

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

Cover Page

Part 1. General Information:

1. Permittee Name: City of Temple, GA
2. Mailing Address: 240 Carrollton Street Temple, GA 30179
3. Contact Person: William Osborne
4. E-Mail Address: wosborne@templega.us
5. Telephone Number: 770-562-3369
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: Click here to enter text.
3. If no, provide the date of the last submittal: April 15, 2019

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: William Osborne

Title: City Administrator Date: 3/27/23

Public Education and Outreach
Minimum Control Measure
(Table 4.2.1)

1. **BMP # 1**
2. **BMP Title:** Brochure and Fact Sheet
3. **Provide the measurable goal from SWMP:** A minimum of one additional or updated fact sheet will be provided each reporting period. Brochures and/or fact sheets will be available at one civic event during each reporting period.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: Although brochures were made available to the public, we did not update the brochure.
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: Brochure is available
 - B. Date(s) for any BMP activities completed during this reporting period: Continuous
 - 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:** Education Utilizing the City Web Site
3. **Provide the measurable goal from SWMP:** The city will update the storm water page at least once during each reporting year.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: No updates have been made to the stormwater page of the City's website.
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: None
 - B. Date(s) for any BMP activities completed during this reporting period: No BMP activities completed.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: No updates were made to the stormwater page on the City's website.
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

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

Public Involvement/ Participation
Minimum Control Measure
(Table 4.2.2)

1. **BMP # 1**
2. **BMP Title:** Presentations to Mayor and City Council
3. **Provide the measurable goal from SWMP:** A minimum of 2 presentations involving storm water management activities during each reporting year.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: The current staff were not aware this was an annual requirement.
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why: Activity was not completed.
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Two stormwater management presentations were given at City Council meetings.
 - B. Date(s) for any BMP activities completed during this reporting period: April 4, 2022 and November 28, 2022
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why:
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 2**
2. **BMP Title:** SWMP Access
3. **Provide the measurable goal from SWMP:** The SWMP and any updates will be posted on the stormwater page. The SWMP annual reports will be posted on the page.
 - 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: Uploading the SWMP to the city website
 - B. Date(s) for any BMP activities completed during this reporting period: Continuous
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

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

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

1. **BMP # 1 (Table 4.2.3, BMP #1)**
2. **BMP Title: Legal Authority**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The city will evaluate the effectiveness of the existing ordinance on an on-going basis and modify the ordinance if necessary.
 - 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: 2012
 - 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: None
 - 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 # 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:** The city will update the map and inventory for the outfalls from the MS4 area. Following completion of the mapping and inventory, the maps will be updated annually with any additions or modifications to 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. **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: 137
 - C. Is the outfall mapping completed? Yes No
 - D. If not, explain the reason why, and provide the status of the mapping: [Click here to enter text.](#)
 - E. 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: Checking the Map and Inventory for accuracy.
 - B. Date(s) for any BMP activities completed during this reporting period: April 29, 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.](#)

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:** Initial dry-weather screening to be conducted in conjunction with Inventory Mapping.
 - 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: 66
 - B. What percentage of the total number of outfalls were inspected during the reporting period? 65
 - C. Provide the status of the outfall screening from 2018-2022:

Year	Total Number of Outfalls	Number of Outfalls Screened	% Screened
2018	137	63	46
2019	137	0	0
2020	137	0	0
2021	137	30	22
2022	137	89	65%
Total			

Note - based on 2019’s inspection with EPD staff it was determined that the City was classifying each outlet from a pipe system as an outfall (not in accordance with EPD direction and the definition of an Outfall). The City has updated their maps to reflect the correct number of outfalls (137) and how many have actually been inspected.

- 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: 22
 2. Provide the number of stream miles walked during the reporting period: 3
 3. What percentage of the total number of stream miles were walked during the reporting period? 88

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: Outfall inspections

B. Date(s) for any BMP activities completed during this reporting period: 04/29/2022 – 05/18/2022

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

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

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:** Educational outreach will be done once per reporting period upon development of 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. **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: none
 - B. Date(s) for any BMP activities completed during this reporting period: April 4, 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 # 5 (Table 4.2.3, BMP #5)**
2. **BMP Title: Complaint Response**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** Develop procedures for receiving, investigating and tracking the status of illicit discharge complaints. Reports of illicit discharges will be investigated within 72 hours of receipt. A tracking system will be utilized to record the report, the result of the investigation, and resolution as necessary.
 - 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: The City received no complaints.
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: We did not receive any complaints during the reporting period
 - B. Date(s) for any BMP activities completed during this reporting period: December 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.](#)

Note: You must complete a BMP annual report page for any additional Illicit Discharge Detection and Elimination BMPs contained in your SWMP.

