

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

Cover Page

**Part 1. General Information:**

1. Permittee Name: Jackson County
2. Mailing Address: 67 Athens Street, Jefferson, GA 30549
3. Contact Person: Jamie Dove
4. E-Mail Address: jdove@jacksoncountygov.com
5. Telephone Number: 706.367.5908
6. Reporting Year (January 1–December 31): 2022

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

1. Has your stormwater management program to comply with the 2017 NPDES Permit been approved? Yes  No
2. If yes, provide the approval date: 8/8/2019
3. If no, provide the date of the last submittal: [Click here to enter text.](#)

**Part 3. Certification Statement:**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: \_\_\_\_\_

Printed Name: Jamie Dove

Title: Public Development Manager Date: 2/15/2023\_\_\_\_\_

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

1. **BMP # 1**
2. **BMP Title:** Stormwater Website and Social Media [Click here to enter text.](#)
3. **Provide the measurable goal from SWMP:** A minimum of two updates per year to website; number of hits to website.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Three brochures titles were uploaded to the website; Automotive Care and Stormwater, Stormwater, and Stormwater and Illicit Discharge. Page views and unique hits to the website are documented in the attachment.
  - B. Date(s) for any BMP activities completed during this reporting period: various
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes  No
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue  Revise
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes  No

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

1. **BMP # 2**
2. **BMP Title:** Brochure Distribution
3. **Provide the measurable goal from SWMP:** Number of brochures distributed to physical sites; number of documents uploaded to Keep Jackson Beautiful website, Jackson County Facebook page, and Twitter.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: 1. Distributed five brochure titles to five physical sites in Jackson County to include Public Development, Historic Courthouse/Welcome Center, Tag Office, Chamber of Commerce, and Environmental Health. Uploaded brochures to Jackson County Facebook page and Jackson County Twitter. See attachment for number of brochures distributed, number of brochures picked up by public, number of brochures re-stock at each physical site and screen capture of social media uploads. .
  - B. Date(s) for any BMP activities completed during this reporting period: various
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No   
NOTE: No brochures were uploaded to the Keep Jackson Beautiful website.
  - 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 #3**
2. **BMP Title:** Local Festivals
3. **Provide the measurable goal from SWMP:** Number of festivals; variety of brochures distributed.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Distributed five brochure titles at Jackson County Government and City of Jefferson Employee Health Fair. See attachment. Gave verbal presentation at JMS Outdoor Classroom on stormwater structures and green infrastructure to the parents and students attending the educational festival..
  - B. Date(s) for any BMP activities completed during this reporting period: 5/7/2022 and 10/13/2022
  - 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**
  - B. Do you consider this BMP to be effective? Yes  No
  - C. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue  Revise
  - D. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes  No
  - E. If yes, please explain: [Click here to enter text.](#)

**BMP # 4**

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

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

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

B. If not, explain why you did not comply with the measurable goal:

4. **Documentation**

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

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

4. **Implementation Schedule**

A. BMP activities completed during this reporting period: Presentations to the following: Jefferson Rotary (Civic Group), Jackson County Kiwanis (Civic service club), and Leadership Jackson – Growth Day (Selected civic group who live and/or work in Jackson County).

B. Date(s) for any BMP activities completed during this reporting period: 9/6/2022, 9/8/22, and 10/13/22 [Click here to enter text.](#)

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

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

6. **BMP Effectiveness**

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

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

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

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

**BMP # 5**

2. **BMP Title:** Enviroscape

3. **Provide the measurable goal from SWMP:** Number of schools/programs that utilize Enviroscape; number of school-aged persons and adults viewing Enviroscape.

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: BMP was not implemented. NOTE: Photos not permitted in classrooms.

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: Made two classroom presentations and one day camp presentation. Reached 150 school-aged persons and 8 adults.

B. Date(s) for any BMP activities completed during this reporting period: various, see attachment.

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

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

6. **BMP Effectiveness**

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

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

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

D. If yes, please explain:



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

1. **BMP # 1**
2. **BMP Title:** Adopt-a-Road
3. **Provide the measurable goal from SWMP:** Number and identification of participating organizations, length of roadways adopted, volume of trash collected.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: 29 organizations registered to participate. 36.83 road miles is covered by participating organizations. In report year, 16,520 pounds of trash were removed. Organizations estimate quality of trash collected based on bag size and report total to Jackson County. Collected trash is either taken to the Jackson County Transfer Station for transport to the Banks County Landfill or deposited in participants individual garbage cans for pickup by private haulers. See Attachment.
  - B. Date(s) for any BMP activities completed during this reporting period: various
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes  No
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue  Revise

