

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

Cover Page

**Part 1. General Information:**

1. Permittee Name: City of Hampton
2. Mailing Address: 17 E. Main Street, Hampton, GA 30228
3. Contact Person: Wanda Moore
4. E-Mail Address: wmoore@hamptonga.gov
5. Telephone Number: 770-946-7306
6. Reporting Year (January 1–December 31): 2023

**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: June 2023. We will be submitting the 2023-2027 SWMP at the same time as the 2023 Annual Report.

**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: Honorable Ann Tarpley

Title: Mayor

Date: \_\_\_\_\_

1/24/24

**Public Education and Outreach**  
**Minimum Control Measure**  
**(Table 4.2.1)**

1. **BMP # 1**
  - A. Do you have a website? Yes ☒ No ☐
    - i. 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: Still need approval of SWMP from EPD.
2. **BMP Title:** Distribution of Educational Documents at City Hall
3. **Provide the measurable goal from SWMP:** Track the number of brochures handed out at City Hall.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Brochures were distributed throughout the reporting period.
  - B. Date(s) for any BMP activities completed during this reporting period: 2023 Reporting Period
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐

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

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

1. **BMP # 2**
2. **BMP Title:** Update the City Stormwater page on the City Website once a year.
3. **Provide the measurable goal from SWMP:** The City will have a screenshot of the updated Webpage, with new stormwater material.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Stormwater Website Update.
  - B. Date(s) for any BMP activities completed during this reporting period: During 2023.
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
  - D. If yes, please explain: [Click here to enter text.](#)

**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:** Clean-A-Stream Event
3. **Provide the measurable goal from SWMP:** The City will conduct one clean-a-stream event during the reporting period. Volunteers will be utilized from miscellaneous residents, civic groups, or school aged children to provide opportunities for education and participation in stormwater activities.
  - A. Did you comply with the measurable goal? Yes ☒ No ☒
  - B. If not, explain why you did not comply with the measurable goal: The stream cleanup occurred during the reporting period. Only Public Works employees participated. Citizens in the community will be a part of the 2024 Clean-A-Stream event.
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Clean-A-Stream Event
  - B. Date(s) for any BMP activities completed during this reporting period: December 8, 2023
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒

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

1. **BMP # 2**
2. **BMP Title:** Citizen Hotline on the City Stormwater Page where citizens can report stormwater violations.
3. **Provide the measurable goal from SWMP:** The City will respond to all complaints within 3 business days.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: The City responded to multiple complaints to the Citizen Hotline and work orders were assigned within 24 hours of the complaint.
  - B. Date(s) for any BMP activities completed during this reporting period: 3/22/2023, 4/19/2023, 5/2/2023, 5/9/2023, 6/23/2023, 9/26/2023, 10/12/2023, and 10/24/2023.
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
  - D. If yes, please explain: [Click here to enter text.](#)

**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:** The City will evaluate the IDDE Ordinance, as needed, and will revise during the reporting period.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: Click here to enter text.
4. **Ordinance Status**
  - A. Did you adopt or revise the ordinance during the reporting period? Yes ☐ No ☒
  - B. If yes, provide the date of adoption or revision: Click here to enter text.
  - C. If the ordinance was adopted or revised during the reporting period, is a copy of the adopted ordinance attached? Yes ☐ No ☐
  - D. If the ordinance was adopted or revised during the reporting period and a copy is not attached, explain why: Click here to enter text.
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: IDDE Ordinance did not need revising this reporting period.
  - B. Date(s) for any BMP activities completed during this reporting period: 2023
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: Click here to enter text.
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue ☒ Revise ☐

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

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

1. **BMP # 2 (Table 4.2.3, BMP #2)**
2. **BMP Title:** **Outfall Map and Inventory**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Update the inventory and map, as needed, during the reporting period.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: Click here to enter text.
4. **Outfall Inventory and Map**
  - A. Provide the number of outfalls added or deleted from the inventory during the reporting period:  
Number added: Click here to enter text.
  - B. Provide the total number of outfalls on the inventory during the reporting period: 4  
Outfalls for Zone 1
  - C. Is the inventory attached? Yes ☒ No ☐
  - D. Is the map attached? Yes ☒ No ☐
  - E. Is the outfall mapping completed? Yes ☒ No ☐
    - E. If not, explain the reason why, and provide the status of the mapping: Click here to enter text.
    - F. If not, provide the projected completion date: Click here to enter a date.
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: Click here to enter text.
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Confirmed Outfalls in Zone 1 during the reporting period.
  - B. Date(s) for any BMP activities completed during this reporting period: During the 2023 Reporting Period.

