**Phase II Municipal Separate Storm Sewer System (MS4)**

**Annual Report Form**

Cover Page

**Part 1. General Information:**

1. Permittee Name: Click here to enter text.
2. Mailing Address: Click here to enter text.
3. Contact Person: Click here to enter text.
4. E-Mail Address: Click here to enter text.
5. Telephone Number: Click here to enter text.
6. Reporting Year (January 1–December 31): Click here to enter text.

**Part 2. Status of Stormwater Management Program:**

1. Has your stormwater management program to comply with the 2022 NPDES Permit been approved? Yes No
2. If yes, provide the approval date: Click here to enter text.
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: Click here to enter text.

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

**Public Education and Outreach**

**Minimum Control Measure**

**(Table 4.2.1)**

1. **BMP # 1**

1. Do you have a website? Yes No
2. If yes, you are required to post the most updated SWMP to the website. Has the most updated SWMP been posted? Yes No

ii. If not, explain why not: Click here to enter text.

2. **BMP Title:** Click here to enter text.

3. **Provide the measurable goal from SWMP:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Documentation**

1. 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**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

6. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. If yes, please explain: Click here to enter text.

1. **BMP # 2**

2. **BMP Title:** Click here to enter text.

3. **Provide the measurable goal from SWMP:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

5. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

6. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. If yes, please explain: Click here to enter text.

# Note: You must complete a BMP annual report page for any additional Public Education BMPs contained in your SWMP. Permittees with a population greater than 10,000 at the time of this permit issuance must complete four (4) BMPs.

# Public Involvement/ Participation

**Minimum Control Measure**

**(Table 4.2.2)**

1. **BMP # 1**

2. **BMP Title:** Click here to enter text.

3. **Provide the measurable goal from SWMP:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

5. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

6. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. If yes, please explain: Click here to enter text.

1. **BMP # 2**

2. **BMP Title:** Click here to enter text.

3. **Provide the measurable goal from SWMP:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

5. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

6. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. If yes, please explain: Click here to enter text.

# Note: You must complete a BMP annual report page for any additional Public Involvement/Participation BMPs contained in your SWMP. Permittees with a population greater than 10,000 at the time of this permit issuance must complete four (4) BMPs.

# 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Ordinance Status**

1. Did you adopt or revise the ordinance during the reporting period? Yes No
2. If yes, provide the date of adoption or revision: Click here to enter text.
3. If the ordinance was adopted or revised during the reporting period, is a copy of the adopted ordinance attached? Yes No
4. 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**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

6. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Outfall Inventory and Map**

1. Provide the number of outfalls added or deleted from the inventory during the reporting period:

Number added:Click here to enter text.

1. Provide the total number of outfalls on the inventory during the reporting period: Click here to enter text.
2. Is the inventory attached? Yes No
3. Is the map attached? Yes No

E. Is the outfall mapping completed? Yes No

1. If not, explain the reason why, and provide the status of the mapping: Click here to enter text.
2. If not, provide the projected completion date: Click here to enter a date.

5. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

6. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

7. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **IDDE Plan Status**

1. Provide the status of the outfall screening from 2023-2027:

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number of Outfalls** | **Number of Outfalls Screened** | **% Screened** |
| 2023 |  |  |  |
| 2024 |  |  |  |
| 2025 |  |  |  |
| 2026 |  |  |  |
| 2027 |  |  |  |
| **Total** |  |  |  |

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

Yes No

1. If yes, provide the total number of stream miles containing or downstream of an MS4 outfall within your permitted area: 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.
4. Did you conduct stream walks for a reason other than IDDE? Yes No
5. If yes, explain the reason:
6. Provide the number of stream miles walked during the reporting period:
7. Did you use an alternate method of inspecting for illicit discharges?

Yes No

1. If yes, provide a documentation of the activity completed during the reporting period.Click here to enter text.
2. If applicable, did you attach documentation of any illicit discharge detection activities and information on any eliminated discharges or on any enforcement actions taken to eliminate illicit discharges? Yes No

5. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

6. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

7. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

5. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

6. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Documentation**

1. Did you attach report (e.g. complaint date, type, status) of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

5. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

6. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. If yes, please explain: Click here to enter text.