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

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

1. **BMP # 2**
2. **BMP Title:** Recycling Days
3. **Provide the measurable goal from SWMP:** Tons of recyclable materials and volume of hazardous and e-waste collected.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal:
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: Held Spring and Fall Recycling Event. See attachment for quantity and types of recyclables received at each event copy of event publication materials, photographs, volunteer sign-in sheets, and tally sheet for number of vehicles dropping off recycling.
  - B. Date(s) for any BMP activities completed during this reporting period: April 23 and September 17, 2022
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes  No
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue  Revise
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes  No
  - D. If yes, please explain: [Click here to enter text.](#)

**BMP # 3**

2. **BMP Title:** Storm Drain Stenciling Program

3. **Provide the measurable goal from SWMP:** Number of stencils affixed; number of participants; outreach to publicize the program and message communicated with stencils.

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

B. If not, explain why you did not comply with the measurable goal:

4. **Documentation**

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

B. If not, please explain why.

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: Affixed 54 stencils.

B. Date(s) for any BMP activities completed during this reporting period: 7/28/22

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

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

6. **BMP Effectiveness**

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

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

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

D. If yes, please explain:

**BMP # 4**

2. **BMP Title:** Bring one for the Chipper Christmas Tree Recycling Program

3. **Provide the measurable goal from SWMP:** Number of trees recycled.

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: Accepted 129 Christmas trees for recycling.

B. Date(s) for any BMP activities completed during this reporting period: Dec 26, 2022 – Jan 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.](#)

6. **BMP Effectiveness**

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

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

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

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

**Illicit Discharge Detection and Elimination**  
**Minimum Control Measure**  
**(Table 4.2.3)**

1. **BMP # 1 (Table 4.2.3, BMP #1)**
2. **BMP Title: Legal Authority**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Annual evaluation and amendment.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Ordinance Status**
  - A. Did you adopt or revise the ordinance during the reporting period? Yes  No
  - B. If yes, provide the date of adoption: [Click here to enter text.](#)
  - C. If the ordinance was adopted or revised during the reporting period, is a copy of the adopted ordinance attached? Yes  No
  - D. If the ordinance was adopted or revised during the reporting period and a copy is not attached, explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: NA
  - B. Date(s) for any BMP activities completed during this reporting period: NA
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes  No
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue  Revise

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

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

1. **BMP # 2 (Table 4.2.3, BMP #2)**
2. **BMP Title: Outfall Map and Inventory**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Updated map and inventory.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Outfall Inventory**
  - A. Provide the number of outfalls added or deleted from the inventory during the reporting period:  
Number added:0  
Number deleted: 0
  - B. Provide the total number of outfalls identified to date: 28 public outfalls
  - C. Is the outfall mapping completed? Yes  No
  - D. If not, explain the reason why, and provide the status of the mapping: **Mapping is ongoing as field work identifies outfalls associated with previously inactive and/or inaccessible detention ponds now coming on-line as well as mapping errors. Outfalls will be added as they are located.**
  - E. If not, provide the projected completion date: **Ongoing**
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: No change in inventory
  - B. Date(s) for any BMP activities completed during this reporting period: NA
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)



7. **BMP Effectiveness**

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

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

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

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

1. **BMP # 3 (Table 4.2.3, BMP #3)**
2. **BMP Title: IDDE Plan**
3. **Provide the measurable goal from the Permit and/or approved SWMP: :** a. Conduct DWS on 100% of total outfalls (public) within the 5-year permit term. At a minimum, a. inspect 5% of outfalls annually; b. implement investigative procedures identified in IDDE plan if DWS indicates a potential illicit discharge; c. if illicit discharge found, eliminate such discharge and, if necessary, implement Enforcement Response Plan.

