

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

Cover Page

**Part 1. General Information:**

1. Permittee Name: City of Cordele
2. Mailing Address: 808 East 11<sup>th</sup> Avenue, Cordele, Georgia 31015
3. Contact Person: Jessie Mercer
4. E-Mail Address: jessi Mercer@cityofcordele.com
5. Telephone Number: 229-276-2987
6. Reporting Year (January 1–December 31): 2024

**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: January 02, 2025
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: Jessie Mercer

Title: Public Works Director      Date: \_\_\_\_\_

**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: Waiting on approval from GAEPD. The City is in the process of re-designing our website.

2. **BMP Title: A1 Brochure Distribution**

3. **Provide the measurable goal from SWMP:** Number and location of brochures distributed at meetings, presentations, City Hall and similar public places on an annual basis.

- 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: An Excel Log with the number and type of brochures distributed and restock numbers has been provided.
- B. Date(s) for any BMP activities completed during this reporting period: 2024
- 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: A2 Municipal Website**
3. **Provide the measurable goal from SWMP:** A site counter will be used to monitor the number of visitors to the stormwater section of the City of Cordele's Stormwater 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: Screenshots of the counter at the beginning and end of each reporting period.
  - B. Date(s) for any BMP activities completed during this reporting period: 2024
  - 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.

1. **BMP # 3**
2. **BMP Title: A3 Presentation on Stormwater Issues**
3. **Provide the measurable goal from SWMP:** The City has prepared several information inserts to be posted by the Chamber in their public newsletters at least three times per year.
  - C. Did you comply with the measurable goal? Yes ☒ No ☐
  - D. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - C. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐
  - D. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - E. BMP activities completed during this reporting period: The City will provide a copy of the information inserts and either screen shots or emails of the newsletters showing the required information.
  - F. Date(s) for any BMP activities completed during this reporting period: 2024
  - G. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐
  - H. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - E. Do you consider this BMP to be effective? Yes ☒ No ☐
  - F. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐
  - G. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒

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

1. **BMP # 4**
2. **BMP Title: A4 Utility Bill Insert**
3. **Provide the measurable goal from SWMP:** A brief message asking the public to keep trash out of the stormwater inlets will be included on a City of Cordele Utility Bill at least once annually.
  - E. Did you comply with the measurable goal? Yes☒ No☐
  - F. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**
  - E. Did you attach documentation of the BMP activities completed during the reporting period? Yes☒ No☐
  - F. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**
  - I. BMP activities completed during this reporting period: The City will provide a copy of a utility bill showing the message.
  - J. Date(s) for any BMP activities completed during this reporting period: 2024
  - K. Did you comply with the implementation schedule in the SWMP? Yes☒ No☐
  - L. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
  - H. Do you consider this BMP to be effective? Yes☒ No☐
  - I. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue☒ Revise☐
  - J. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes☐ No☒

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

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

1. **BMP # 1**
2. **BMP Title: B1 Stormwater Technical Advisory Committee (SWTAC)**
3. **Provide the measurable goal from SWMP:** The SWTAC will meet annually or as needed, for both advisory and appeals.
  - 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: SWTAC meeting.
  - B. Date(s) for any BMP activities completed during this reporting period: Dec. 11, 2024
  - 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: B2 GREAT AMERICAN CLEANUP**
3. **Provide the measurable goal from SWMP:** As part of the Keep America Beautiful program. Activities to allow for volunteer involvement, documented with an Excel Log of the activities undertaken, and total collection numbers and pictures when possible.
  - 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: Documented with an Excel Log of the activities undertaken, and total collection numbers and pictures when possible.
  - B. Date(s) for any BMP activities completed during this reporting period: 2024
  - 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.



1. **BMP # 3**
2. **BMP Title: B3 RIVERS ALIVE**
3. **Provide the measurable goal from SWMP:** Activities to allow for volunteer involvement, and a record of the activities undertaken, and total collection numbers and pictures when possible.  
  
C. Did you comply with the measurable goal? Yes ☒ No ☐  
  
D. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**  
  
C. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐  
  
D. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**  
  
E. BMP activities completed during this reporting period: Screen shots of advertisements, posters, and / or photos of the event will be submitted as documentation of the event. If possible, an attendance roll will be obtained. If possible, the total number of collected material will be logged.  
  