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

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

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes ☒ No ☐

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

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

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

1. **BMP # 3 (Table 4.2.3, BMP #3)**

2. **BMP Title: IDDE Plan**

3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will inspect 100% of the outfalls within the 5-year permit period by conducting inspections in one geographical zone per reporting period. Track, identify, eliminate, document, and take enforcement actions, if an illicit discharge is found.

A. Did you comply with the measurable goal? Yes ☒ No ☐

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

4. **IDDE Plan Status**

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

Year	Total Number of Outfalls	Number of Outfalls Screened	% Screened
2023	57	4	7%
2024			
2025			
2026			
2027			
<b>Total</b>	57	4	7%

B. 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.](#)

C. Did you conduct stream walks for a reason other than IDDE? Yes ☐ No ☐

1. If yes, explain the reason:

2. Provide the number of stream miles walked during the reporting period:

D. 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.](#)

E. 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**

A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐

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

6. **Implementation Schedule**

A. BMP activities completed during this reporting period: Outfall screening of Zone 1.

B. Date(s) for any BMP activities completed during this reporting period: Outfalls were screened on August 3, 2023, September 21, 2023, and October 4, 2023.

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

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

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes ☒ No ☐

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

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

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

1. **BMP # 4 (Table 4.2.3, BMP #4)**
2. **BMP Title: Education**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will provide educational information to the public about illicit discharge.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: A newsletter was mailed to 3,100 residents in January 2023.
  - B. Date(s) for any BMP activities completed during this reporting period: January 2023.
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 5 (Table 4.2.3, BMP #5)**
2. **BMP Title:** Complaint Response
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will document and investigate 100% of all illicit discharge complaints.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: Click here to enter text.
4. **Documentation**
  - A. Did you attach report (e.g. complaint date, type, status) of the BMP activities completed during the reporting period? Yes ☐ No ☒
  - B. If not, please explain why: There were no illicit discharge complaints in 2023.
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: None.
  - B. Date(s) for any BMP activities completed during this reporting period: None.
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: Click here to enter text.
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
  - D. If yes, please explain: Click here to enter text.

**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:** Evaluate and if necessary, revise the E&SC and Litter Ordinances.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Local Issuing Authority Status**
  - A. 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: Reports for the 2023 inspections were submitted in January 2024.
  - D. Provide copies of the semi-annual GSWCC reports. Are the GSWCC reports attached?  
Yes ☒ No ☐
5. **Ordinance Status**
  - A. Is the construction waste requirement addressed in either your E&S or litter ordinance?  
Yes ☒ No ☐
  - B. If yes, which one? Litter
  - C. Did you adopt or revise either the E&S ordinance or the ordinance containing the construction waste requirement during the reporting period?  
Yes ☐ No ☒
  - D. If yes, which one? [Click here to enter text.](#)

E. 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 ☐

F. If yes, provide the date of adoption or revision: August 14, 2018

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

H. 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**

A. BMP activities completed during this reporting period: None.

B. Date(s) for any BMP activities completed during this reporting period: None.

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

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

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes ☒ No ☐

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

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

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

1. **BMP # 2 (Table 4.2.4, BMP #2)**
2. **BMP Title:** Site Plan Review Procedures
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Site plan reviews are required for all land disturbance projects. 100% of all land disturbance projects will be reviewed for compliance with GSWCC and NPDES standards.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: Click here to enter text.
4. **Site Plan Review Status**
  - A. Are you a Local Issuing Authority? Yes ☒ No ☐
    1. If yes, provide the following information for the reporting period:  
Number of plans reviewed: 8  
Number of plans approved: 3  
Number of plans denied: 5
    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: 2
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: Click here to enter text.
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: There were 8 plan reviews for LDP projects in 2023.
  - B. Date(s) for any BMP activities completed during this reporting period: 1/5/2023, 3/15/2023, 3/24/2023, 4/19/2023, 8/21/2023, 11/29/2023, 12/7/2023, and 12/12/2023.
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐

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

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes ☒ No ☐

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

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

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

1. **BMP # 3 (Table 4.2.4, BMP #3)**
2. **BMP Title: Inspection Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** All land disturbance construction sites will be inspected at least once a week. The inspections will begin after the site initial erosion control BMPs have been installed and the 7-day inspection letter has been issued by the design professional and states that all erosion control BMPs have been installed according to the approved plans. The sites will continue to be inspected until the site has final stabilization.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. 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
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Erosion inspections throughout the reporting period on a weekly basis.
  - B. Date(s) for any BMP activities completed during this reporting period: On a weekly basis during the reporting period, see spreadsheet in the attachments.
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒

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

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:** The City will inspect and enforce the E&SC ordinance for 100% of the land disturbance projects.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: Click here to enter text.
4. **Documentation**
  - A. 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 ☐
  - B. If not, please explain why: Click here to enter text.
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: The City inspected and enforced the E&SC Ordinance for 100% of the land disturbance projects in the City.
  - B. Date(s) for any BMP activities completed during this reporting period: On a weekly basis throughout the reporting period.
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: Click here to enter text.
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
  - D. If yes, please explain: Click here to enter text.

1. **BMP # 5 (Table 4.2.4, BMP #5)**
2. **BMP Title: Complaint Response**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will respond to and resolve 100% of all E&SC complaints received.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: The City will respond to and resolve 100% of all E&SC complaints received.
4. **Documentation**
  - A. Did you attach information of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: Click here to enter text.
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: There were no complaints reported.
  - B. Date(s) for any BMP activities completed during this reporting period: None.
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: Click here to enter text.
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
  - D. If yes, please explain: Click here to enter text.



1. **BMP # 6 (Table 4.2.4, BMP #6)**
2. **BMP Title:** Certification
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will ensure that all Level 1B inspectors have current certification cards and are in compliance with the State GSWCC.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Provide documentation of current certifications held by MS4 staff. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: 4 Inspectors obtained re-certification for their Level 1B.
  - B. Date(s) for any BMP activities completed during this reporting period: 3/28/2023, 6/4/2023, and 6/13/2023
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
  - D. If yes, please explain: [Click here to enter text.](#)

**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:** Evaluate and revise existing Post-Construction Ordinance, if needed.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Ordinance Status**
  - A. Did you adopt or revise the ordinance during the reporting period? Yes ☐ No ☒
  - B. If yes, provide the date of adoption or revision: [Click here to enter text.](#)
  - C. Does the ordinance require development in accordance with the Georgia Stormwater Management Manual (GSMM), a local design manual, and/or the Coastal Stormwater Supplement? Yes ☒ No ☐
  - D. 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**
  - A. BMP activities completed during this reporting period: None
  - B. Date(s) for any BMP activities completed during this reporting period: None
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**

- A. Do you consider this BMP to be effective? Yes ☒ No ☐
- B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue ☒ Revise ☐
- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
- D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 2 (Table 4.2.5, BMP #2)**
2. **BMP Title: Inventory**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Maintain an updated inventory of all stormwater management structures publicly owned, privately owned non-residential, and publicly owned by other entities. This includes the structures added during the reporting period, in each annual report.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Inventory Status**
  - A. Provide information on the number of structures added to the inventory during the reporting period:
    1. Number of publicly-owned post-construction structures added: 0
    2. Number of privately-owned post-construction structures added: 0
    3. Number of publicly-owned structures owned by other entities added: 0
  - B. Provide information on the number of structures identified to date:
    1. Total number of publicly-owned post-construction structures: 3
    2. Total number of privately-owned post-construction structures: 1
    3. Total number of publicly-owned by other entities post-construction structures: 0
  - C. New permittees: Provide the status of the inventory development: [Click here to enter text.](#)
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☐ No ☒
  - B. If not, please explain why: There were no activities.
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: None
  - B. Date(s) for any BMP activities completed during this reporting period: None

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

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

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes ☒ No ☐

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

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

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

1. **BMP # 3 (Table 4.2.5, BMP #3)**
2. **BMP Title: Inspection Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** 100% of all structures will be inspected within the 5-year permit period. A minimum of 20% will be inspected each reporting period.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Provide the status of inspections performed between 2022-2027:**

**Publicly-Owned Post-Construction Structures**

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2023	3	0	0%
2024			
2025			
2026			
2027			
<b>Total</b>	3	0	0%

**Privately-Owned Post-Construction Structures**

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2023	1	1	100%
2024			
2025			
2026			
2027			
<b>Total</b>	1	1	100%