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

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

4. **IDDE Plan Status**

A. Provide the number of outfalls inspected during the reporting period: 7

B. What percentage of the total number of outfalls were inspected during the reporting period? 25

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

| Year         | Total Number of Outfalls | Number of Outfalls Screened | % Screened |
|--------------|--------------------------|-----------------------------|------------|
| 2018         | 27                       | 9                           | 26         |
| 2019         | 27                       | 4                           | 15         |
| 2020         | 27                       | 5                           | 19         |
| 2021         | 28                       | 3                           | 11         |
| 2022         | 28                       | 7                           | 25         |
| <b>Total</b> | 28                       | 28                          | 100        |

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

Yes  No

1. If yes, provide the total number of stream miles within your jurisdiction: [Click here to enter text.](#)

2. Provide the number of stream miles walked during the reporting period: [Click here to enter text.](#)

3. What percentage of the total number of stream miles were walked during the reporting period? [Click here to enter text.](#)

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

1. If yes, explain the reason: [Click here to enter text.](#)

2. Provide the number of stream miles walked during the reporting period: [Click here to enter text.](#)

5. **Documentation**

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

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

6. **Implementation Schedule**

A. BMP activities completed during this reporting period: Inspected 7 public outfalls.

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

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

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

7. **BMP Effectiveness**

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

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

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

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

1. **BMP # 4 (Table 4.2.3, BMP #4)**
2. **BMP Title: Education**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Number of high-risk potential contamination sources contacted; number of hits on County's stormwater website; information posted to County's stormwater website.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: "Stormwater and Illicit Discharge" brochure was sent to 1075 businesses in the report year. These businesses are located in unincorporated Jackson County, which includes the MS4. The mailing included high risk potential contamination sources that operate in unincorporated Jackson County and its MS4. The brochure is also available on the Jackson County Stormwater website. See attachment for copy of brochure, list of businesses contacted and statistics for website page views.
  - B. Date(s) for any BMP activities completed during this reporting period: Various. Occupation Tax renewal occurs throughout the calendar year.
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes  No
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue  Revise
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes  No

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

1. **BMP # 5 (Table 4.2.3, BMP #5)**
2. **BMP Title: Complaint Response**
3. **Provide the measurable goal from the Permit and/or approved SWMP:**  
Implementation of EPD-approved complaint response procedures.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: No complaints received.
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: NA
  - B. Date(s) for any BMP activities completed during this reporting period:
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes  No
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue  Revise
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes  No
  - D. If yes, please explain: [Click here to enter text.](#)

**Construction Site Storm Water Runoff Control**  
**Minimum Control Measure**  
**(Table 4.2.4)**

1. **BMP # 1 (Table 4.2.4, BMP #1)**
2. **BMP Title: Legal Authority**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Amend Erosion and Sedimentation Ordinance and Solid Waste Management Ordinance, if necessary.
  - A. Did you comply with the measurable goal? Yes  No   
NOTE: Only Erosion and Sedimentation ordinance was amended.
  - 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
  - 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: 1/23/2023
  - 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 the ordinance during the reporting period? Yes  No
  - D. If you are a Local Issuing Authority, you must revise your E&S Ordinance to comply with the latest revisions to the E&S Act (2015). The ordinance revision was to be completed by December 31, 2016. Have you completed the ordinance revisions?

Yes  No

- E. If yes, provide the date of adoption: Dec 18, 2017
- F. If the ordinance was adopted or revised during the reporting period, is a copy of the adopted ordinance attached? Yes  No
- G. If the ordinance was adopted or revised during the reporting period and a copy is not attached, explain why: [Click here to enter text.](#)

6. **Implementation Schedule**

- A. BMP activities completed during this reporting period: Amended the Erosion and Sedimentation Ordinance, Division IV, Article 8.
- B. Date(s) for any BMP activities completed during this reporting period: various, see attached.
- 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:**  
Implementation of site plan review procedures in accordance with GSWCC requirement;  
Development of list of site plans received and number of plans reviewed, approved, or denied within the MS4.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Site Plan Review Status**
  - A. Are you a Local Issuing Authority? Yes  No 
    1. If yes, provide the following information for the reporting period:  
  
Number of plans received: 75  
Number of plans reviewed: 69  
Number of plans approved: 67  
Number of plans denied: 9
    2. A list or table of the site plans received, reviewed, approved, and/or denied during the reporting period should be provided. Is the information attached?  
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: Reviewed site plans
  - B. Date(s) for any BMP activities completed during this reporting period: various
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