F. Date(s) for any BMP activities completed during this reporting period: 10/19/2024  
  
G. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐  
  
H. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**  
  
E. Do you consider this BMP to be effective? Yes ☒ No ☐  
  
F. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐  
  
G. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒  
If yes, please explain: [Click here to enter text.](#)

1. **BMP # 4**
2. **BMP Title: B4 LOCAL RECYCLING EVENTS**
3. **Provide the measurable goal from SWMP:** Activities to allow for volunteer involvement, and a record of the activities undertaken, and total collection numbers when possible.  
  
E. Did you comply with the measurable goal? Yes ☒ No ☐  
  
F. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **Documentation**  
  
E. Did you attach documentation of the BMP activities completed during the reporting period? Yes ☒ No ☐  
  
F. If not, please explain why: [Click here to enter text.](#)
5. **Implementation Schedule**  
  
I. BMP activities completed during this reporting period: Screen shots of advertisements, posters, and / or photos of the event will be submitted as documentation of the event. If possible, the total number of collected material will be logged.  
  
J. Date(s) for any BMP activities completed during this reporting period: 2024  
  
K. Did you comply with the implementation schedule in the SWMP? Yes ☒ No ☐  
  
L. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**  
  
H. Do you consider this BMP to be effective? Yes ☒ No ☐  
  
I. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue ☒ Revise ☐  
  
J. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes ☐ No ☒

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: C1 Legal Authority (IDDE Ordinance)**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will adopt or revise its Ordinance and Regulation, and if necessary, modify the ordinance during the reporting period. If the ordinance is revised during the reporting period, the City will submit a copy of the ordinance with the 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. **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 was reviewed.
  - B. Date(s) for any BMP activities completed during this reporting period: 2024
  - 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: C2 Outfall Map and Inventory**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will revise and update the inventory and map showing any outfalls added 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:0
  - B. Provide the total number of outfalls on the inventory during the reporting period: 75
  - 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: Reviewed and revised outfall map and inventory list.
  - B. Date(s) for any BMP activities completed during this reporting period: 2024

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: C3 IDDE Plan - Dry Weather screening Reports**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will conduct dry weather screening inspections so that 100% of the outfalls are inspected during the permit period, with a minimum of at least 5% 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. **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	75	63	84%
2024	75	75	100%
2025			
2026			
2027			
<b>Total</b>			

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: [Click here to enter text.](#)

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.

B. Date(s) for any BMP activities completed during this reporting period: 2024

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: C4 Education IDDE**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will prepare and distribute brochure materials that identify common illegal discharges and will request the assistance of citizens and employees in identifying potentially contaminated discharges.
  - 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 copy of the distributed brochures and a sign in sheet for the class will be submitted in each annual report.
  - B. Date(s) for any BMP activities completed during this reporting period: 12/11/24
  - 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 each illicit discharge related complaint received 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 report (e.g. complaint date, type, status) 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 documented each illicit discharge complaint received during the reporting period.
  - B. Date(s) for any BMP activities completed during this reporting period: 2/1/2024
  - 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: D1 Legal Authority**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will evaluate Erosion & Sediment Ordinance and if necessary, modify 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. **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: 1/5/2024 and 7/1/2024
  - 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? E&S
  - 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: 2016 / revised 2017

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: The City evaluated the Erosion & Sediment Ordinance.

B. Date(s) for any BMP activities completed during this reporting period: 2024

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: D2 Site Plan Review Procedures**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The city will review all site plans submitted for a Land Disturbance Permit for sites with disturbed area of 1.0 acre or greater.
  - 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: 4  
Number of plans approved: 4  
Number of plans denied: 0
    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: 4
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: Review site plans.
  - B. Date(s) for any BMP activities completed during this reporting period: 2024
  - 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: D3 Inspection Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will inspect each construction site a minimum of three times: following installation of initial BMPs, during active construction, and after 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: Inspection reports and a list of active construction sites with each annual report.  
  
