



Phase II Municipal Separate Storm
Sewer System (MS4)
2015 Annual Report

Submitted to:

Environmental Protection Division
Georgia Department of
Natural Resources

Prepared By:

Rockdale County
958 Milstead Avenue
Conyers, Georgia 30012

Submitted: February 29, 2016

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

Cover Page

Part 1. General Information:

1. Name of Permittee: Rockdale County
2. Mailing Address: 958 Milstead Avenue
Conyers, GA 30012
3. Contact Person: Todd A. Cosby, PE, General Engineering Manager
Planning & Development Department, Stormwater Division
4. E-Mail Address: todd.cosby@rockdalecountyga.gov
5. Telephone Number: (770) 278 – 7120
6. Reporting Year (January 1 – December 31): 2015

Part 2. Status of Storm Water Management Program Revision:

1. Has your storm water management program revision to comply with the 2012 NPDES Permit been approved? Yes No
2. If yes, provide the approval date: December 11, 2013
3. If no, provide the date of the last submittal: _____

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: RICHARD A. ODEN

Title: Chairman & CEO Date: 2-25-2016

Public Education and Outreach
Minimum Control Measure - A
(Table 4.2.1)

1. **BMP #** 1

2. **BMP Title:** Educational Brochures

3. **Provide the measurable goal from SWMP:**

The county will mail stormwater educational brochures in the utility bill to approximately 25,000 residents three times annually. The county will verify that the brochures were mailed in specific utility bills and months by requesting a confirmation e-mail form the mailing vendor. The brochures will generally be mailed in the January, March, and September utility bills, but may vary depending on the topic and availability for the bill insert. The brochures will also be available at the display areas in four public buildings and on the county website. The county will evaluate this BMP annually to ensure it meets the needs of the community. The BMP will be revised if necessary.

A. Did you comply with the measurable goal? Yes X 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 X (Copies of the brochures are included in Appendix A. However, due to a miscommunication, the mailing vendor was not able to provide a confirmation e-mail before the Annual Report was submitted. This confirmation will be provided as soon as possible, and will be included with the revised Annual Report.)

B. If not, please explain why: _____

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: Three educational brochures were mailed as utility bill inserts. They were also placed at the county's administration building, Board of Commissioners office building, Johnson Park building, Human Resources building, Senior Services building, and the JP Carr Community Center building.

B. Date(s) for any BMP activities completed during this reporting period: Educational brochures were mailed out with the January annual stormwater bill, and with the April and July water bills.

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: _____

Public Education and Outreach
Minimum Control Measure - A
(Table 4.2.1)

1. **BMP #** 2

2. **BMP Title:** County Stormwater Website

3. **Provide the measurable goal from SWMP:**

Maintain a current educational website full of useful stormwater-related information for the residents. The county will evaluate this BMP annually to ensure it meets the needs of the community. The BMP will be revised if necessary.

A. Did you comply with the measurable goal? Yes X 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 X No (Copies of the updated stormwater web pages and the number of visits to the web site are included in Appendix A.)

B. If not, please explain why: _____

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: The web page was updated to reflect changes in the stormwater utility staff and contact information. The educational brochures were updated. All stormwater utility pages were revised as part of the County website overhaul that was eventually published in early February 2016; these changes are shown in Appendix A. From January to December 2015 there were 9,077 hits to the stormwater utility website.

B. Date(s) for any BMP activities completed during this reporting period:
The Stormwater website updates were made throughout the year.

C. Did you comply with the implementation schedule in the SWMP?

Yes X No

D. If not, please explain why: _____

6. BMP Effectiveness

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

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

Continue X Revise ____

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP?

Yes ____ No X

D. If yes, please explain: _____

Note: You must complete a BMP annual report page for any additional Public Education BMPs contained in your SWMP.

Public Involvement/ Participation
Minimum Control Measure - B
Table 4.2.2

1. **BMP #** 1
2. **BMP Title:** Storm Drain Stenciling Program
3. **Provide the measurable goal from SWMP:**
Solicit volunteers to stencil 200 storm drains (approximately 10% of all accessible storm drains) annually. The county will update the storm drain stenciling map showing the storm drains that were stenciled during the year. The county will evaluate this BMP annually to ensure it meets the needs of the community. The BMP will be revised if necessary.

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

B. If not, explain why you did not comply with the measurable goal: The ongoing personnel shortage and lack of volunteers resulted in fewer stencils installed than required. The County will try to make up for this shortfall in 2016.
4. **Documentation**

A. Did you attach documentation of the BMP activities completed during the reporting period? Yes X No ___ (The Storm Drain Stencil Location Map is included in Appendix B)

B. If not, please explain why: _____

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: 119 storm drains were stenciled during 2015.

B. Date(s) for any BMP activities completed during this reporting period: Volunteers stenciled storm drains throughout the year.