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

1. **BMP # 1 (Table 4.2.4, BMP #1)**
2. **BMP Title: Legal Authority**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The city will evaluate the Soil Erosion and Sedimentation Control 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. **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: [Click here to enter text](#)
 - 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? [Choose an item.](#)
 - 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: [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.](#)

6. **Implementation Schedule**

A. BMP activities completed during this reporting period: Reviewed Soil Erosion and Sedimentation Control Ordinance.

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

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:** The city is not a LIA. EPD will implement this BMP.
 - 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: [Click here to enter text.](#)
Number of plans reviewed: [Click here to enter text.](#)
Number of plans approved: [Click here to enter text.](#)
Number of plans denied: [Click here to enter text.](#)
 2. A list 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: [Click here to enter text.](#)
 - B. Date(s) for any BMP activities completed during this reporting period: [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.](#)
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:** The city is not a Local Issuing Authority. EPD will implement this BMP.
 - 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: [Click here to enter text.](#)
 - B. Date(s) for any BMP activities completed during this reporting period: [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.](#)

1. **BMP # 4 (Table 4.2.4, BMP #4)**
2. **BMP Title: Enforcement Procedures**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City is not a Local Issuing Authority. EPD will implement this BMP.
 - 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: [Click here to enter text.](#)
 - B. Date(s) for any BMP activities completed during this reporting period: [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.](#)

1. **BMP # 5 (Table 4.2.4, BMP #5)**
2. **BMP Title: Complaint Response**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City is not a Local Issuing Authority. EPD will implement this BMP.
 - 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: [Click here to enter text.](#)
 - B. Date(s) for any BMP activities completed during this reporting period: [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.](#)

1. **BMP # 6 (Table 4.2.4, BMP #6)**
2. **BMP Title: Certification**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City is not a Local Issuing Authority. EPD will implement this BMP.
 - 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: [Click here to enter text.](#)
 - B. Date(s) for any BMP activities completed during this reporting period: [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.](#)

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

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

1. **BMP # 1 (Table 4.2.5, BMP #1)**
2. **BMP Title: Legal Authority**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will evaluate the existing post-construction 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: [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 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: N/A

B. Date(s) for any BMP activities completed during this reporting period: December 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 # 2 (Table 4.2.5, BMP #2)**
2. **BMP Title: Inventory**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will inventory post construction management structures in the limits of the City. Following completion of the inventory, the inventory will be updated annually with any additions.
 - 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: 0
 2. Total number of privately-owned post-construction structures: 15
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: Checked current inventory for accuracy.
 - B. Date(s) for any BMP activities completed during this reporting period: November 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.](#)
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:** A post-construction structure inspection program will be developed. Upon approval, post-construction structures are inspected each year, and 100% of the post-construction controls are inspected over 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 2018-2022:**

Publicly-Owned Post-Construction Structures

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2018	0	0	Not Applicable
2019	0	0	Not Applicable
2020	0	0	Not Applicable
2021	0	0	Not Applicable
2022	0	0	Not Applicable
Total			

Privately-Owned Post-Construction Structures

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2018	-	-	-
2019	-	-	-
2020	13	0	0
2021	15	15	100
2022	15	2	13.3
Total			

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: Privately-owned post-construction structures inspection
- B. Date(s) for any BMP activities completed during this reporting period: November 18, 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.](#)

7. **BMP Effectiveness**

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

1. **BMP # 4 (Table 4.2.5, BMP #4)**
2. **BMP Title: Maintenance Program**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** the City will document maintenance that is performed on their structures, 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?:
 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
 - B. If not, please explain why: We are not aware of any maintenance that occurred in 2022.
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: none
 - B. Date(s) for any BMP activities completed during this reporting period: [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.](#)

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:** Annually update an inventory of water quality related GI/LID structures located within the permitted area and at a minimum, constructed after December 6, 2012, including the total number of each type of structure (e.g. bioswales, pervious pavement, rain gardens, cisterns and green roofs). The inventory must, at a minimum, include permittee-owned GI/LID structures, those publicly-owned structures owned by other entities, and privately-owned non-residential GI/LID structures. Track the addition of new water quality-related GI/LID structures through the plan review process and ensure the structures are added to the inventory. Provide an updated inventory, including those structures added during the reporting period, in each annual report.