B. Date(s) for any BMP activities completed during this reporting period: 2024  
  
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: D4 Enforcement Procedures**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will respond to and document the number of violations 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. 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 will responded to and documented all violations during the reporting period.
  - B. Date(s) for any BMP activities completed during this reporting period: N/A
  - 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: D5 Complaint Response**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will respond and document all of the E&S complaints received 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 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: No Complaints to report.
  - B. Date(s) for any BMP activities completed during this reporting period: 2024
  - 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: D6 Certification**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The city will provide the number and type of current certifications held by MS4 staff 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. **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: The city provided the number and type of current certifications held by MS4 staff.
  - B. Date(s) for any BMP activities completed during this reporting period: 2024
  - 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: E1 Legal Authority**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will evaluate the existing stormwater ordinance, and if necessary, modify the ordinance 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. 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 ☐ **N/A**
  - 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: Ordinance review.
  - B. Date(s) for any BMP activities completed during this reporting period: 2024
  - 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: E2 Inventory Post Construction Stormwater Structures**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will update the inventory annually to include structures added 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. **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: 1
    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: 8
    2. Total number of privately-owned post-construction structures: 46
    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: [Click here to enter text.](#)
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: The City updated the inventory to include structures added during the reporting period.
  - B. Date(s) for any BMP activities completed during this reporting period: 2024
  - 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: E3 Inspection Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will inspect 100% of all post-construction stormwater management structures during the 5-year permit period, but no less than 20% 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. **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	8	8	100%
2024	8	8	100%
2025			
2026			
2027			
<b>Total</b>			

**Privately-Owned Post-Construction Structures**

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2023	45	23	51%
2024	46	46	100%
2025			
2026			
2027			
<b>Total</b>			

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

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



2027			
<b>Total</b>			

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: The City inspected post-construction stormwater management structures.

B. Date(s) for any BMP activities completed during this reporting period: 2024

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: E4 Maintenance Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will document maintenance, as needed, on 100% of the pond work orders submitted 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 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: [Click here to enter text.](#)
5. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: The City documented maintenance on 100% of the pond work orders submitted during the reporting period.
  - B. Date(s) for any BMP activities completed during this reporting period: 2024
  - 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: E5 GI/LID Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will, at a minimum, will do an annual evaluation of the GI/LID 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. **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: The City did an annual evaluation of the GI/LID Program.
  - B. Date(s) for any BMP activities completed during this reporting period: 2024
  - 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: E6 GI/LID Structure Inventory**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will document each GI/LID structure constructed 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. **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: [Click here to enter text.](#)
6. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: The City documented each GI/LID structure constructed during the reporting period.
  - 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 # 7 (Table 4.2.5, BMP #7)**
2. **BMP Title: E7 GI/LID Inspection Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will document each GI/LID structure inspected 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. **Provide the status of inspections performed between 2023-2027:**

**Permittee-Owned GI/LID Structures**

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

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

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

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

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



2027			
<b>Total</b>			

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: The City documented each GI/LID structure constructed during the reporting period.
- B. Date(s) for any BMP activities completed during this reporting period: 2024
- 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: E8 GI/LID Maintenance Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will document all maintenance required and performed for each GI/LID structure 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. **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
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: No Maintenance Agreements to record.
  - C. Did you provide documentation of any activities taken to ensure maintenance? N/A
6. **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.](#)
7. **Implementation Schedule**
  - A. BMP activities completed during this reporting period: The City documented all maintenance required and performed for each GI/LID structure during the reporting period.
  - 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: F1 MS4 Structure Inventory and Map**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will update the inventory as new structures are added 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. **Inventory and Map Status**
  - A. Provide the number of structures inventoried and mapped during the reporting period:
    1. Number of catch basins added: 45
    2. Number of ditches added (state if miles or linear feet): 1.64 mi
    3. Number of publicly-owned detention/retention ponds and underground detention added: 1
    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: 1594
    2. Total number of ditches (state if miles or linear feet): 55.59
    3. Total number of publicly-owned detention/retention ponds and underground detention:
    4. Total number of storm drain lines (state if miles or linear feet): approx. 87.9 m
  - 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: The City updated the inventory as new structures are added during the reporting period.