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

1. **BMP # 3 (Table 4.2.4, BMP #3)**
2. **BMP Title: Inspection Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Construction site inspections on all construction sites within the MS4 before initial work begins, during active construction, and after final stabilization of site.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period?  Yes  No
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Construction site inspections
  - B. Date(s) for any BMP activities completed during this reporting period: various
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes  No
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue  Revise
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes  No
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 4 (Table 4.2.4, BMP #4)**
2. **BMP Title: Enforcement Procedures**
3. **Provide the measurable goal from the Permit and/or approved SWMP:**  
Implementation of enforcement procedures for E&S violations documented at construction sites in accordance with ERP.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: sites reported, violations addressed, and reports closed. See Attachment.
  - B. Date(s) for any BMP activities completed during this reporting period: various
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes  No
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP?  
Continue  Revise
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes  No
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 5 (Table 4.2.4, BMP #5)**
2. **BMP Title: Complaint Response**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Implement EPD-approved complaint, investigation, response, and tracking procedures.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: No complaints received.
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: See attachments
  - B. Date(s) for any BMP activities completed during this reporting period: various
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes  No
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue  Revise
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes  No
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 6 (Table 4.2.4, BMP #6)**
2. **BMP Title: Certification**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Staff involved in construction activity oversight received required certification(s).
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Staff maintained certifications.
  - B. Date(s) for any BMP activities completed during this reporting period: various
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes  No
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue  Revise
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes  No
  - D. If yes, please explain: [Click here to enter text.](#)

**Post- Construction Storm Water Management**  
**in New Development and Redevelopment**  
**Minimum Control Measure**  
**(Table 4.2.5)**

1. **BMP # 1 (Table 4.2.5, BMP #1)**
2. **BMP Title: Legal Authority**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Annual ordinance evaluation and amendment, if necessary, to comply with GSWCC.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Ordinance Status**
  - A. Did you adopt or revise the ordinance during the reporting period? Yes  No
  - B. If yes, provide the date of adoption: 5/16/22
  - C. Does the ordinance require development in accordance with the Georgia Stormwater Management Manual (GSMM), a local design manual, and/or the Coastal Stormwater Supplement? Yes  No
  - D. Does the ordinance adopt the performance standards in the 2016 GSMM?  
Yes  No
  - E. Is the MS4 located within the Metropolitan North Georgia Water Planning District (MNGWPD)? Yes  No   
  
If yes, then have you completed adoption of the MNGWPD 2019 Post-Construction ordinance? Yes  No  NA   
  
If the MNGWPD 2019 Post-Construction ordinance has not yet been adopted, explain the reason: [Click here to enter text.](#)
  - F. If the ordinance was adopted or revised during the reporting period, is a copy of the adopted ordinance attached? Yes  No
  - G. If the ordinance was adopted or revised during the reporting period and a copy is not attached, explain why: [Click here to enter text.](#)
5. **Implementation Schedule**

- A. BMP activities completed during this reporting period: Amended Article 11.
- B. Date(s) for any BMP activities completed during this reporting period: 5/16/22
- C. Did you comply with the implementation schedule in the SWMP? Yes  No
- D. If not, please explain why: [Click here to enter text.](#)

6. **BMP Effectiveness**

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



1. **BMP # 2 (Table 4.2.5, BMP #2)**
2. **BMP Title: Inventory**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Annual inventory of all publicly-owned stormwater management structures and privately-owned structure designed after December 9, 2008.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Inventory Status**
  - A. Provide information on the number of structures inventoried during the reporting period:
    1. Number of publicly-owned post-construction structures added: 0
    2. Number of privately-owned post-construction structures added: 0
  - B. Provide information on the number of structures identified to date:
    1. Total number of publicly-owned post-construction structures: 7
    2. Total number of privately-owned post-construction structures: 1
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why:
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: No new ponds were added to the inventory.
  - B. Date(s) for any BMP activities completed during this reporting period: NA
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
7. **BMP Effectiveness**

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

1. **BMP # 3 (Table 4.2.5, BMP #3)**
2. **BMP Title: Inspection Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Conduct inspections of all post-construction stormwater management structures included in the inventory of BMP 2, above, so that 100% of structures are inspected within the 5-year permit term. At a minimum, conduct inspections on 5% of the structures annually.

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

B. If not, explain why you did not comply with the measurable goal:

4. **Provide the status of inspections performed between 2018-2022:**

**Publicly-Owned Post-Construction Structures**

| Year         | Total Number Post Construction Structures | Number Post Construction Structures Inspected | % Inspected |
|--------------|---|---|-------------|
| 2018         | 7   | 1   | 14          |
| 2019         | 7   | 0   | 0           |
| 2020         | 7   | 0   | 0           |
| 2021         | 7   | 6   | 86          |
| 2022         | 7   | 1   | 7           |
| <b>Total</b> | 7   | 7   | 100         |

NOTE:.