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

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

4. **Inventory Status**

A. Provide information on the number of structures 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: There are no GI/LID structures in the city

6. **Implementation Schedule**

A. BMP activities completed during this reporting period: [Click here to enter text.](#)

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

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:** For those permittees with a population less than 10,000 at the time of this permit issuance, develop a program for the inspection and maintenance of the GI/LID structures, including permittee-owned, publicly-owned structures owned by other entities, and privately-owned non-residential (e.g. who inspects, who maintains, inspection and maintenance schedule, method of documentation of inspection and maintenance 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. **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: There are no GI/LID structures within the city.
6. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: None
 - B. Date(s) for any BMP activities completed during this reporting period: [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.](#)
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:** Beginning in 2020, conduct inspections and/or ensure inspections are conducted on 100% of the GI/LID structures included in the inventory created in BMP 5 above, within a 5-year period. The inspections must be completed in accordance with the schedule submitted in the GI/LID program submitted in BMP 6 above. Provide documentation of the inspections conducted during the reporting period in each annual report. Conduct maintenance on the permittee-owned GI/LID structures, as needed. Provide the number of structures and percentage of the total structures maintained during the reporting period in each annual report. Implement the maintenance procedures in accordance with the GI/LID program submitted in BMP 6 above for ensuring publicly-owned structures owned by the other entities and privately-owned non-residential GI/LID structures are maintained as needed. Provide documentation of these activities 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. **Provide the status of inspections performed between 2020-2022:**

Permittee-Owned GI/LID Structures

Year	Total Number GI/LID Structures	Number GI/LID Structures Inspected	% Inspected
2020	0	0	0
2021	0	0	0
2022			
Total			

Publicly-Owned By Other Entities GI/LID Structures

Year	Total Number Post Construction Structures	Number Post Construction Structures Inspected	% Inspected
2020	0	0	0
2021	0	0	0
2022			
Total			

Privately-Owned Non-residential GI/LID Structures

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

2020	0	0	0
2021	0	0	0
2022			
Total			

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: There are no GI/LID structures in the city.

7. **Implementation Schedule**

- A. BMP activities completed during this reporting period: [Click here to enter text.](#)
- B. Date(s) for any BMP activities completed during this reporting period: [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.](#)

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: [Click here to enter text.](#)
5. If revisions have not yet been completed, provide the status of the document revisions and a projected completion date: [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:** The City will map the MS4 system in accordance with the implementation schedule. Following completion of the mapping, the maps will be updated with any additions or modifications to 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. **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: 92
 2. Total number of ditches (state if miles or linear feet): 5.63 miles
 3. Total number of publicly-owned detention/retention ponds: 0
 4. Total number of storm drain lines (state if miles or linear feet): 0
5. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why: [Click here to enter text.](#)
6. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: Checked the Map and Inventory for accuracy
 - B. Date(s) for any BMP activities completed during this reporting period: November 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.](#)

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:** Following the approval of the program, initial inspections will be conducted in conjunction with BMP #1 MS4 Control Structure Inventory and Map. After initial inspections, the City will inspect the MS4 structures (e.g. catch basins, ditches, ponds and storm drain lines) so that 100% are inspected within a 5-year period in accordance with the inspection 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. Provide the status of inspections performed between 2018-2022:

Catch Basins

Year	Total Number Catch Basins	Number Catch Basins Inspected	% Inspected
2018	1112	0	0
2019	1112	7	0.6
2020	1131	0	0
2021	92	45	50
2022	92	85	92%
Total			

Pipes

Year	Total Pipes Number or Length (specify ft. or miles)	Number of Pipes or Length Inspected (specify ft. or miles)	% Inspected
2018	12.97 miles	0	0
2019	12.97 miles	0	0
2020	13.31 miles	0	0
2021	13.31 miles	0	0
2022	13.31 miles	0	0
Total			

Ditches

Year	Total Ditches Number or Length (specify ft. or miles)	Number of Ditches or Length Inspected (specify ft. or miles)	% Inspected
2018	Unmapped	0	0
2019	Unmapped	0	0
2020	5.63 miles	0	0

2021	5.63 miles	2 miles	36
2022	5.63 miles		
Total			

Publicly-Owned Detention/Retention Ponds

Year	Total Number Structures	Number Structures Inspected	% Inspected
2018	1	0	0
2019	1	1	100
2020	1	0	0
2021	0	0	0
2022	0	0	0
Total			

5. Documentation

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

B. If not, please explain why:

6. Implementation Schedule

A. BMP activities completed during this reporting period: Inspection of ponds, ditches, and catch basins

B. Date(s) for any BMP activities completed during this reporting period: February 4, 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.](#)