C. Did you comply with the implementation schedule in the SWMP?

Yes ___ No X

D. If not, please explain why: The ongoing personnel shortage and lack of volunteers resulted in fewer stencils installed than required. The County will try to make up for this shortfall in 2016.

6. BMP Effectiveness

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

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

Continue X Revise ___

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP?

Yes ___ No X

D. If yes, please explain: _____

Public Involvement/ Participation
Minimum Control Measure - B
Table 4.2.2

1. **BMP #** 2

2. **BMP Title:** Litter Cleanup Events

3. **Provide the measurable goal from SWMP**

The county will hold two litter cleanup events in the community annually. The county will track the number of participants and amount of trash that is collected each year. The county will evaluate this BMP annually to ensure it meets the needs of the community. The BMP will be revised if necessary.

A. Did you comply with the measurable goal? Yes X 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 X No (The liter cleanup event results forms are included in Appendix B)

B. If not, please explain why: _____

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: The Great American Cleanup held on April 11th had over 350 volunteers that collected 9,400 lbs of garbage. The 2015 Rivers Alive cleanup held on October 17th had over 200 volunteers, including 93 youth, and collected over 5 tons of trash and debris.

B. Date(s) for any BMP activities completed during this reporting period: The Great American Cleanup was held on April 11th and the Rivers Alive Cleanup was held on October 17th.

C. Did you comply with the implementation schedule in the SWMP?

Yes X No

D. If not, please explain why: _____

6. BMP Effectiveness

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

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

Continue X Revise ___

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP?

Yes ___ No X

D. If yes, please explain: _____

Note: You must complete a BMP annual report page for any additional Public involvement/Participation BMPs contained in your SWMP.

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

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

2. **BMP Title:** Legal Authority (Illicit Discharge and Illegal Connection)

3. **Provide the measurable goal from the Permit and/or 2012 SWMP:**

The county will evaluate and if necessary, modify the existing ordinance. If the ordinance is revised during the reporting period, a copy will be submitted with the annual report.

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

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

4. **Ordinance Status**

A. Did you revise the ordinance during the reporting period? Yes ____ No X

B. If yes, provide the date of adoption: _____

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

D. If the ordinance was revised during the reporting period and a copy is not attached, explain why: _____

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: The existing ordinance was not revised during the reporting period.

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

C. Did you comply with the implementation schedule in the SWMP?

Yes X No ____

D. If not, please explain why: _____

6. BMP Effectiveness

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

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

Continue X Revise ___

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP?

Yes ___ No X

D. If yes, please explain: _____

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

1. **BMP # 2** (Table 4.2.3(a), BMP #2)

2. **BMP Title:** Outfall Map and Inventory

3. **Provide the measurable goal from the Permit and/or 2012 SWMP:**

The county has developed and will continue to update an inventory and map that shows the locations of all urbanized MS4 per the latest census results and identify the Waters of the State that are receiving discharges from those outfalls.

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

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

4. **Outfall Inventory**

A. Provide the number of outfalls identified to date: 1457

B. Is the outfall mapping completed? Yes X No ___

5. **Documentation**

A. Did you attach documentation of the BMP activities completed during the reporting period? Yes X No ___ (The updated outfall map and logs are included in Appendix C.)

B. If not, please explain why: _____

6. **Implementation Schedule**

A. BMP activities completed during this reporting period: The outfall map and inventory were revised to include newly added outfalls.

B. Date(s) for any BMP activities completed during this reporting period: The outfall map and inventory were updated throughout the year as new outfalls were discovered.

C. Did you comply with the implementation schedule in the SWMP?

Yes X No ___

C. If not, please explain why: _____

7. BMP Effectiveness

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

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

Continue X Revise ___

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP?

Yes ___ No X

D. If yes, please explain: _____

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

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

2. **BMP Title:** IDDE Plan

3. **Provide the measurable goal from the Permit and/or 2012 SWMP:**

The county will continue to implement the IDDE Plan to detect and address non-stormwater discharges to the MS4. The IDDE Plan includes conducting dry weather screening inspections on approximately 20% of all outfalls annually, ensuring that 100% of the outfalls are screened during the 5-year permit period. All dry weather screening inspections will be done according to the *Rockdale County Dry Weather Screening Procedures*. All of the outfalls screened will be recorded in the Dry Weather Screening Log.

The IDDE Plan includes investigating dry weather discharges according to the *Rockdale County Source Tracing Procedures* and reporting the findings in the *Illicit Discharge/Illegal Connection Log (ID/IC Log)*.

The IDDE Plan includes eliminating any identified illicit discharges and/or illegal connections using the enforcement procedures detailed in the *Rockdale County Illicit Discharge/Illegal Connection Enforcement Action Procedures*, and in accordance with the ERP, as necessary.