**Privately-Owned Post-Construction Structures**

| Year         | Total Number Post Construction Structures | Number Post Construction Structures Inspected | % Inspected |
|--------------|---|---|-------------|
| 2018         | 1   | 1   | 100         |
| 2019         | 1   | 0   | 0           |
| 2020         | 1   | 0   | 0           |
| 2021         | 1   | 1   | 1           |
| 2022         | 1   | 1   | 1           |
| <b>Total</b> | 1   | 1   | 100         |

NOTE:

5. **Documentation**

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

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

6. **Implementation Schedule**

- A. BMP activities completed during this reporting period: Inspected 1 publicly-owned pond (DT00121) however, pond did not come on-line until 1/5/2023. See attachments. Attempted to inspect the only privately-owned pond constructed after 12/9/2008, DT00109, but channels to pond and pond were being regraded and re-sloped at time of inspection as noted in inspection report.
- B. Date(s) for any BMP activities completed during this reporting period: various
- C. Did you comply with the implementation schedule in the SWMP? Yes  No
- D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

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

1. **BMP # 4 (Table 4.2.5, BMP #4)**
2. **BMP Title: Maintenance Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Structure maintenance on publicly- and privately-owned structures.
  - A. Did you comply with the measurable goal? Yes  No   
 NOTE: Structures were maintained by Jackson County BOE but no maintenance agreements were executed with Jackson Co BOE as per 2022 amendment to SWMP. (DT00079, 00116, 00117, 00118, 00119, 00120, 00121)
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period?:
    1. Maintenance of permittee-owned structures: Yes  No
    2. Maintenance conducted by permittee on privately-owned structures or publicly-owned by other entities: Yes  No  NA
    3. Summary list of maintenance agreements: Yes  No   
 NOTE: No maintenance agreements executed during report year.
  - B. If not, please explain why.
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: There is one publicly-owned structure, Gum Springs Park, DT00121, and pond was under construction during 2022 and not completed until 1/5/2023. Therefore, no maintenance agreement or activities in 2022. Privately-owned structures, DT00044 and DT00045, located on Cotton Gin Row, are under maintenance agreements (previously submitted) and documentation of maintenance is attached. No maintenance agreement yet executed for privately-owned structure DT00109 as it was under construction during 2022.
  - B. Date(s) for any BMP activities completed during this reporting period: various
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: NOTE: No maintenance agreements were executed with BOE and no maintenance was documented..
6. **BMP Effectiveness**

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

1. **BMP # 5 (Table 4.2.5, BMP #5)**
2. **BMP Title: GI/LID Structure Inventory**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Annual update of GI/LID structures to include total number and type of structures, and structure ownership.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal:
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
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: Two new ponds under construction in the Traditions development (residential). No GI/LID was required because GI/LID program has not been adopted nor ordinances amended to require GI/LID. [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: NA
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)

7. **BMP Effectiveness**

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

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

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

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



1. **BMP # 6 (Table 4.2.5, BMP #6)**
2. **BMP Title: GI/LID Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Develop and implement program describing GI/LID practices to be implemented by permittee.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: Revised GI/LID program not submitted to GA EPD for review and approval. Requested extension until April 2023.
4. **Program Development**
  - A. Has the GI/LID Program development been completed? Yes  No

Note: For existing permittees, the deadline is 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: : Revised GI/LID program not submitted to GA EPD for review and approval. Requested extension until April 2023. .
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: None
  - B. Date(s) for any BMP activities completed during this reporting period: NA
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
7. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes  No
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue  Revise

- C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes  No
- D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 7 (Table 4.2.5, BMP #7)**
2. **BMP Title: GI/LID Inspection and Maintenance Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Conduct inspection on GI/LID structures in accordance with GI/LID program inspection schedule; conduct maintenance on permittee-owned structures; implement maintenance procedures for all GI/LID structures, as needed.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Provide the status of inspections performed between 2020-2022:**

**Permittee-Owned GI/LID Structures**

| <b>Year</b>  | <b>Total Number GI/LID Structures</b> | <b>Number GI/LID Structures Inspected</b> | <b>% Inspected</b> |
|--------------|---------------------------------------|---|--------------------|
| 2020         | 0                                     | 0   | 0                  |
| 2021         | 0                                     | 0   | 0                  |
| 2022         | 0                                     | 0   | 0                  |
| <b>Total</b> |                                       |   |                    |

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

| <b>Year</b>  | <b>Total Number Post Construction Structures</b> | <b>Number Post Construction Structures Inspected</b> | <b>% Inspected</b> |
|--------------|--|--|--------------------|
| 2020         | 0  | 0  | 0                  |
| 2021         | 0  | 0  | 0                  |
| 2022         | 0  | 0  | 0                  |
| <b>Total</b> |  |  |                    |