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:** The City will document maintenance it performs on MS4 system components. The City will maintain documentation and track 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. **Provide the status of maintenance performed on MS4 structures during the reporting period:**
 - A. The number of catch basins maintained (including cleaning): 0
 - B. The number of ditches maintained (miles or linear feet): 0
 - C. The number of detention/retention ponds maintained: 0
 - D. The number of storm drain lines maintained (miles or linear feet): 0
5. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes No
 - B. If not, please explain why: No maintenance was performed on the City's MS4 Structures.
6. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: [Click here to enter text.](#)
 - B. Date(s) for any BMP activities completed during this reporting period: [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.](#)
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:** The City will develop procedures for the removal of trash and debris. The City will remove trash and debris from the right of ways with MS4 areas.
 - 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: The City used people completing court mandated public service to clean streets. Documentation about the amount of debris removed was not maintained, but an estimate of 32 contractor bags of trash were removed.
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: The City used people completing court mandated public service to clean streets.
 - B. Date(s) for any BMP activities completed during this reporting period: 15 times over the course of the reporting period
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: [Click here to enter text.](#)
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 5 (Table 4.2.6, BMP #5)**
2. **BMP Title: Employee Training**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** One educational opportunity will be provided during each reporting period.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **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: Employees were presented with information on stormwater management and pollution prevention.
 - B. Date(s) for any BMP activities completed during this reporting period: April 4, 2022
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why:
6. **BMP Effectiveness**
 - A. Do you consider this BMP to be effective? Yes No
 - B. Do you plan to continue with implementation of this BMP or revise it in the SWMP? Continue Revise
 - C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP? Yes No
 - D. If yes, please explain: [Click here to enter text.](#)

1. **BMP # 6 (Table 4.2.6, BMP #6)**
2. **BMP Title: Waste Disposal**
3. **Provide the measurable goal from the Permit and/or approved SWMP:** The City will track landfill debris removed from the MS4, as outlined in the City's MS4 Operations and Maintenance Procedures. The City will track waste disposal, including any possible recycling by the City.
 - 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: The City used people completing court mandated public service to clean streets. Documentation about the amount of debris removed was not maintained, but an estimate of 32 contractor bags of trash were removed..
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: 15 times over the course of the reporting period
 - B. Date(s) for any BMP activities completed during this reporting period: The City used people completing court mandated public service to clean streets.
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: The City recorded the curbside pick-up rather than the debris removed from the MS4.
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:** Ensure proposed flood management projects (e.g. detention and retention ponds) are assessed for water quality impacts during the design phase. Provide the number of plans reviewed where flood management projects were assessed for water quality impacts during the reporting period in each annual report.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **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: Reviewed Azalea Hills Phase 3 and Windy Mill Crossing Townhomes Plans for water quality impacts.
 - B. Date(s) for any BMP activities completed during this reporting period: [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.](#)

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:** Conduct an assessment of existing permittee-owned flood management projects (e.g. detention and retention ponds) for potential retrofitting to address water quality impacts and conduct any retrofitting activities. Assess at least 1 structure annually or if the permittee has less than 5 structures, then assess 100% within a 5-year period. Provide information on any assessments and/or retrofitting activities conducted during the reporting period in each annual report.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal: [Click here to enter text.](#)
4. **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:
 - B. Date(s) for any BMP activities completed during this reporting period: [Click here to enter text.](#)
 - C. Did you comply with the implementation schedule in the SWMP? Yes No
 - D. If not, please explain why: No implementation schedule for this BMP was in the SWMP
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:** Annually update an inventory of municipal facilities with the potential to cause pollution. The inventory must be submitted with each annual report. Conduct inspections on 100% of the municipal facilities within the 5-year period in accordance with the procedures described in the SWMP. At a minimum, the permittee must conduct inspections on 5% of the municipal facilities annually, or if inspections are done by geographical area then one entire area or sector must be inspected. Provide documentation of the inspections conducted during the reporting period in each annual report.

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

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

4. **Inventory 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 2018-2022:

Municipal Facilities

Year	Total Number Municipal Facilities	Number Inspected	% Inspected
2018			
2019			
2020			
2021	1	1	100
2022	1	0	0
Total			

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 of City's Municipal Facilities Inventory

B. Date(s) for any BMP activities completed during this reporting period: November 18, 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.](#)

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: February 15, 2022
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: February 15, 2022

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

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

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

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

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

Cover Page

Part 1. General Information:

1. Permittee Name: City of Temple, GA
2. Mailing Address: 240 Carrollton Street Temple, GA 30179
3. Contact Person: William Osborne
4. E-Mail Address: wosborne@templega.us
5. Telephone Number: 770-562-3369
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: [Click here to enter text.](#)
3. If no, provide the date of the last submittal: April 15, 2019

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: William Osborne

Title: City Administrator Date: 3/27/23