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

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

4. **IDDE Plan Status**

A. Provide the number of outfalls inspected during the reporting period: 296 (20.3%)

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

Yes No X

1. If yes, provide the total number of stream miles within your jurisdiction:

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

5. **Documentation**

A. Did you attach documentation of the BMP activities completed during the reporting period? Yes X No (The outfall inspections conducted during the reporting period are listed in Appendix C. The illicit discharge/illegal connection log is included in Appendix C.)

B. If not, please explain why: _____

6. Implementation Schedule

A. BMP activities completed during this reporting period: 296 (20.3%) outfalls inspections were completed this year.

B. Date(s) for any BMP activities completed during this reporting period: All dry weather screening, source tracing, and ID/IC enforcement procedures are implemented continuously throughout the year.

C. Did you comply with the implementation schedule in the SWMP?

Yes X No ____

D. If not, please explain why: _____

7. BMP Effectiveness

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

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

Continue X Revise ____

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP?

Yes ____ No X

D. If yes, please explain: _____

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

1. **BMP # 4** (Table 4.2.3(a), BMP #4)

2. **BMP Title:** Education

3. **Provide the measurable goal from the Permit and/or 2012 SWMP:** The county will continue to implement a program to educate the public, businesses, and government employees about the hazards of illicit discharges as part of the BMPs contained in other MCMs, specifically:

- The educational brochures from MCM A, BMP #1 will include information about illicit discharges.
- The stormwater website describes in MCM A, BMP #2 will include information about illicit discharges.
- The storm drain stenciling program in MCM B, BMP #1 will educate volunteers and the general public about illicit discharges.
- Good housekeeping training for county employees in MCM F, BMP #5, will include information about illicit discharges.

A. Did you comply with the measurable goal? Yes X 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 X No ____ (The educational brochures are included in Appendix A. The stormwater web pages are included in Appendix A. The training documents for County employees are included in Appendix F.)

B. If not, please explain why: _____

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: Educational brochures, stormwater website updates, storm drain stenciling participation, and County employee good housekeeping training occurred throughout the year.

B. Date(s) for any BMP activities completed during this reporting period: Educational brochures, stormwater website updates, storm drain stenciling participation, and County employee good housekeeping training occurred throughout the year.

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: _____

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

1. **BMP # 5** (Table 4.2.3(a), BMP #5)

2. **BMP Title:** Complaint Response

3. Provide the measurable goal from the Permit and/or 2012 SWMP: The county will continue to investigate illicit discharge and illegal connection complaints. All hotline calls received will be documented, investigated, and the resolution tracked using the 24-hour Environmental Hotline Call Log. Additionally, the procedures for receiving, investigating, and tracking illicit discharge complaints will be included in the ERP.

A. Did you comply with the measurable goal? Yes X 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 X No (The 24-Hour Environmental Hotline Call Log is included in Appendix C. The ID/IC Log is included in Appendix C.)

B. If not, please explain why: _____

5. Implementation Schedule

A. BMP activities completed during this reporting period: All calls received through the 24-Hour Environmental Hotline were documented in the 24-Hour Environmental Hotline Call Log.

B. Date(s) for any BMP activities completed during this reporting period: 24-Hour Environmental Hotline calls are received and investigated throughout the year.

C. Did you comply with the implementation schedule in the SWMP?

Yes X No

D. If not, please explain why: _____

6. BMP Effectiveness

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

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

Continue X Revise ___

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP?

Yes ___ No X

D. If yes, please explain: _____

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 - D
Table 4.2.4(a)

1. **BMP # 1** (Table 4.2.4(a), BMP #1)
2. **BMP Title:** Legal Authority (Soil Erosion and Sedimentation Control Ordinance)
3. **Provide the measurable goal from the Permit and/or 2012 SWMP:** The county will evaluate and if necessary, modify the existing E&SC or litter control ordinances. If either of the ordinances is revised during the reporting period, a copy of the adopted ordinance will be submitted with the annual report. The revised litter control ordinance requiring construction site operators to control waste at the construction site, is included in this report.
 - A. Did you comply with the measurable goal? Yes No
 - B. If not, explain why you did not comply with the measurable goal:

4. **Ordinance Status**
 - A. Is the construction waste requirement addressed in either your E&S or litter ordinance? Yes No
 - B. If yes, which one? Litter Control Ordinance
 - C. Did you revise the ordinance during the reporting period? Yes No
 - D. If yes, provide the date of adoption: _____
 - E. If the ordinance was revised during the reporting period, is a copy of the adopted ordinance attached? Yes No
 - F. If the ordinance was revised during the reporting period and a copy is not attached, explain why: _____

5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: The Litter Control Ordinance is evaluated annually to ensure it meets the needs of the county and is revised as needed based on findings and changes to policies and law.
 - B. Date(s) for any BMP activities completed during this reporting period: The Litter Control Ordinance was not revised in 2015. The ordinance was last revised on December 10, 2013.