# Note: You must complete a BMP annual report page for any additional Illicit Discharge

# Detection and Elimination BMPs contained in your SWMP.

# 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Local Issuing Authority Status**

1. Are you a Local Issuing Authority (LIA)? Yes  No  If no, skip to #5.

B. As an LIA, you are required to submit semi-annual reports to the Georgia Soil and Water Conservation Commission (GSWCC). Did you provide the required reports to GSWCC? Yes  No

C. Provide the dates that the semi-annual reports were submitted to the GSWCC: Click here to enter text

D. Provide copies of the semi-annual GSWCC reports. Are the GSWCC reports attached? Yes No

5. **Ordinance Status**

1. Is the construction waste requirement addressed in either your E&S or litter ordinance? Yes No
2. If yes, which one? Choose an item.
3. Did you adopt or revise either the E&S ordinance or the ordinance containing the construction waste requirement during the reporting period?

Yes No

1. If yes, which one? Click here to enter text.
2. 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

1. If yes, provide the date of adoption or revision: Click here to enter text.
2. If the ordinance was adopted or revised during the reporting period, is a copy of the adopted ordinance attached? Yes No
3. If the ordinance was adopted or revised during the reporting period and a copy is not attached, explain why: Click here to enter text.

6. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

7. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.
3. **Site Plan Review Status**
4. Are you a Local Issuing Authority? Yes No
5. If yes, provide the following information for the reporting period:

Number of plans reviewed: Click here to enter text.

Number of plans approved: Click here to enter text.

Number of plans denied: Click here to enter text.

2. A list of the site plans received during the reporting period must be provided. Is the information attached?

Yes  No

3. Provide the total number of LDA permits issued during the reporting period: Click here to enter text.

1. **Documentation**
2. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
3. If not, please explain why: Click here to enter text.

6. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

7. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Documentation**

1. Provide a list or table of active construction sites and the number and dates of inspections conducted on each of the sites during the reporting period. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

5. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

6. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Documentation**

1. Provide documentation of any enforcement actions taken during the reporting period, including the number, type, status, and amount of any assessed penalties. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

5. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

6. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Documentation**

1. Did you attach information of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

5. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

6. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Documentation**

1. Provide documentation of current certifications held by MS4 staff. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

5. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

6. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. If yes, please explain: Click here to enter text.

# Note: You must complete a BMP annual report page for any additional Construction Site Management BMPs contained in your SWMP.

# 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Ordinance Status**

1. Did you adopt or revise the ordinance during the reporting period? Yes No
2. If yes, provide the date of adoption or revision: Click here to enter text.
3. 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
4. Does the ordinance adopt the performance standards in the latest edition of the GSMM?

Yes No

E. If the ordinance was adopted or revised during the reporting period, is a copy of the adopted ordinance attached? Yes No

F. 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**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

6. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Inventory Status**

1. Provide information on the number of structures added to the inventory during the reporting period:
   1. Number of publicly-owned post-construction structures added: Click here to enter text.
   2. Number of privately-owned post-construction structures added: Click here to enter text.
   3. Number of publicly-owned structures owned by other entities added: Click here to enter text.
2. Provide information on the number of structures identified to date:
   1. Total number of publicly-owned post-construction structures: Click here to enter text.
   2. Total number of privately-owned post-construction structures: Click here to enter text.
   3. Total number of publicly-owned by other entities post-construction structures: Click here to enter text.
3. New permittees: Provide the status of the inventory development: Click here to enter text.

5. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

6. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

7. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. 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 2022-2027:**

**Publicly-Owned Post-Construction Structures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number Post Construction Structures** | **Number Post Construction Structures Inspected** | **% Inspected** |
| 2023 |  |  |  |
| 2024 |  |  |  |
| 2025 |  |  |  |
| 2026 |  |  |  |
| 2027 |  |  |  |
| **Total** |  |  |  |

**Privately-Owned Post-Construction Structures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number Post Construction Structures** | **Number Post Construction Structures Inspected** | **% Inspected** |
| 2023 |  |  |  |
| 2024 |  |  |  |
| 2025 |  |  |  |
| 2026 |  |  |  |
| 2027 |  |  |  |
| **Total** |  |  |  |

**Publicly-Owned by Other Entities Post-Construction Structures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number Post Construction Structures** | **Number Post Construction Structures Inspected** | **% Inspected** |
| 2023 |  |  |  |
| 2024 |  |  |  |
| 2025 |  |  |  |
| 2026 |  |  |  |
| 2027 |  |  |  |
| **Total** |  |  |  |

5. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

6. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

7. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period for the following:

1. Maintenance of permittee-owned structures, including a list of structures maintained, the type of maintenance performed, and documentation: Yes No

2. Maintenance conducted by permittee on privately-owned structures or publicly-owned by other entities, including a list of structures maintained, the type of maintenance performed, and documentation: Yes No  NA

3. Summary list of maintenance agreements and documentation of any activities taken to ensure maintenance: Yes  No

4. If you address these in your SWMP, maintenance of privately-owned structures and other public entity-owned structures constructed prior to December 6, 2012, including a list of structures maintained, type of maintenance performed, and documentation: Yes  No

1. If not, please explain why: Click here to enter text.

5. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

6. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. If yes, please explain: Click here to enter text.

1. **BMP # 5** **(Table 4.2.5, BMP #5)**

**2. BMP Title:** \_**GI/LID Program**\_

3. **Provide the measurable goal from the Permit and/or approved SWMP:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Program Development**

1. Has the GI/LID Program development been completed? Yes No

Note: For existing permittees, the deadline was February 15, 2020. For new permittees, the deadline is within 3 years of designation.

5. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

6. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

7. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. If yes, please explain: Click here to enter text.
5. **BMP # 6** **(Table 4.2.5, BMP #6)**

2. **BMP Title:** \_**GI/LID Structure Inventory**\_

3. **Provide the measurable goal from the Permit and/or approved SWMP:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. 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 permittee-owned GI/LID structures added: Click here to enter text.
  2. Number of publicly-owned GI/LID structures owned by other entities added: Click here to enter text.
  3. Number of privately-owned non-residential GI/LID structures added: Click here to enter text.

B. Provide information on the number of structures identified to date:

1. Total number of permittee-owned GI/LID structures: Click here to enter text.

2. Total number of publicly-owned GI/LID structures owned by other entities: Click here to enter text.

3. Total number of privately-owned non-residential GI/LID structures: Click here to enter text.

C. New permittees: Provide the status of the inventory development: Click here to enter text.

5. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

6. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

7. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. If yes, please explain: Click here to enter text.
5. **BMP # 7** **(Table 4.2.5, BMP #7)**

2. **BMP Title:** \_**GI/LID Inspection Program**\_

3. **Provide the measurable goal from the Permit and/or approved SWMP:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. 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 2023-2027:**

**Permittee-Owned GI/LID Structures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number GI/LID Structures** | **Number GI/LID Structures Inspected** | **% Inspected** |
| 2023 |  |  |  |
| 2024 |  |  |  |
| 2025 |  |  |  |
| 2026 |  |  |  |
| 2027 |  |  |  |
| **Total** |  |  |  |

**Publicly-Owned By Other Entities GI/LID Structures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number Post Construction Structures** | **Number Post Construction Structures Inspected** | **% Inspected** |
| 2023 |  |  |  |
| 2024 |  |  |  |
| 2025 |  |  |  |
| 2026 |  |  |  |
| 2027 |  |  |  |
| **Total** |  |  |  |

**Privately-Owned Non-residential GI/LID Structures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number Post Construction Structures** | **Number Post Construction Structures Inspected** | **% Inspected** |
| 2023 |  |  |  |
| 2024 |  |  |  |
| 2025 |  |  |  |
| 2026 |  |  |  |
| 2027 |  |  |  |
| **Total** |  |  |  |

5. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

6. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

7. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. If yes, please explain: Click here to enter text.
5. **BMP # 8** **(Table 4.2.5, BMP #8)**

2. **BMP Title:** \_**GI/LID Maintenance Program**\_

3. **Provide the measurable goal from the Permit and/or approved SWMP:** Click here to enter text.

* + - 1. Did you comply with the measurable goal? Yes No
      2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Provide information on maintenance performed on permittee-owned GI/LID structures**.

A. Provide the number of GI/LID structures maintained Click here to enter text.

B. Did you provide documentation of maintenance performed? Yes☐ No☐

**5. Provide information on maintenance for publicly-owned by other entities and privately-owned non-residential GI/LID structures**

A Did you provide a summary list of maintenance agreements finalized after December 6, 2017? Yes No

B. If you did not provide a summary list of maintenance agreements, explain the reason: Click here to enter text.

C. Did you provide documentation of any activities taken to ensure maintenance? Yes No

6. **Documentation**

* + 1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
    2. If not, please explain why: Click here to enter text.

7. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

8. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. If yes, please explain: Click here to enter text.

\_**GI/LID Ordinance Review\_(Section 4.2.5.3)**\_

**(Only complete this section if the permittee population is >10,000 according to Appendix B for existing permittees, or at the time of designation for new permittees)**

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. Existing permittees:
   1. For the 2023 reporting period, the evaluation must be comprehensive:
      1. Was the comprehensive evaluation performed? Yes No
      2. If yes, is documentation of the evaluation attached? Yes No
      3. If not, explain the reason the evaluation was not performed Click here to enter text.

2. For the 2024-2027 reporting period, you must either conduct an annual comprehensive evaluation or certify that the evaluation is not needed.

i. Is documentation of a comprehensive evaluation attached? Yes  No

ii. If a comprehensive evaluation was not performed this reporting period:

* + - 1. Date of last comprehensive evaluation: Click here to enter text.

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

3. If an evaluation was completed during the reporting period

4. Did the MS4 determine that revisions to the ordinances, codes, and regulations were necessary? Yes  No NA

i. If revisions to the document(s) were required, provide the name of the document(s) and the date(s) of adoption: Click here to enter text.

ii. If revisions have not yet been completed, provide the status of the document revisions and a projected completion date: Click here to enter text.

iii. If revisions were not required this reporting period, were any codes, ordinances, and other regulations determined to need revision in a previous reporting period? Yes  No

a. If yes, state which reporting period: Click here to enter text.

1. New permittees:

1. The evaluation must be completed within two years of designation.

i. Was an evaluation completed during the reporting period? Yes ☐No ☐

a. If not, explain when the evaluation was or will be conducted: Click here to enter text.

ii. Is a written report attached? Yes ☐No ☐

a. If not, explain why not: Click here to enter text.

2. Adopted ordinances must be submitted within four years of designation.

i. Are the adopted ordinances attached? Yes ☐No ☐

a. If not, explain why they are not: 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 Structure Inventory and Map**\_

3. **Provide the measurable goal from the Permit and/or approved SWMP:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.
   1. **Inventory and Map Status**
3. Provide the number of structures inventoried and mapped during the reporting period:
   1. Number of catch basins added: Click here to enter text.
   2. Number of ditches added (state if miles or linear feet): Click here to enter text.
   3. Number of publicly-owned detention/retention ponds and underground detention added: Click here to enter text.
   4. Number of storm drain lines added (state if miles or linear feet): Click here to enter text.
4. Provide the number of structures inventoried and mapped to date:
   1. Total number of catch basins: Click here to enter text.
   2. Total number of ditches (state if miles or linear feet): Click here to enter text.
   3. Total number of publicly-owned detention/retention ponds and underground detention: Click here to enter text.
   4. Total number of storm drain lines (state if miles or linear feet): Click here to enter text.

C. New permittees: Provide the status of the inventory development: Click here to enter text.

5. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

6. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

7. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. 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 2023-2027:

**Catch Basins**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number Catch Basins** | **Number Catch Basins Inspected** | **% Inspected** |
| 2023 |  |  |  |
| 2024 |  |  |  |
| 2025 |  |  |  |
| 2026 |  |  |  |
| 2027 |  |  |  |
| **Total** |  |  |  |

**Pipes**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Pipes**  **Number or Length**  **(specify ft. or miles)** | **Number of Pipes or Length Inspected**  **(specify ft. or miles)** | **% Inspected** |
| 2023 |  |  |  |
| 2024 |  |  |  |
| 2025 |  |  |  |
| 2026 |  |  |  |
| 2027 |  |  |  |
| **Total** |  |  |  |

**Ditches**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Ditches**  **Number or Length**  **(specify ft. or miles)** | **Number of Ditches or Length Inspected**  **(specify ft. or miles)** | **% Inspected** |
| 2023 |  |  |  |
| 2024 |  |  |  |
| 2025 |  |  |  |
| 2026 |  |  |  |
| 2027 |  |  |  |
| **Total** |  |  |  |