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

| <b>Year</b>  | <b>Total Number Post Construction Structures</b> | <b>Number Post Construction Structures Inspected</b> | <b>% Inspected</b> |
|--------------|--|--|--------------------|
| 2020         | 0  | 0  | 0                  |
| 2021         | 0  | 0  | 0                  |
| 2022         | 0  | 0  | 0                  |
| <b>Total</b> |  |  |                    |

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

- A. Provide the total number of permittee-owned GI/LID structures: 0
- B. Provide the number of GI/LID structures maintained 0
- C. Provide the percentage of GI/LID structures maintained 0

6. **Documentation**

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

7. **Implementation Schedule**

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

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 MS4 population >10,000 on December 6, 2017)**

1. You are required to continue to review and revise, where necessary, building codes, ordinances, and other regulations to ensure they do not prohibit or impede the use of GI/LID practices. Was an evaluation of the MS4's ordinances, codes, and regulations conducted during the reporting period? Yes  No
2. If an evaluation was completed during the reporting period, is documentation of the activity attached to this annual report? Yes  No  NA
3. Based on the results of the evaluation, did the MS4 determine that revisions to the ordinances, codes, and regulations were necessary? Yes  No  NA
4. If revisions to the document(s) were required, provide the name of the document(s) and the date(s) of adoption: no revisions made in report year
5. If revisions have not yet been completed, provide the status of the document revisions and a projected completion date: Revised GI/LID program not submitted to GA EPD for review and approval. Requested extension until April 2023. See Attachment, BMP 6. [Click here to enter text.](#)

**Pollution Prevention/ Good Housekeeping**  
**for Municipal Operations**  
**Minimum Control Measure**  
**(Table 4.2.6)**

1. **BMP # 1 (Table 4.2.6, BMP #1)**
2. **BMP Title: MS4 Control Structure Inventory and Map**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Annual update of public structure map and inventory.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Inventory and Map Status**
  - A. Provide the number of structures inventoried and mapped during the reporting period:
    1. Number of catch basins added: 0
    2. Number of ditches added (state if miles or linear feet): 0
    3. Number of publicly-owned detention/retention ponds 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: 740 \*removed 11 BOE catch basins shown on 2021 AR from inventory.
    2. Total number of ditches (state if miles or linear feet): 107,189 l.f.
    3. Total number of publicly-owned detention/retention ponds: 7
    4. Total number of storm drain lines (state if miles or linear feet): 96,426 l.f.
5. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: updated inventory of structures
  - B. Date(s) for any BMP activities completed during this reporting period: various
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No

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

7. **BMP Effectiveness**

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

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

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

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

1. **BMP # 2 (Table 4.2.6, BMP #2)**
2. **BMP Title: MS4 Inspection Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Conduct inspections annually on a minimum of 20% of MS4 control structures.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. Provide the status of inspections performed between 2018-2022:

**Catch Basins**

| Year         | Total Number Catch Basins | Number Catch Basins Inspected | % Inspected |
|--------------|---------------------------|-------------------------------|-------------|
| 2018         | 751                       | 152                           | 20          |
| 2019         | 751                       | 155                           | 21          |
| 2020         | 751                       | 167                           | 22          |
| 2021         | 751                       | 151                           | 20          |
| 2022         | 740                       | 129                           | 17          |
| <b>TOTAL</b> | 740                       | 740                           | 100         |

NOTE: 11 catch basins previously reported as “public” are Jackson County BOE-owned and therefore do not meet the definition of MS4.

**Pipes**

| Year         | Total Pipes Number or Length (specify ft. or miles) | Number of Pipes or Length Inspected (specify ft. or miles) | % Inspected |
|--------------|---|--|-------------|
| 2018         | 96,157 l.f.   | 14,845 l.f.  | 15          |
| 2019         | 96,320 l.f.   | 12,890 l.f.  | 13          |
| 2020         | 96,426 l.f.   | 13,588 l.f.  | 14          |
| 2021         | 96,426 l.f.   | 14,768 l.f.  | 15          |
| 2022         | 96,426 l.f.   | 14,614 l.f.  | 10          |
| <b>Total</b> | 96,426 l.f.   |  | 67          |

NOTE: Percent of pipes inspected reflect driveway pipes in addition to a few miscellaneous pipes. Permittee has no capacity to inspect pipes that run under roads other than observing flow from pipes into catch basins.