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: _____

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

1. **BMP # 2** (Table 4.2.4(a), BMP #2)
2. **BMP Title:** Site Plan Review Procedures (Erosion and Sedimentation Control)
3. **Provide the measurable goal from the Permit and/or 2012 SWMP:** 100% of all ESPCPs submitted to the county will be reviewed for compliance according to the Rockdale County Construction Site Plan Review Procedures using the approved ESPCP checklists.
 - A. Did you comply with the measurable goal? Yes X No _____
 - B. If not, explain why you did not comply with the measurable goal:

4. **Site Plan Review Status**
 - A. Are you a Local Issuing Authority? Yes X No _____
 1. If yes, provide the following information:
Number of plans reviewed during the reporting period: 18
Number of plans approved during the reporting period: 17
Number of plans denied during the reporting period: 1
5. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes X No _____ (The Erosion and Sedimentation Control Plan Review Log is included in Appendix D)
 - B. If not, please explain why: _____

6. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: All ESPCPs submitted to the county were reviewed for compliance according to the Rockdale County Construction Site Plan Review Procedures, using the approved ESPCP checklists throughout the year.
 - B. Date(s) for any BMP activities completed during this reporting period: Plans were reviewed throughout the year.

C. Did you comply with the implementation schedule in the SWMP?

Yes No

D. If not, please explain why: _____

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: _____

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

1. **BMP # 3** (Table 4.2.4(a), BMP #3)

2. **BMP Title:** Inspection Program (Construction Sites)

3. Provide the measurable goal from the Permit and/or 2012 SWMP: The county will continue to implement the Rockdale County Construction Site Stormwater Runoff Control Inspection Procedures. The purpose of the inspections is to ensure that structural and non-structural BMPs at construction sites are properly designed and maintained and that construction site waste is properly controlled. At a minimum, inspections will occur following the installation of initial BMPs, during active construction, and after final stabilization of the site.

A. Did you comply with the measurable goal? Yes X 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 X No (The Construction Site Inspection Log is included in Appendix D)

B. If not, please explain why: _____

5. Implementation Schedule

A. BMP activities completed during this reporting period: Construction sites were inspected at a minimum, after the installation of initial BMPs, during active construction, and after final stabilization of the site.

B. Date(s) for any BMP activities completed during this reporting period: Construction sites were inspected throughout the year.

C. Did you comply with the implementation schedule in the SWMP?

Yes X No

D. If not, please explain why: _____

6. BMP Effectiveness

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

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

Continue X Revise ___

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP?

Yes ___ No X

D. If yes, please explain: _____

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

1. **BMP # 4** (Table 4.2.4(a), BMP #4)

2. **BMP Title:** Enforcement Procedures (Erosion and Sedimentation Control Violations)

3. **Provide the measurable goal from the Permit and/or 2012 SWMP:** The county will continue to implement enforcement procedures for E&SC violations using the *Rockdale County Erosion and Sedimentation Control Violation Enforcement Procedures*. The enforcement procedure will also be detailed in the ERP.

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 (The Construction Site Inspection Log is included in Appendix D. The ERP is included in Appendix G.)

B. If not, please explain why: _____

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: Erosion and sedimentation control enforcement was implemented per the *Rockdale County Erosion and Sedimentation Control Violation Enforcement Procedures*.

B. Date(s) for any BMP activities completed during this reporting period: Erosion and sedimentation control enforcement was implemented all year.

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: _____

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

1. **BMP # 5** (Table 4.2.4(a), BMP #5)

2. **BMP Title:** Complaint Response (Erosion and Sedimentation Control)

3. **Provide the measurable goal from the Permit and/or 2012 SWMP:** Rockdale County will continue to receive, investigate, respond to, and track E&S complaints using the Rockdale County Erosion and Sedimentation Control Complaint Response Procedures. The Complaint response procedure will also be detailed in the ERP.

A. Did you comply with the measurable goal? Yes X 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 X No (The E&SC Complaint Log is included in Appendix D. The ID/IC Log is included in Appendix C.)

B. If not, please explain why: _____

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: The county received, investigate, responded to, and tracked E&S complaints using the Rockdale County Erosion and Sedimentation Control Complaint Response Procedures.

B. Date(s) for any BMP activities completed during this reporting period: E&S complaint response procedures were implemented all year.

C. Did you comply with the implementation schedule in the SWMP?

Yes X No

D. If not, please explain why: _____

6. BMP Effectiveness

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

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

Continue X Revise ___

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP?

Yes ___ No X

D. If yes, please explain: _____

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: _____

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 - E
Table 4.2.5(a)

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

2. **BMP Title:** Legal Authority (Post-Development Stormwater Management Ordinance)

3. **Provide the measurable goal from the Permit and/or 2012 SWMP:** The county will continue to implement the Post-Development Stormwater Management Ordinance. The county will evaluate and if necessary, modify the existing ordinance. If the ordinance is revised during the reporting period, a copy will be submitted 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:

4. **Ordinance Status**

A. Did you revise the ordinance during the reporting period? Yes No

B. If yes, provide the date of adoption: _____

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

D. If the ordinance was revised during the reporting period and a copy is not attached, explain why: _____

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: The existing ordinance was not revised during the reporting period.