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

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2023	0	0	0%
2024			
2025			
2026			

2027			
<b>Total</b>	0	0	0%

5. **Documentation**

A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐

B. If not, please explain why:

6. **Implementation Schedule**

A. BMP activities completed during this reporting period: Inspection of Privately-Owned Non-Residential Pond.

B. Date(s) for any BMP activities completed during this reporting period: 7/13/2023

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

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

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes ☒ No ☐

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

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

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



1. **BMP # 4 (Table 4.2.5, BMP #4)**
2. **BMP Title:** Maintenance Program
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will conduct maintenance on the permittee-owned structures, as needed. Owner/Operators of privately owned and publicly owned by other entities, per maintenance agreements, will conduct maintenance, as needed.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: Click here to enter text.
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period 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 ☒
  - B. If not, please explain why: We do not have any Privately-Owned Non-Residential or Public Other Entity-Owned Structures prior to 2012.
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Privately-Owned Non-Residential maintenance of one pond.
  - B. Date(s) for any BMP activities completed during this reporting period: 7/26/2023
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐

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

6. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes ☒ No ☐

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

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

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

1. **BMP # 5 (Table 4.2.5, BMP #5)**
2. **BMP Title: GI/LID Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will make revisions to the GI/LID Program as required by EPD.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Program Development**
  - A. Has the GI/LID Program development been completed? Yes ☒ No ☐

Note: For existing permittees, the deadline was February 15, 2020. For new permittees, the deadline is within 3 years of designation.
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☐ No ☒
  - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: None. There were no required revisions to the GI/LID Program.
  - B. Date(s) for any BMP activities completed during this reporting period: None
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
7. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒

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

1. **BMP # 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: Update the GI/LID Inventory each reporting period.**
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: Click here to enter text.
4. **Inventory Status**
  - A. Provide information on the number of structures inventoried during the reporting period:
    1. Number of permittee-owned GI/LID structures added: 0
    2. Number of publicly-owned GI/LID structures owned by other entities added: 0
    3. Number of privately-owned non-residential GI/LID structures added: 0
  - B. Provide information on the number of structures identified to date:
    1. Total number of permittee-owned GI/LID structures: 0
    2. Total number of publicly-owned GI/LID structures owned by other entities: 0
    3. Total number of privately-owned non-residential GI/LID structures: 0
  - C. New permittees: Provide the status of the inventory development: Click here to enter text.
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☐ No ☒
  - B. If not, please explain why: There are no GI/LID structures.
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: None
  - B. Date(s) for any BMP activities completed during this reporting period: None
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐

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

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes☒ No☐

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

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

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

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

Year	Total Number GI/LID Structures	Number GI/LID Structures Inspected	% Inspected
2023	0	0	0%
2024			
2025			
2026			
2027			
<b>Total</b>	0	0	0%

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2023	0	0	0%
2024			
2025			
2026			
2027			
<b>Total</b>	0	0	0%

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
------	---	---	-------------

2023	0	0	0%
2024			
2025			
2026			
2027			
<b>Total</b>	0	0	0%

5. **Documentation**

- A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☐ No ☒
- B. If not, please explain why: There are no GI/LID structures.

6. **Implementation Schedule**

- A. BMP activities completed during this reporting period: None
- B. Date(s) for any BMP activities completed during this reporting period: None
- C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
- D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

- A. Do you consider this BMP to be effective? Yes ☒ No ☐
- B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
- D. If yes, please explain: [Click here to enter text.](#)



1. **BMP # 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:** The City will ensure that all permittee-owned structures are inspected and that the owners of all privately-owned non-residential and publicly owned by other entities structures are also maintained.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: Click here to enter text.
4. **Provide information on maintenance performed on permittee-owned GI/LID structures.**
  - A. Provide the number of GI/LID structures maintained 0
  - 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: There are no GI/LID maintenance agreements.
  - C. Did you provide documentation of any activities taken to ensure maintenance? Yes ☐ No ☐
6. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☐ No ☒
  - B. If not, please explain why: There are no GI/LID structures in the City.
7. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: None
  - B. Date(s) for any BMP activities completed during this reporting period: None
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐

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

**8. BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes ☒ No ☐

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

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

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

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

**(Only complete this section if the 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 ☐

A. Existing permittees:

1. For the 2023 reporting period, the evaluation must be comprehensive:
  - i. Was the comprehensive evaluation performed? Yes ☐ No ☐
  - ii. If yes, is documentation of the evaluation attached? Yes ☐ No ☐
  - iii. 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:
    - a. 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.](#)

B. 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:** The stormwater structures are divided into 5 geographic zones. All structures are represented in the 5 zones. The inventory and map will be updated each reporting period as needed.