**Ditches**

| <b>Year</b>  | <b>Total Ditches<br/>Number or Length<br/>(specify ft. or miles)</b> | <b>Number of Ditches or<br/>Length Inspected<br/>(specify ft. or miles)</b> | <b>% Inspected</b> |
|--------------|--|---|--------------------|
| 2018         | 107,189 l.f.   | 107,189 l.f.  | 100                |
| 2019         | 107,189 l.f.   | 107,189 l.f.  | 100                |
| 2020         | 107,189 l.f.   | 107,189 l.f.  | 100                |
| 2021         | 107,189 l.f.   | 107,189 l.f.  | 100                |
| 2022         | 107,189 l.f.   | 107,189 l.f.  | 100                |
| <b>Total</b> | 107,189 l.f.   | 107,189 l.f.  | 100                |

**Publicly-Owned Detention/Retention Ponds**

| <b>Year</b>  | <b>Total Number<br/>Structures</b> | <b>Number Structures<br/>Inspected</b> | <b>% Inspected</b> |
|--------------|------------------------------------|--|--------------------|
| 2018         | 7                                  | 1                                      | 14                 |
| 2019         | 7                                  | 0                                      | 0                  |
| 2020         | 7                                  | 0                                      | 0                  |
| 2021         | 7                                  | 6                                      | 86                 |
| 2022         | 1                                  | 1                                      | 7                  |
| <b>Total</b> | 7                                  | 7                                      | 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: Inspected public catch basins, pipes, and ditches

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

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

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

**7. BMP Effectiveness**

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

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

1. **BMP # 3 (Table 4.2.6, BMP #3)**
2. **BMP Title: MS4 Maintenance Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Maintained MS4 control structures.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Provide the status of maintenance performed on MS4 structures during the reporting period:**
  - A. The number of catch basins maintained (including cleaning): 4.
  - B. The number of ditches maintained (miles or linear feet): 105.60 miles (vegetation maintenance); 16.18 miles (structural maintenance);
  - C. The number of detention/retention ponds maintained: 0
  - D. The number of storm drain lines maintained (miles or linear feet): 512 l.f.
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: Ditch, pipe, and catch basin maintenance as documented in Attachments. .
  - B. Date(s) for any BMP activities completed during this reporting period: various
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
7. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes  No

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

1. **BMP # 4 (Table 4.2.6, BMP #4)**
2. **BMP Title: Street and Parking Lot Cleaning**
3. **Provide the measurable goal from the Permit and/or approved SWMP:**  
Implementation of street and parking lot cleaning procedures by the Jackson County Corrections Department inmate labor and transport to Jackson County Transfer Station for final disposal in the Banks County Landfill.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: Permittee does not sweep streets nor does it own any parking lots in the MS4.
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Permittee does not own street cleaning equipment and does not sweep streets. Permittee does not own any parking lots in the MS4. All parking lots are privately owned and maintained.
  - B. Date(s) for any BMP activities completed during this reporting period: NA
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes  No
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue  Revise
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes  No
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 5 (Table 4.2.6, BMP #5)**
2. **BMP Title: Employee Training**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Annual employee training program
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: Road department staff viewed the video, "MS4 Overview and Annual Training ", <https://www.youtube.com/watch?v=8XZvQSxRb6g>
  - B. Date(s) for any BMP activities completed during this reporting period: 12/21/2022
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes  No
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue  Revise
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes  No
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 6 (Table 4.2.6, BMP #6)**
2. **BMP Title: Waste Disposal**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Waste collected by County staff and taken to Jackson County Transfer station for transportation to Banks County Landfill.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: 2340 pounds of trash/litter removed from identified road segments and taken to the Jackson County Transfer Station for disposal in the Banks County Landfill. See attachment for list of roads and trash volume removed as well as Work Activity Reports. [Click here to enter text.](#)
  - B. Date(s) for any BMP activities completed during this reporting period: various
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes  No
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue  Revise
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes  No
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 7 (Table 4.2.6, BMP #7)**
2. **BMP Title: New Flood Management Projects**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Proposed management projects will not negatively impact water quality.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: There are no new flood management projects.
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: None
  - B. Date(s) for any BMP activities completed during this reporting period: NA
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes  No
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue  Revise
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes  No
  - D. If yes, please explain: [Click here to enter text.](#)