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

C. Did you comply with the implementation schedule in the SWMP?

Yes No

D. If not, please explain why: _____

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: _____

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

1. **BMP # 2** (Table 4.2.5(a), BMP #2)

2. **BMP Title:** Inventory (Post-Construction Stormwater Management Structures)

3. Provide the measurable goal from the Permit and/or 2012 SWMP: The county will maintain and update, as needed, its inventory and map of all privately and publicly-owned post-construction stormwater management structures as new structures are completed or existing structures are identified, which are located within the urbanized unincorporated Rockdale County per the latest census results. The inventory shall include the number and type of structures, and ownership information.

A. Did you comply with the measurable goal? Yes X 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 X No (The Privately-Owned Post-Construction Stormwater Structure Inventory, Publicly-Owned Post-Construction Stormwater Structure Inventory, and BMP Location Map are included in Appendix E).

B. If not, please explain why: _____

5. Implementation Schedule

A. BMP activities completed during this reporting period: X .

B. Date(s) for any BMP activities completed during this reporting period: The post-construction stormwater structure inventories and BMP Location Map were revised to reflect any new or existing structures that were identified during the year.

C. Did you comply with the implementation schedule in the SWMP?

Yes X No

D. If not, please explain why: _____

6. BMP Effectiveness

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

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

Continue X Revise ___

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP?

Yes ___ No X

D. If yes, please explain: _____

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

1. **BMP # 3** (Table 4.2.5(a), BMP #3)
2. **BMP Title:** Inspection Program (Post-Construction Stormwater Management Structures)
3. **Provide the measurable goal from the Permit and/or 2012 SWMP:** Inspect approximately 20% of the post-construction stormwater management structures from MCM E, BMP #2 annually so that 100% are inspected within the 5-year permit period. All post- construction stormwater management structures will be inspected according to the Rockdale County Post-Construction Stormwater Management Inspection Procedures.
 - A. Did you comply with the measurable goal? Yes X 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 X No (The 2015 Post-Construction Stormwater Management Structure Map, the Rockdale County Operation and Maintenance Inspection Reports for Stormwater Management Detention Ponds (BMP Inspection Reports), and the 2015 BMP Inspection Log are included in Appendix E).
 - B. If not, please explain why: _____

5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: 90 (22.8% of total) Post-Construction stormwater management structures were inspected during the year.
 - B. Date(s) for any BMP activities completed during this reporting period: The post-construction stormwater management structures were inspected continuously throughout the year.
 - C. Did you comply with the implementation schedule in the SWMP?
Yes X No
 - D. If not, please explain why: _____

6. BMP Effectiveness

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

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

Continue X Revise ___

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP?

Yes ___ No X

D. If yes, please explain: _____

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

1. **BMP # 4** (Table 4.2.5(a), BMP #4)
2. **BMP Title:** Maintenance Program (Post-Construction Stormwater Management Structures)

3. **Provide the measurable goal from the Permit and/or 2012 SWMP:** The county will continue to implement a long-term operation and maintenance program to maintain all publicly-owned stormwater management structures in the inventory (MCM E, BMP#2). At a minimum, all items that are identified through the *Rockdale County Post-Construction Stormwater Management Structure Inspection Procedures* will be addressed as funding/resources allow. The maintenance will be performed according to the *Rockdale County Stormwater Utility MS4 Maintenance Procedures*.

A. Did you comply with the measurable goal? Yes X 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 X No (Documentation of maintenance activities performed on the county-owned structures is included in Appendix E. The Post-Construction Stormwater Management Structure Maintenance Agreement Log is included in Appendix E. Example letters sent to privately-owned structures without maintenance agreements are included in Appendix E.)

B. If not, please explain why: _____

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: The county-owned ponds were given regular maintenance (mowing, vegetation cut) throughout 2015. There are a total of 8 new post-construction stormwater management structure maintenance agreements for privately-owned structures. Letters were sent to some privately-owned structures that needed maintenance, but the county does not have maintenance agreements on file for those facilities.

B. Date(s) for any BMP activities completed during this reporting period: The county-owned facilities were maintained throughout the year as needed. Maintenance agreements were obtained throughout the year for projects that included construction or modification of stormwater management facilities.

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: _____

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

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

2. **BMP Title:** GI/LID Structures

3. **Provide the measurable goal from the Permit and/or 2012 SWMP:** The county has developed an inventory of water quality related GI/LID structures within the urbanized unincorporated Rockdale County per the latest census results that were permitted and constructed after December 6, 2012. The county will track the addition of new water quality related GI/LID structures through the plan review process and will ensure that the inventory is continuously updated as new GI/LID structures are constructed or identified or the urbanized area changes per the latest census.