A. Did you comply with the measurable goal? Yes ☒ No ☐

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

4. **Inventory and Map Status**

A. Provide the number of structures inventoried and mapped during the reporting period:

- 1. Number of catch basins added: 0
- 2. Number of ditches added (state if miles or linear feet): 0
- 3. Number of publicly-owned detention/retention ponds and underground detention added: 0
- 4. Number of storm drain lines added (state if miles or linear feet): 0

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

- 1. Total number of catch basins: 618
- 2. Total number of ditches (state if miles or linear feet): 136 (85,549 LF)
- 3. Total number of publicly-owned detention/retention ponds and underground detention: 3
- 4. Total number of storm drain lines (state if miles or linear feet): 326 (48,521 LF)

C. New permittees: Provide the status of the inventory development: [Click here to enter text.](#)

5. **Documentation**

A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐

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

6. **Implementation Schedule**

A. BMP activities completed during this reporting period: Confirmed inventory and maps

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

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

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

7. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes ☒ No ☐

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

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

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

1. **BMP # 2 (Table 4.2.6, BMP #2)**
2. **BMP Title: MS4 Inspection Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will inspect 20% of the structures per reporting period in order to inspect 100% of all structures in the 5-year permit period.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. Provide the status of inspections performed between 2023-2027:

**Catch Basins**

Year	Total Number Catch Basins	Number Catch Basins Inspected	% Inspected
2023	618	123	20%
2024			
2025			
2026			
2027			
<b>Total</b>	618	123	20%

**Pipes**

Year	Total Pipes Number or Length (specify ft. or miles)	Number of Pipes or Length Inspected (specify ft. or miles)	% Inspected
2023	326 (48,521 LF)	55 (7,787 LF)	17%
2024			
2025			
2026			
2027			
<b>Total</b>	326 (48,521 LF)	55 (7,787 LF)	17%

**Ditches**

Year	Total Ditches Number or Length (specify ft. or miles)	Number of Ditches or Length Inspected (specify ft. or miles)	% Inspected
2023	136 (85,549 LF)	30 (8,440ft)	22%
2024			
2025			
2026			

2027			
<b>Total</b>	136 (85,549 LF)	30 (8,440 ft)	22%

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

<b>Year</b>	<b>Total Number Structures</b>	<b>Number Structures Inspected</b>	<b>% Inspected</b>
2023	3	0	0%
2024			
2025			
2026			
2027			
<b>Total</b>	3	0	0%

5. **Documentation**

- A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
- B. If not, please explain why: There were no ponds inspected this reporting period. These were inspected in the last year of the previous permit.

6. **Implementation Schedule**

- A. BMP activities completed during this reporting period: Inspections of catch basins, ditches, and pipes.
- B. Date(s) for any BMP activities completed during this reporting period: Throughout the reporting period.
- C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
- D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

- A. Do you consider this BMP to be effective? Yes ☒ No ☐
- B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
- D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 3 (Table 4.2.6, BMP #3)**
2. **BMP Title:** MS4 Maintenance Program
3. **Provide the measurable goal from the Permit and/or approved SWMP:** If an inspection of a structure reveals maintenance needed, a maintenance work order form will be created, and Public Works will add this to their budget and schedule as funds are approved to do the work.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Provide the status of maintenance performed on MS4 structures during the reporting period:**
  - A. The number of catch basins maintained (including cleaning): 124
  - B. The number of ditches maintained (miles or linear feet): 30 (? LF)
  - C. The number of detention/retention ponds and underground detention maintained: 0
  - D. The number of storm drain lines maintained (miles or linear feet): 0
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Maintenance performed on catch basins, ditches in 2023.
  - B. Date(s) for any BMP activities completed during this reporting period: Multiple days throughout the reporting period.
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
7. **BMP Effectiveness**