B. Date(s) for any BMP activities completed during this reporting period: 2024

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: F2 MS4 Inspection Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will conduct inspections on the MS4 control structures so that 100% of the structures are inspected within a 5-year 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**

<b>Year</b>	<b>Total Number Catch Basins</b>	<b>Number Catch Basins Inspected</b>	<b>% Inspected</b>
2023	1546	1349	87%
2024	1594	1162	72.9%
2025			
2026			
2027			
<b>Total</b>			

#### **Pipes**

<b>Year</b>	<b>Total Pipes Number or Length (specify ft. or miles)</b>	<b>Number of Pipes or Length Inspected (specify ft. or miles)</b>	<b>% Inspected</b>
2023	87.9 mi	28.18 mi	32%
2024	87.9 mi	24.65 mi	28%
2025			
2026			
2027			
<b>Total</b>			

#### **Ditches**

<b>Year</b>	<b>Total Ditches Number or Length (specify ft. or miles)</b>	<b>Number of Ditches or Length Inspected (specify ft. or miles)</b>	<b>% Inspected</b>
2023	53.95 mi	43.33 mi	80%
2024	55.59 mi	55.59 mi	100%
2025			
2026			

2027			
<b>Total</b>			

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

Year	Total Number Structures	Number Structures Inspected	% Inspected
2023	8	8	100%
2024	8	8	100%
2025			
2026			
2027			
<b>Total</b>			

**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: The City conducted inspections on the MS4 control structures.
- B. Date(s) for any BMP activities completed during this reporting period: 2024
- 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: F3 MS4 Maintenance Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will perform maintenance, as needed, on MS4 control structures and document activities 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. **Provide the status of maintenance performed on MS4 structures during the reporting period:**
  - A. The number of catch basins maintained (including cleaning): 1162
  - B. The number of ditches maintained (miles or linear feet): 55.59 mi
  - C. The number of detention/retention ponds and underground detention maintained: 8
  - D. The number of storm drain lines maintained (miles or linear feet): 24.65 mi
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: The City performed maintenance on MS4 control structures and documented activities.
  - B. Date(s) for any BMP activities completed during this reporting period: 2024
  - 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: F4 Street and Parking Lot Cleaning**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will sweep at a minimum 300 miles of streets 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 swept a minimum of 300 miles of streets during the reporting period.
  - B. Date(s) for any BMP activities completed during this reporting period: 2024
  - 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: F5 Employee Training**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will provide at least one educational opportunity to City employees with-in 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 provided at least one educational opportunity to City employees with-in the reporting period.
  - B. Date(s) for any BMP activities completed during this reporting period: 12/11/2024
  - 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: F6 Waste Disposal**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will follow the waste disposal procedures when debris is removed from the MS4 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 followed the waste disposal procedures.
  - B. Date(s) for any BMP activities completed during this reporting period: 2024
  - 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: F7 New Flood Management Projects**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will review 100% of the submitted plans where flood management projects were considered for water quality 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 100% of the submitted plans where flood management projects were considered for water quality during the reporting period.
  - 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 # 8 (Table 4.2.6, BMP #8)**
2. **BMP Title: F8 Existing Flood Management Projects**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will assess 100% of the existing publicly-owned flood management projects during 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. **Status of previously assessed projects**

Structure	Date of Assessment	Results of Assessment	Status of Retrofitting
Public ponds	2024	See inspection forms	None required

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: The City assessed 100% of the existing publicly-owned flood management structures.

B. Date(s) for any BMP activities completed during this reporting period: 2024

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 inspect 100% of all municipal facilities within the 5-year permit term.
  - 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	5	1	20%
2024	5	2	40%
2025			
2026			
2027			
<b>Total</b>			

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: The City inspected 20% minimum of municipal facilities within the reporting period.
- B. Date(s) for any BMP activities completed during this reporting period: 2024
- 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: 11/18/2015
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? 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 – BACTERIOLOGICAL ASSESSMENT

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:

4. If no, provide the status of the Plan development: As of 1/16/25, I have requested a new quote from TTL out of Valdosta to present to our new Public Works Director.

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:

<b>Name of Water</b>	<b>Pollutant of Concern</b>	<b>Monitoring Location</b>	<b>Sampling Frequency</b>
GUM	bacteria	Above/Below creek sampling	4x annually

- B. You are required to provide monitoring data obtained for each pollutant of concern. Is the monitoring data attached? Yes ☒ No ☐ Monitoring data is from the annual Cordele Watershed Assessment 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 ☒
- 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 ☐