A. Did you comply with the measurable goal? Yes X 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 X No (The inventory list was updated in 2015 and is included in Appendix E.)

B. If not, please explain why: _____

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: The initial inventory of water quality related GI/LID structures was conducted in 2014.

B. Date(s) for any BMP activities completed during this reporting period: The GI/LID inventory was conducted throughout the year.

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

D. If not, please explain why: _____

6. BMP Effectiveness

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

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

Continue X Revise ____

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP?

Yes ____ No X

D. If yes, please explain: _____

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

1. **BMP # 6** (Only complete this BMP if population >10,000 on December 6, 2012)
2. **BMP Title:** GI/LID Ordinance Review(Section 4.2.5.2)

3. Provide the measurable goal from the Permit and/or SWMP: Review and revise where necessary, building codes, ordinances, and other regulations to ensure they do not prohibits or impede the use of GI/LID practices, including infiltration, reuse, and evapotranspiration. At minimum, the county will assess the ordinances involved with road design and parking requirements. Any revisions or new ordinances adopted will be submitted by December 6, 2016.

A. Did you comply with the measurable goal? Yes X 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 X No ____ (A written report is included in Appendix E.)

B. If not, please explain why: _____

5. Implementation Schedule

A. BMP activities completed during this reporting period: A GI/LID ordinance evaluation was completed in 2015. A written report has been developed and included as part of this report.

B. Date(s) for any BMP activities completed during this reporting period: The GI/LID ordinance review was conducted from October 2014 to December 2014 at which time a scorecard and report were both developed and have been included as part of the 2015 Annual Report.

C. Did you comply with the implementation schedule in the SWMP?

Yes X No ____

D. If not, please explain why: _____

6. BMP Effectiveness

A. Do you consider this BMP to be effective? Yes ___ No ___
This BMP is too new to make a determination as to its effectiveness. This was implemented for the first time in 2014 so we do not have sufficient data to evaluate its effectiveness at this time.

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

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

D. If yes, please explain: _____

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

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

1. **BMP # 1** (Table 4.2.6(a), BMP #1)

2. **BMP Title:** MS4 Control Structure and Inventory Map

3. **Provide the measurable goal from the Permit and/or 2012 SWMP:** The county has developed and will continue to update the MS4 control structure inventory and the map as new structures are constructed or existing structures are identified or the urbanized area changes per the latest census. The inventory and map at a minimum will include all publicly-owned catch basins, ditches (miles or linear feet), detention/retention ponds, and storm drain lines (miles or linear feet).

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

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

4. **Inventory and Map Status**

A. Provide information on the number of structures inventoried and mapped:

1. Number of catch basins added during the reporting period: (56)
2. Total number of catch basins identified to date: 3875
3. Number of ditches added during the reporting period (state if miles or linear feet): (542) ditches
4. Total number of ditches identified to date (state if miles or linear feet): 3272 ditches, totaling 475,363.43 feet
5. Number of storm drain lines added during the reporting period (state if miles or linear feet): 266 lines, totaling 17999.65 feet
6. Total number of storm drain lines identified to date (state if miles or linear feet): 9638 lines, totaling 654,633.57 feet

5. **Documentation**

A. Did you attach documentation of the BMP activities completed during the reporting period? Yes X No (The MS4 Control Structure Map, the MS4 Control Structure Inventory Summary, the MS4 Control Structure Inventory (Structures, Pipes, and Ditches) are included in Appendix F.)

B. If not, please explain why : _____

6. Implementation Schedule

A. BMP activities completed during this reporting period: The MS4 control structure inventory and map were updated to reflect any additional structures that were added or identified.

B. Date(s) for any BMP activities completed during this reporting period: The MS4 control structure inventory is updated throughout the year.

C. Did you comply with the implementation schedule in the SWMP?

Yes X No ___

D. If not, please explain why: _____

7. BMP Effectiveness

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

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

Continue X Revise ___

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP?

Yes ___ No X

D. If yes, please explain: _____

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

1. **BMP # 2** (Table 4.2.6(a), BMP #2)
2. **BMP Title:** MS4 Inspection Program (MS4 Control Structures)
3. **Provide the measurable goal from the Permit and/or 2012 SWMP:**
Inspect approximately 20% of the MS4 control structures annually, so that 100% of the MS4 is inspected within a 5-year permit period. All MS4 control structures will be inspected according to the Rockdale County Stormwater Utility MS4 Inspection Procedures. The inspection data that is collected on all structures, pipes, and channels is summarized in the MS4 Inspection Summary.
 - 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 (The 2015 MS4 Control Structure Inspection Summary is included in Appendix F. The 2015 MS4 Control Structure Inspection Map is included in Appendix F.)
 - B. If not, please explain why: _____

5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: 21.16% of the MS4 control structures were inspected during the year
 - B. Date(s) for any BMP activities completed during this reporting period: MS4 control structures were inspected throughout the year.
 - 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 X No ___

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

Continue X Revise ___

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP?

