-2020 |       |       |       |
| 2029-2021 |       |       |       |
| 2021-2022 |       |       |       |
| **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 [ ]

f. Describe any problems identified during the inspection and any corrective actions taken: Click here to enter text.

g. 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 8)

a. Were any of the following tasks related to a pesticide, herbicide, fertilizer management program completed during the reporting period?

|  |  |  |  |
| --- | --- | --- | --- |
| **Task Completed** | **Yes** | **No** | **Not Applicable** |
| Developed or updated inventory of PFH used by MS4 |[ ] [ ] [ ]
| Municipal employee safety training in use, storage and disposal of PFH |[ ] [ ] [ ]
| Implemented program for municipal use of native, low-maintenance, or drought-resistant vegetation |[ ] [ ] [ ]

b. Provide details for the tasks listed as completed in question Part 2.A.7.a above or describe any other programs or tasks performed during the reporting period (e.g. educational activities, certification of employees by Department of Agriculture, procedures or practices, etc.) related to PFH reduction at municipal facilities and rights-of-way. Where appropriate, provide date(s) and other specifics: Click here to enter text.

c. 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.

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 of all of the MS4 outfalls 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 MS4, were added during the reporting period? Click here to enter text.

b. The permittee must submit an updated inventory and map showing the outfalls and the location and names of all receiving streams with each annual report. Are the inventory and map attached?

Yes [ ]  No [ ]

3. Outfall Inspections (Table 3.3.2, Item 3)

a. Provide the status of the outfall inspections conducted:

|  |  |  |  |
| --- | --- | --- | --- |
|  **Year** | **Total Number of Outfalls** | **Number of Outfalls Inspected** | **% Inspected** |
| 2017-2018 |       |       |       |
| 2018-2019 |       |       |       |
| 2019-2020 |       |       |       |
| 2020-2021 |       |       |       |
| 2021-2022 |       |       |       |
| **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, and if the source was eliminated (attach additional sheets if necessary): Click here to enter text.

h. Provide documentation on any enforcement actions taken for each illicit discharge during the reporting period: Click here to enter text.

i. Stream Walks (Table 3.3.2, Item 3)

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** |
| 2017-2018 |       |       |       |
| 2018-2019 |       |       |       |
| 2019-2020 |       |       |       |
| 2020-2021 |       |       |       |
| 2021-2022 |       |       |       |
| **TOTAL** |       |       |       |

4. Spill Response (Table 3.3.2, Item 4)

a. 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 (Table 3.3.2, Item 5)

a. Describe any activities performed during this reporting period to publicize and facilitate public reporting of illicit discharges (provide details, where appropriate): Click here to enter text.

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 (Table 3.3.2, Item 5): 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): Click here to enter text.

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

a. Does your MS4 own/operate the sanitary sewer system? If no, skip to Section C. Describe any activities performed during this reporting period 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 Program (Section 3.3.3)

1. Inventory (Table 3.3.3, Item 1)
	1. The permittee must maintain a current inventory of industrial facilities that discharge 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. Inspections (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 must be attached as an addendum to this report. **(Note: The MS4 should ensure that the inspection report addresses storm water 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:

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number of Facilities** | **Number of Facilities Inspected** | **% Inspected** |
| 2017-2018 |       |       |       |
| 2018-2019 |       |       |       |
| 2019-2020 |       |       |       |
| 2020-2021 |       |       |       |
| 2021-2022 |       |       |       |
| **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 industrial users are a substantial pollutant loading to the MS4?

Yes [ ] No [ ]

2. Was any monitoring of the stormwater runoff from these industrial users 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 (Table 3.3.3, Item 3)

a. Were any enforcement actions taken against industrial facilities for storm water violations during the reporting period (Table 3.3.3, Item 3)?

Yes [ ]  No [ ]

b. If yes, provide documentation, including the number and type of enforcement actions, the violations addressed, etc.: 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 industries (Table 3.3.3, Item 4): Click here to enter text.

D. Construction Site Management Program (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 MS4’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 (Table 3.3.4, Item 2):

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

b. Number of site plan reviews conducted: 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 or table of site plans reviewed, denied, and/or approved during the reporting period should be provided. Is this information attached?

 Yes [ ]  No [ ]

g. Provide information on construction related permitting activities conducted during the reporting period (Table 3.3.4, Item 2):

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

2. A list or table of permits issued during the reporting period should be provided.

Is this information attached? Yes [ ]  No [ ]

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. How many total inspections of these active construction sites were conducted during the reporting period? Click here to enter text.

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 (Table 3.3.4, Item 4)

a. Provide information on enforcement activities (e.g. stop work orders, warning letters, etc.) at construction sites for erosion and sediment control violations taken during the reporting period (attach additional sheets if necessary):

|  |  |  |
| --- | --- | --- |
|  **Site Location** | **Type of Enforcement Action** | **Date of Enforcement** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

1. 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 information attached? Yes [ ]  No [ ]

E. Highly Visible Pollutant Sources (HVPS) (e.g. commercial car washes, auto part stores, nurseries, home improvement stores, auto repair shops, gas stations, veterinary clinics, kennels) (Section 3.3.5):

1. 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. Inspections (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 attached?