- A. Do you consider this BMP to be effective? Yes ☒ No ☐
- B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue ☒ Revise ☐
- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
- D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 4 (Table 4.2.6, BMP #4)**
2. **BMP Title: Street and Parking Lot Cleaning**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Use vac truck to collect leaves and debris. Submit a spreadsheet with bags or pounds of debris collected.
  - A. Did you comply with the measurable goal? Yes☒ No☒
  - B. If not, explain why you did not comply with the measurable goal: 8.92 miles of streets were vacuumed, but the number of bags or pounds of debris collected was not recorded. We will record the number of bags or pounds of debris collected in the 2024 reporting period.
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes☒ No☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: 8.92 miles of streets were vacuumed.
  - B. Date(s) for any BMP activities completed during this reporting period: September – December 2023
  - C. Did you comply with the implementation schedule in the SWMP? Yes☒ No☒
  - D. If not, please explain why: 8.92 miles of streets were vacuumed. The number of bags or pounds of debris collected was not recorded.
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes☒ No☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue☒ Revise☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes☐ No☒
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 5 (Table 4.2.6, BMP #5)**
2. **BMP Title:** Employee Training
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Provide training to all storm water staff at least once during the reporting period.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal:
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: NPDES Stormwater Training and Level 1A Training
  - B. Date(s) for any BMP activities completed during this reporting period: March 3, 2023.
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why:
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 6 (Table 4.2.6, BMP #6)**
2. **BMP Title: Waste Disposal**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will collect waste and record data on the waste disposal spreadsheet.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Waste was collected throughout the reporting period.
  - B. Date(s) for any BMP activities completed during this reporting period: January – December 2023.
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 7 (Table 4.2.6, BMP #7)**
2. **BMP Title: New Flood Management Projects**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will assess all land disturbance projects for water quality impact. A list of all plans reviewed will be kept during the reporting period.
  - A. Did you comply with the measurable goal? Yes ☒ No ☐
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: The City reviewed 3 new projects for water quality impact.
  - B. Date(s) for any BMP activities completed during this reporting period: During reporting period.
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 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:** Assess at least one existing flood management project during the reporting period to determine potential retrofitting to address water quality impacts.
  - A. Did you comply with the measurable goal? Yes ☐ No ☒
  - B. If not, explain why you did not comply with the measurable goal: Did not have City personnel available to do assessments. Will assess at least one pond in 2024.
4. **Status of previously assessed projects**

Structure	Date of Assessment	Results of Assessment	Status of Retrofitting

5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☐ No ☒
  - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: None
  - B. Date(s) for any BMP activities completed during this reporting period: None
  - C. Did you comply with the implementation schedule in the SWMP? Yes ☐ No ☒
  - D. If not, please explain why: [Click here to enter text.](#)
7. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes ☒ No ☐
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐

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

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

1. **BMP # 9 (Table 4.2.6, BMP #9)**
2. **BMP Title: Municipal Facilities**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will update the inventory for each reporting period. The City will inspect 100% of the municipal facilities with the potential to cause pollution within the 5-year permit period.

A. Did you comply with the measurable goal? Yes ☒ No ☐

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

4. **Inventory and Inspection**

A. Inventory

1. Was an inventory of municipal facilities with the potential to cause pollution updated during the reporting period? Yes ☐ No ☒
2. A copy of the inventory must be submitted with the annual report. Is the inventory attached? Yes ☒ No ☐
3. If the inventory is not attached, explain why: [Click here to enter text.](#)

B. 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	3	3	100%
2024			
2025			
2026			
2027			
<b>Total</b>	3	3	100%

5. **Documentation**

A. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐

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

6. **Implementation Schedule**



- A. BMP activities completed during this reporting period: Inspection of all 3 Municipal Facilities was performed.
- B. Date(s) for any BMP activities completed during this reporting period: August 9, 2023
- C. Did you comply with the implementation schedule in the SWMP? Yes☒ No☐
- D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

- A. Do you consider this BMP to be effective? Yes☒ No☐
- B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue☒ Revise☐
- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes☐ No☒
- D. If yes, please explain: [Click here to enter text.](#)

**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: 2/15/2016
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

2. 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 ☒

3. If yes, provide the date of submittal to EPD: [Click here to enter a date.](#)

4. If no, provide the status of the Plan development: Currently, there are no impaired streams on the 305(b)/303(d) list.

5. You are required to check the latest 305(b)/303(d) list to determine if newly listed waters are within your jurisdiction. Have you reviewed this list? Yes ☒ No ☐

6. If newly listed waters have been identified, you must revise your Plan. If a Plan revision is required, provide 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:

- A. 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

- 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

- 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 ☐