Yes ___ No X

D. If yes, please explain: _____

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

1. **BMP # 3** (Table 4.2.6(a), BMP #3)

2. **BMP Title:** MS4 Maintenance Program (Control Structures)

3. **Provide the measurable goal from the Permit and/or 2012 SWMP:** The county will maintain all MS4 control structures from the inventory (MCM F, BMP #1) that have a sufficient maintenance priority when funding/resources are available. The maintenance will be performed according to the *Rockdale County Stormwater Utility MS4 Maintenance Procedures*. All maintenance activities will be documented using the MS4 Maintenance Form or a maintenance summary log.

A. Did you comply with the measurable goal? Yes X 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 X No (Documentation of maintenance performed by the Stormwater Utility Field Crew is included in Appendix F.)

B. If not, please explain why: _____

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: All maintenance activities performed by the Stormwater Utility Field Crew were documented as shown in Appendix F. 378 work orders were completed out of 454, resulting in approximately 12,430 feet of ditches cleaned, with 76 total requests carried over to 2016 (over 30 of these were received in the final week of December).

B. Date(s) for any BMP activities completed during this reporting period: MS4 control structure maintenance was completed all throughout the year.

C. Did you comply with the implementation schedule in the SWMP?

Yes X No

D. If not, please explain why: _____

6. BMP Effectiveness

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

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

Continue X Revise ___

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP?

Yes ___ No X

D. If yes, please explain: _____

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

1. **BMP # 4** (Table 4.2.6(a), BMP #4)
2. **BMP Title:** Street Cleaning and Parking Lot Cleaning
3. **Provide the measurable goal from the Permit and/or 2012 SWMP:** Semi-annually sweep the streets on the Rockdale County Priority Road List. Currently, no County-owned parking lots are swept due to their heavy use which restricts access for the sweeper.
 - A. Did you comply with the measurable goal? Yes ___ No X
 - B. If not, explain why you did not comply with the measurable goal: Due to the ongoing personnel shortage and procurement difficulties, only one cleaning cycle was performed in 2015. However, the County has prepared a bid document for street and parking lot cleaning, which will be used to perform up to four cleanings per year, for up to three years; this bid document is expected to be advertised in March 2016. The County will perform at least two cleaning cycles in 2016.
4. **Documentation**
 - A. Did you attach documentation of the BMP activities completed during the reporting period? Yes X No ___ (The 2015 Street Sweeping Summary, draft bid document, and proposed road list are included in Appendix F.)
 - B. If not, please explain why: _____
5. **Implementation Schedule**
 - A. BMP activities completed during this reporting period: The priority County roads were swept once during the year.
 - B. Date(s) for any BMP activities completed during this reporting period: The priority county roads were swept in December 2015.
 - C. Did you comply with the implementation schedule in the SWMP?
Yes ___ No X
 - D. If not, please explain why: Due to the ongoing personnel shortage and procurement difficulties, only one cleaning cycle was performed in 2015. However, the County has prepared a bid document for street and parking lot cleaning, which will be used to perform up to four cleanings per year, for up to three years; this bid document is expected to be advertised in March 2016. The County will perform at least two cleaning cycles in 2016.

6. BMP Effectiveness

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

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

Continue X Revise ____

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP?

Yes ____ No X

D. If yes, please explain: _____

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

1. **BMP # 5** (Table 4.2.6(a), BMP #5)

2. **BMP Title:** Employee Training (Good Housekeeping)

3. **Provide the measurable goal from the Permit and/or 2012 SWMP:** All county employees that use potentially polluting materials will receive training once during the 5-year permit cycle. The Good Housekeeping Training Seminar presentation is utilized for training the employees. The training presentation will be reviewed and updated as needed to meet the needs of the county.

A. Did you comply with the measurable goal? Yes X 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 X No (The 2015 Good Housekeeping Training Presentation is included in Appendix F. The Employee Sign-In Sheets are included in Appendix F.)

B. If not, please explain why: _____

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: 45 County employees were trained during the year. Any employees not trained in 2015 will be trained over the remainder of the permit period.

B. Date(s) for any BMP activities completed during this reporting period: County employees were trained all throughout the year.

C. Did you comply with the implementation schedule in the SWMP?

Yes X No

D. If not, please explain why: _____

6. BMP Effectiveness

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

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

Continue X Revise ___

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP?