Yes [ ]  No [ ]

c. Provide the number and percentage of the total number of HVPS facilities inspected:

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number of Facilities** | **Number of Facilities Inspected** | **% Inspected** |
| 2017-2018 |       |       |       |
| 2018-2019 |       |       |       |
| 2019-2020 |       |       |       |
| 2020-2021 |       |       |       |
| 2021-2022 |       |       |       |
| **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 (Table 3.3.5, Item 3)

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

|  |  |  |
| --- | --- | --- |
| **Facility Name** | **Facility Location** | **Action Taken by MS4** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

4. Educational Activities (Table 3.3.5, Item 4)

a. Describe the educational activities performed during the reporting period that targeted HVPS facilities: Click here to enter text.

**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. If the ERP was not completed, explain why and provide the status of the document development: Click here to enter text.

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

A. Provide the following information for any impaired waterbodies located within your jurisdictional area that are included on the latest approved 305(b)/303(d) list:

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

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

 Yes [ ]  No [ ]

a. If yes, then you must develop a Monitoring and Implementation Plan (Plan). As part of the Plan, you must:

* + 1. Provide a map showing the impaired waterbodies, all MS4 outfalls occurring on these waters or within one linear mile upstream, 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 a Monitoring and Implementation Plan developed during a **previous** reporting period? Yes [ ]  No [ ]

1. If yes, then you must:
	1. Attach a copy of the approved Monitoring and Implementation Plan. Is the Plan 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, describe the revisions: Click here to enter text.

**Part 6 – Municipal Employee Training, Public Education/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 of Training: Click here to enter text.

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

 Number of employees trained: Click here to enter text.

 Who conducted the training: Click here to enter text.

 Method of training: 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 implement a public education program? Yes [ ]  No [ ]

2. Describe any SWMP educational activities undertaken during the reporting period, (include details as to the nature of the activity, date, number of people attending, etc.), 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 [ ]

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 [ ]

**Part 7- Post-Construction (Section 3.3.11(b)(2))**

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

1. Provide the date when the MS4 post-construction ordinance(s) was adopted or updated: Click here to enter text.

2. If required, provide the date the 2019 Metropolitan North Georgia Water Planning District post-construction ordinance was adopted: Click here to enter text.

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

Yes [ ]  No [ ]

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

Yes [ ]  No [ ]

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

6. The permittee was required to implement the Stormwater Runoff Quality/Reduction performance standard contained in the 2016 Georgia Stormwater Management Manual or the Coastal Supplement by no later than April 12, 2020. Have you implemented the performance standard? Yes [ ]  No [ ]

 If the Stormwater Runoff Quality/Reduction performance standard was not implemented by the April 12, 2020 deadline date, then explain why and provide the status: Click here to enter text

7. The permittee is required to continue to evaluate its ordinances, building codes, and other regulations to ensure they do not prohibit or impede the use of GI/LID practices.

 a. Was an evaluation performed? Yes [ ]  No [ ]

b. If yes, then describe the method used to conduct the evaluation (Attach documentation of the evaluation performed): Click here to enter text.

c. If no, explain the reason: Click here to enter text.

8. Were any revisions to the ordinances or regulations completed during this reporting period?

 Yes [ ]  No [ ]

9. If any ordinances or regulations 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. Provide a list, table, or chart of the GI/LID changes. Include the document name and section affected in the list, table, or chart. Is a copy of any modified ordinance or regulation attached?

Yes [ ]  No [ ]

If yes, then is a list, table or chart of the GI/LID changes attached?

Yes [ ]  No [ ]

B. 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. Was a Linear Transportation Feasibility Program developed? Yes [ ]  No [ ]

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

3. 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 [ ]

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

1. The permittee must maintain an inventory of privately-owned non-residential and permittee-owned 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:

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

 Publicly-owned: Click here to enter text.

D. 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 a copy of each completed inspection form must be attached to this report. Are any GI/LID structure inspection forms attached? Yes [ ]  No [ ]

3. Provide the number and percentage of the total number of GI/LID structures inspected during the reporting period:

 **Publicly-Owned Structures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number GI/LID Structures** | **Number Inspected** | **% Inspected** |
| 2017-2018 |       |       |       |
| 2018-2019 |       |       |       |
| 2019-2020 |       |       |       |
| 2020-2021 |       |       |       |
| 2021-2022 |       |       |       |
| **TOTAL** |       |       |       |

 **Privately-Owned Non-Residential Structures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number GI/LID Structures** | **Number Inspected** | **% Inspected** |
| 2017-2018 |       |       |       |
| 2018-2019 |       |       |       |
| 2019-2020 |       |       |       |
| 2020-2021 |       |       |       |
| 2021-2022 |       |       |       |
| **TOTAL** |       |       |       |

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

5. Describe any activities performed to ensure privately-owned non-residential GI/LID structures were maintained. Provide documentation of the activities: Click here to enter text.

**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 [ ]