1. **BMP # 8 (Table 4.2.6, BMP #8)**
2. **BMP Title: Existing Flood Management Projects**
3. **Provide the measurable goal from the Permit and/or approved SWMP: : Assessment of existing permittee-owned flood management projects to address water quality impacts and conduct any retrofitting activities.**
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes  No
  - B. If not, please explain why: There was no retrofit of existing flood management projects.
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: None
  - B. Date(s) for any BMP activities completed during this reporting period: NA
  - C. Did you comply with the implementation schedule in the SWMP? Yes  No
  - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - A. Do you consider this BMP to be effective? Yes  No
  - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue  Revise
  - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes  No
  - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 9 (Table 4.2.6, BMP #9)**
2. **BMP Title: Municipal Facilities**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Update inventory and inspection of 20% of facilities annually.
  - A. Did you comply with the measurable goal? Yes  No
  - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)

4. **Inventory and Inspection**

A. Inventory

1. Was an inventory of municipal facilities with the potential to cause pollution updated during the reporting period? Yes  No
2. A copy of the inventory must be submitted with the annual report. Is the inventory attached? Yes  No
3. If the inventory is not attached, explain why: : **Permittee does not own any municipal facilities in the MS4.**

B. Inspection

1. Provide the status of inspections performed on municipal facilities between 2018-2022:

**Municipal Facilities**

| <b>Year</b>  | <b>Total Number Municipal Facilities</b> | <b>Number Inspected</b> | <b>% Inspected</b> |
|--------------|--|-------------------------|--------------------|
| 2018         | 0  | 0                       | 0                  |
| 2019         | 0  | 0                       | 0                  |
| 2020         | 0  | 0                       | 0                  |
| 2021         | 0  | 0                       | 0                  |
| 2022         | 0  | 0                       | 0                  |
| <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: **Permittee does not own any municipal facilities in the MS4.**

6. **Implementation Schedule**

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

7. **BMP Effectiveness**

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

**Enforcement Response Plan**  
**Section 4.3**

1. You were required to develop an Enforcement Response Plan (ERP) and submit the document to EPD. Have you completed ERP development? Yes  No
2. If yes, provide the date of submittal to EPD: 2/15/2015
3. If no, explain the reason for the delay and provide the status of the ERP development: [Click here to enter text.](#)

**Impaired Waters**  
**Section 4.4**

1. You are required to develop either an Impaired Waters Plan (population <10,000) or a Monitoring and Implementation Plan (population >10,000). Check which one you are required to develop:

- Impaired Waters Plan
- Monitoring and Implementation Plan

2. For existing permittees, you were required to submit the relevant Plan to EPD by February 15, 2015. For new permittees (designated on March 7, 2014), you were required to submit the relevant Plan by February 15, 2018. Have you completed development of the Plan?

Yes  No

3. If yes, provide the date of submittal to EPD: 2/15/2015

4. If no, provide the status of the Plan development: [Click here to enter text.](#)

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

6. If newly listed waters have been identified, you must revise your Plan. If a Plan revision is required, provide the status and the projected date for submittal to EPD: **No newly impaired waters listed in jurisdiction.**

7. For permittees with an Impaired Waters Plan, 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 |
|---------------|----------------------|
|               |                      |
|               |                      |

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 | Sampling Frequency |
|--|----------------------|--------------------|
| Pond Fork – Headwaters to E. Pond Fork           | FC                   | Quarterly          |
| Walnut Creek – Caney Fork to Middle Oconee River | FC, Bio (M)          | Quarterly          |

NOTE: This information is contained in the EPD-approved “Impaired Waters Monitoring and Implementation Plan for Pond Fork and Walnut Creek as well as in the 2021 Annual Report.”

B. You are required to provide monitoring data obtained for each pollutant of concern. Is the monitoring data attached? Yes  No  NA

NOTE: This information is contained in the “Impaired Waters Monitoring and Implementation Plan for Pond Fork and Walnut Creek 2022 Annual Report.”

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  NA

NOTE: This information is contained in the “Impaired Waters Monitoring and Implementation Plan for Pond Fork and Walnut Creek 2022 Annual Report.”

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  NA

NOTE: This information is contained in the “Impaired Waters Monitoring and Implementation Plan for Pond Fork and Walnut Creek 2022 Annual Report.”

**Sharing Responsibility**  
**Section 4.5**

1. Are you sharing responsibility for implementation of any part of the SWMP with another entity? Yes  No
2. If yes, provide the name of the entity: [Click here to enter text.](#)
3. Are you performing tasks for another entity? Yes  No
4. Is another entity is performing tasks on your behalf? Yes  No
5. If you answered “Yes” to either question #3 or #4, describe what tasks are being performed by which entity: [Click here to enter text.](#)
6. You must provide a copy of a signed intergovernmental agreement. Was an agreement included with the SWMP? Yes  No