Yes ___ No X

D. If yes, please explain: _____

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

1. **BMP # 6** (Table 4.2.6(a), BMP #6)

2. **BMP Title:** Waste Disposal (MS4 Maintenance Activities)

3. **Provide the measurable goal from the Permit and/or 2012 SWMP:** All waste material removed or generated from MS4 maintenance activities will be disposed of at a legal landfill or other proper disposal facility according to the *Rockdale County Waste Disposal Procedures*. Proper disposal tracking will be accomplished by reviewing all project "dump tickets" from MS4 maintenance activities.

A. Did you comply with the measurable goal? Yes X 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 X No (Copies of dump tickets submitted by contractors are provided in Appendix F.)

B. If not, please explain why: _____

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: All waste material removed or generated from MS4 maintenance activities were disposed of per the *Rockdale County Waste Disposal Procedures*. Dump tickets were reviewed, approved, and kept on record.

B. Date(s) for any BMP activities completed during this reporting period: All waste was tracked throughout the year.

C. Did you comply with the implementation schedule in the SWMP?

Yes X No

D. If not, please explain why: _____

6. BMP Effectiveness

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

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

Continue X Revise ___

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP?

Yes ___ No X

D. If yes, please explain: _____

6. BMP Effectiveness

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

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

Continue X Revise ____

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP?

Yes ____ No X

D. If yes, please explain: _____

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

1. **BMP # 8** (Table 4.2.6(a), BMP #8)

2. **BMP Title:** Existing Flood Management Practices (WQ Retrofitting)

3. **Provide the measurable goal from the Permit and/or 2012 SWMP:** The county will conduct assessments of existing publicly-owned flood management facilities for potential retrofitting to address water quality impacts to the *Rockdale County Existing Flood Management Project Assessment Procedures*. The assessments will be completed using the Water Quality Improvement Worksheet and the Drainage Improvement Project Design Checklist.

A. Did you comply with the measurable goal? Yes X 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 X No (The Water Quality Improvement Worksheet and the Drainage Improvement Project Design Checklist are included in Appendix F)

B. If not, please explain why: _____

5. **Implementation Schedule**

A. BMP activities completed during this reporting period: The County Fire Station #3 facility was assessed for potential retrofitting to address water quality impacts according to the *Rockdale County Existing Flood Management Project Assessment Procedures*.

B. Date(s) for any BMP activities completed during this reporting period: The review was performed in December 2015.

C. Did you comply with the implementation schedule in the SWMP?

Yes X No

D. If not, please explain why: _____

6. **BMP Effectiveness**

A. Do you consider this BMP to be effective? Yes X 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: _____

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

1. **BMP # 9** (Table 4.2.6(a), BMP #9)

2. **BMP Title:** Municipal Facilities

3. Provide the measurable goal from the Permit and/or 2012 SWMP: The county has developed an inventory of inspection procedure for municipal facilities which have the potential to cause pollution. 100% of the municipal facilities on the inventory will be inspected over the 5-year permit period.

A. Did you comply with the measurable goal? Yes X 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 X No (The Municipal Facility Inventory, Log, Inspection Procedure and Inspection Forms are included in Appendix F).

B. If not, please explain why: _____

5. Implementation Schedule

A. BMP activities completed during this reporting period: 16 municipal facilities were inspected during the 2015 year.

B. Date(s) for any BMP activities completed during this reporting period: Municipal Facility Inspections occurred throughout the year.

C. Did you comply with the implementation schedule in the SWMP?

Yes X No

D. If not, please explain why: _____

6. BMP Effectiveness

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

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

Continue X Revise

C. Do you plan to revise the BMP description, implementation schedule, or measurable goal for this BMP?

Yes ___ No X

D. If yes, please explain: _____

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 are required to develop an Enforcement Response Plan (ERP) and submit the document to EPD by February 15, 2015. Have you completed ERP development?
Yes X No

2. If yes, provide the date of submittal to EPD: February 20, 2015 (Please see Appendix G for the current version of the ERP, revised 10/27/15 per EPD comments.)

3. If no, provide the status of the ERP development: _____

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. You are required to submit the relevant Plan to EPD by February 15, 2015. 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: The County believes that the most recent Watershed Protection Plan in Appendix H demonstrates that the County is monitoring and protecting its impaired waters sufficiently to meet or exceed Permit requirements. However, the County recognizes that the information is not presented in the format that is acceptable to EPD. The County plans to utilize a consultant to correct these deficiencies, and will submit its Monitoring and Implementation Plan for EPD's approval no later than July 1, 2016.

Sharing Responsibility
Section 4.5

1. Are you sharing responsibility for implementation of any part of the SWMP with another entity? Yes ___ No X

2. If yes, provide the name of the entity: _____

3. Are you performing tasks for another entity? Yes ___ No X

4. Is another entity is performing tasks on your behalf? Yes ___ No X

5. If you answered "Yes" to either question #3 or #4, describe what tasks are being performed by which entity: _____

6. You must provide a copy of a signed intergovernmental agreement. Was an agreement included with the SWMP? Yes ___ No X