**Publicly-Owned Detention/Retention Ponds and Underground Detention**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number Structures** | **Number Structures Inspected** | **% Inspected** |
| 2023 |  |  |  |
| 2024 |  |  |  |
| 2025 |  |  |  |
| 2026 |  |  |  |
| 2027 |  |  |  |
| **Total** |  |  |  |

5. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

6. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

7. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Provide the status of maintenance performed on MS4 structures during the reporting period:**

A. The number of catch basins maintained (including cleaning): Click here to enter text.

B. The number of ditches maintained (miles or linear feet): Click here to enter text.

C. The number of detention/retention ponds and underground detention maintained: Click here to enter text.

D. The number of storm drain lines maintained (miles or linear feet): Click here to enter text.

5. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

6. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

7. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

5. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

6. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

5. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

6. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

5. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

6. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

5. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

6. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Status of previously assessed projects**

|  |  |  |  |
| --- | --- | --- | --- |
| **Structure** | **Date of Assessment** | **Results of Assessment** | **Status of Retrofitting** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

5. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

6. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

7. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. 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:** Click here to enter text.

1. Did you comply with the measurable goal? Yes No
2. If not, explain why you did not comply with the measurable goal: Click here to enter text.

4. **Inventory and Inspection**

1. Inventory
2. Was an inventory of municipal facilities with the potential to cause pollution updated during the reporting period? Yes No
3. A copy of the inventory must be submitted with the annual report. Is the inventory attached? Yes No
4. If the inventory is not attached, explain why: Click here to enter text.
5. Inspection

1. Provide the status of inspections performed on municipal facilities between 2023-2027:

**Municipal Facilities**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Total Number**  **Municipal Facilities** | **Number Inspected** | **% Inspected** |
| 2023 |  |  |  |
| 2024 |  |  |  |
| 2025 |  |  |  |
| 2026 |  |  |  |
| 2027 |  |  |  |
| **Total** |  |  |  |

5. **Documentation**

1. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
2. If not, please explain why: Click here to enter text.

6. **Implementation Schedule**

1. BMP activities completed during this reporting period: Click here to enter text.
2. Date(s) for any BMP activities completed during this reporting period: Click here to enter text.
3. Did you comply with the implementation schedule in the SWMP? Yes No
4. If not, please explain why: Click here to enter text.

7. **BMP Effectiveness**

1. Do you consider this BMP to be effective? Yes No
2. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
3. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
4. If yes, please explain: Click here to enter text.

**Note:** You must complete a BMP annual report page for any additional Pollution Prevention/Good Housekeeping BMPs contained in your SWMP.

**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: Click here to enter a date.
3. If no, explain the reason for the delay and provide the status of the ERP development: Click here to enter text.

4. Was the ERP updated during the reporting period? Yes☐ No☐

i. If yes, is a copy attached? Yes No

**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

1. For existing permittees, including those permittees designated on March 7, 2014, you were required to submit the relevant Plan by a previous deadline date. (Note: newly designated permittees must submit a plan within 4 years of designation). Have you completed development of the Plan?

Yes No

1. If yes, provide the date of submittal to EPD: Click here to enter a date.
2. If no, provide the status of the Plan development: Click here to enter text.
3. 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
4. If newly listed waters have been identified, you must revise your Plan. If a Plan revision is required, provide a copy of the completed Plan. If the Plan has not yet been completed, provide the status and the projected date for submittal to EPD: Click here to enter text.

7. For permittees with an Impaired Waters Plan:

1. Provide the following for each impaired water located within the MS4 jurisdictional area that are located on the latest 303(d) list:

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

B. You are required to provide an assessment of the effectiveness of the best management practices chosen to address each pollutant of concern. Is the assessment attached?

Yes No

8. For permittees with a Monitoring and Implementation Plan:

A. Provide the following information for each impaired water located within the MS4 jurisdictional area that are included on the latest 305(b)/303(d) list:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Water** | **Pollutant of Concern** | **Monitoring Location** | **Sampling Frequency** |
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B. You are required to provide monitoring data obtained for each pollutant of concern. Is the monitoring data attached? Yes No

C. You are required to provide an assessment of the data trends over time for each pollutant of concern regarding the status of the water quality. Is the assessment attached?

Yes  No

D. You are required to provide an assessment of the effectiveness of the best management practices chosen to address each pollutant of concern. Is the assessment attached?

Yes No

**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 written agreement. Was an agreement included with the SWMP? Yes No